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

PHA Plans

5 Year Plan for Fiscal Years 2004 - 2008
Annual Plan for Fiscal Year 2004 (7-01-04 thru 6-30-05)

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

OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: __Lorain Metropolitan Housing Authority_____

PHA Number: __OH012_____

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)

_x__ 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)

_x__ Main administrative office of the PHA
__x__ 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)

PHA Plan Supporting Documents are available for inspection at: (select all that apply)

_x__ Main business office of the PHA
____ PHA development management offices
____ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2004 - 2008
[24 CFR Part 903.5]

A. Mission

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

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

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

B. Goals

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

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

____ PHA Goal: Expand the supply of assisted housing
Objectives:

__x_ Apply for additional rental vouchers: **the PHA has applied** for special use vouchers and fair share vouchers but to the limited amount available, none have been awarded to the PHA

__x_ Reduce public housing vacancies: **the PHA will increase** advertising to households in Lorain County and may expand into other areas if needed; **the PHA has advertised** on the Local Transit Buses running throughout Lorain County

____ Leverage private or other public funds to create additional housing opportunities:

____ Acquire or build units or developments

____ Other (list below)

PHA Goal: Improve the quality of assisted housing
Objectives:

__x_ Improve public housing management:**) The PHA has consistently been a**

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high performer and our goal is to continue this performance (93.00 was the FY2003 PHAS Rating).

__x_ Improve voucher management: (SEMAP score) **LMHA has received it's** second SEMAP score. **LMHA's goal is to continue** to be a high performer under SEMAP. **This is the 2nd year LMHA has received 100% under the SEMAP rating.**

__x_ Increase customer satisfaction: **The PHA surveys** residents annually and addresses concerns of residents as noted on the survey forms

____ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)

__x_ Renovate or modernize public housing units: **The PHA continues** to use Capital Funds to keep LMHA public housing competitive with private market housing

____ Demolish or dispose of obsolete public housing:

__x__ Provide replacement public housing: **The PHA will build** 10 units of public housing to replace units lost due to explosion and fire

____ Provide replacement vouchers:

____ Other: (list below)

____ PHA Goal: Increase assisted housing choices

Objectives:

____ Provide voucher mobility counseling:

_x__ Conduct outreach efforts to potential voucher landlords

_x__ Increase voucher payment standards as the FMR's are published by HUD

_x__ Implement voucher homeownership program: **the PHA has implemented** a successful voucher homeownership program

____ Implement public housing or other homeownership programs:

____ Implement public housing site-based waiting lists:

____ Convert public housing to vouchers:

____ Other: (list below)

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

____ PHA Goal: Provide an improved living environment

Objectives:

____ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:

____ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income

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developments:

__x_ Implement public housing security improvements: **The PHA plans to expand** the RAW (resident assistance watch) at all LMHA high-rise buildings. **LMHA also plans to implement** the RAW program at one family Development during FY 2005.

____ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

____ Other: (list below)

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

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

Objectives:

__x_ Increase the number and percentage of employed persons in assisted families: **LMHA gives residents** opportunities for employment. 22 PHA residents are employed by LMHA; 5 LMHA employees are participants in the Section 8 Choice Voucher Program.

__x_ Provide or attract supportive services to improve assistance recipients' employability: **The FSS program addresses** recipients needs and directs them to the appropriate agencies and/or training programs. LMHA is also utilizing RIC funds to enable residents to attend computer classes.

__x__ Provide or attract supportive services to increase independence for the elderly or families with disabilities. **LMHA received information** from the Easter Seals Organization to disseminate to residents advising of Easter Seals in home health care programs to enable residents to remain in their present homes as opposed to Nursing Homes.

____ Other: (list below)

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

____ PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

__x_ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **LMHA will not deny** housing based on any protected status. Admissions Dept. is routinely advised of providing all individuals an applications who request such. At least once every three (3) years, LMHA

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will employ an independent tester to validate non-discrimination. **LMHA utilized the** Lorain County Urban League to test the PHA during this past fiscal year with the Urban League finding no discrimination displayed by LMHA.

__x_ Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability: **LMHA does not tolerate** harassment of residents for any reason. Residents can lose their housing for disturbing the peaceful enjoyment of other residents. **LMHA has evicted** individuals for harassing/disturbing others.

__x_ Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: **LMHA will make** and has made any physical improvements necessary to make a unit accessible to those residents/applicants who may be physically challenged based upon the resident/applicant request.

____ Other: (list below)

Other PHA Goals and Objectives: (list below)

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

Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

____ **Standard Plan**

Streamlined Plan:

_xx_ **High Performing PHA**
____ **Small Agency (<250 Public Housing Units)**
____ **Administering Section 8 Only**

____ **Troubled Agency Plan**

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.

Not required per PIH 99-51 issued 12-14-99

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:

__x__ Admissions Policy for Deconcentration).
__x_ FY 2004 Capital Fund Program Annual Statement (oh012a01)
_NA_ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

__x_ PHA Management Organizational Chart (oh012h01)
__x_ FY 2004 Capital Fund Program 5 Year Action Plan (oh012b01)
__x_ Public Housing Drug Elimination Program (PHDEP) Plan (oh012c01)
__x_ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (oh012d01)
__x__ Other (**Voluntary Conversion Initial Assessments: [oh012t02]**)

Supporting Documents Available for Review

Indicate which documents are available for public review by placing a mark in the "Applicable & On Display" column in the appropriate rows. All listed documents must be on display if applicable to the program activities conducted by the PHA.

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
xx	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
xx	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
xx	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans

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Applicable & On Display	Supporting Document	Applicable Plan Component
xx	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
xx	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
xx	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
xx	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
xx	Public Housing Deconcentration and Income Mixing Documentation: 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 18. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
xx	Public housing rent determination policies, including the methodology for setting public housing flat rents xx check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
xx	Schedule of flat rents offered at each public housing development xx check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
xx	Section 8 rent determination (payment standard) policies xx check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
xx	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
xx	Public housing grievance procedures xx check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
xx	Section 8 informal review and hearing procedures xx check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

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Applicable & On Display	Supporting Document	Applicable Plan Component
xx	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year 2002	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
xx	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
xx	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
xx	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
xx	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
xx	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports (elderly)	Annual Plan: Community Service & Self-Sufficiency
xx	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
xx	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
NA	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

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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	2. Size	Loca-tion
Income <= 30% of AMI	6554	4	3	4	NA	1	2
Income >30% but <=50% of AMI	4967	4	3	4	NA	1	2
Income >50% but <80% of AMI	6036	2	2	2	NA	1	1
Elderly	3319	2	2	1	NA	1	1
Families	14238	3	3	3	NA	1	2
Families with disabilities not available in CHAS							
Race data not available in CHAS							
White	NA	NA	NA	NA	NA	NA	NA
African American	NA	NA	NA	NA	NA	NA	NA
Hispanic	NA	NA	NA	NA	NA	NA	NA

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Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	2. Size	Loca-tion
Other	NA	NA	NA	NA	NA	NA	NA

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.)

__x_ Consolidated Plan of the Jurisdiction/s **City of Lorain and Elyria**
Indicate year: **_2003 & 2004_ LMHA reviewed the Consolidated Plan** for Lorain for 2004 but no numbers were provided regarding the rental families and their needs. **The Consolidated Plan indicates** they will encourage affordable housing or low-income families. **The 2003 Consolidated Plan** for Elyria was reviewed but there were no numbers regarding rental families and their needs. **Both Plans addressed** the fact that LMHA provides affordable housing for low income families.

__x_ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") data as of 2000 census. **The CHAS data did not** provide information regarding disabled families nor racial/ethnicity data of renters.

____ American Housing Survey data
Indicate year: ____

____ Other housing market study
Indicate year: ____

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

A. 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 __x_ Public Housing waiting list as of 2-11-04 ____ Combined Section 8 and Public Housing ____ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	353		401

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Extremely low income <=30% AMI	350	99%	
Very low income (>30% but <=50% AMI)	2	≤1%	
Low income (>50% but <80% AMI)	1	<1.%	
Families with children	112	32%	
Elderly families	8	3%	
Families with Disabilities	31	9%	
Singles (No children; non-elderly/disabled)	199	56%	
White/Hispanic	82	23%	
White/ Non-Hisp.	123	35%	
Afr. Amer./Hispanic	5	1%	
Afr. Amer/Non-His.	142	40%	
American Indian/Non-Hispan.	1	(1%	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	64	18%	
1BR	175	50%	
2 BR	89	25%	
3 BR	16	5%	
4 BR	6	2%	
5 BR	0.00	0.0	
5+ BR	0.0	0	

Is the waiting list closed (select one)? **No** **xx** Yes

If yes:

B. How long has it been closed (# of months)? **NA–waiting list is open**

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

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Housing Needs of Families on the Waiting List			
Waiting list type: (select one) __x_ Section 8 tenant-based assistance as of 2/11/03 _____ Public Housing _____ Combined Section 8 and Public Housing _____ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	1333		
Extremely low income <=30% AMI	957	72	
Very low income (>30% but <=50% AMI)	376	28	
Low income (>50% but <80% AMI)	NA		
Families with children	877	66	
Elderly families	53	4	
Families with Disabilities	403	30	
White/Hispanic	270	21	
White/Non-Hisp.	569	43	
Afr.Amer/Hisp.	28	2	
Af.Amer/Non-His.	424	32	
Am.Ind/Hispanic	16	1%	
Am.Ind/Non-His.	4	<1.00%	
Asian/Hispanic	3	<1.00%	

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Housing Needs of Families on the Waiting List			
Asian/Non-Hispanic	5	<1.00%	
Pacific/Hispanic	12	1%	
Pacific/Non-Hisp.	2	⟨ 1%	

Is the waiting list closed (select one)? **No xxx** Yes

If yes: **Applications are accepted from applicants who can document 3 or more preferences.**

B. How long has it been closed

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 **Note:**

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

__x_ Employ effective maintenance and management policies to minimize the number of public housing units off-line

__x_ Reduce turnover time for vacated public housing units

__x_ Reduce time to renovate public housing units

__x__ 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

__x_ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

__x_ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

__x_ 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
__XX__ Apply for additional section 8 units should they become available; **LMHA has applied** for additional vouchers but has not been successful in obtaining an award
____ Leverage affordable housing resources in the community through the creation of mixed - finance housing
____ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
____ Other: (list below)

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

Strategy 1: Target available assistance to families at or below 30 % of AMI
Select all that apply
____ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
____ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
____ Employ admissions preferences aimed at families with economic hardships
__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
__x__ Employ admissions preferences aimed at families who are working
____ Adopt rent policies to support and encourage work
____ Other: (list below)

B. Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

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Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

____ Seek designation of public housing for families with disabilities
____ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
__x_ Apply for special-purpose vouchers targeted to families with disabilities, should they become available. **LMHA has applied** for Mainstream Vouchers for persons with disabilities but has not been funded any new vouchers
__x_ Affirmatively market to local non-profit agencies that assist families with disabilities
____ Other: (list below)

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

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

Select if applicable

__x_ 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

__x_ Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units
__x_ 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:

__x_ Funding constraints

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__x_ Staffing constraints
_____ Limited availability of sites for assisted housing
__x_ Extent to which particular housing needs are met by other organizations in the community
__x_ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
__x_ Influence of the housing market on PHA programs
__x_ Community priorities regarding housing assistance
_____ Results of consultation with local or state government
__x_ 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: 7-01-04 to 6-30-05
Planned Sources and Uses

Sources	Planned $	Planned Uses
1. **Federal Grants**		
a) Public Housing Operating Fund	3,719,741	
b) Public Housing Capital Fund CFP 2004	2,833,638	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	16,203,374	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	

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Sources	Planned $	Planned Uses
g) Resident Opportunity and Self-Sufficiency Grants	55,699	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2002 Capital Fund	1,579,262	
2003 Capital Fund Bonus $$ for timely obligation of funds	495,920	
3. Public Housing Dwelling Rental Income	1,686,583	
4. Other income (list below)		
4. Non-federal sources (list below)	0	
Total resources	26,574,217.00	

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)

__x_ Other: (describe) **At initial application and** at the time of acceptance of an apartment

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

__x_ Criminal or Drug-related activity

__x_ Rental history if previous LMHA resident

__x_ Housekeeping if previous LMHA resident

__x_ Other (describe) Previous residency with LMHA.

c. __x_Yes ____ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?

d. __x_ Yes ____No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?

e. __x_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)

__x_ Community-wide list

____ Sub-jurisdictional lists

____ Site-based waiting lists

__x__ Other (describe) **LMHA now has** a web-site to provide information on eligibility, applications, available programs, etc.

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

__x_ 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?

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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)
__x__ One **This was** a significant change to FY 2003 Annual Plan
___ Two
____ Three or More

b. __x_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 ___x_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)
__x_ Emergencies
__x_ Overhoused
____ Underhoused
__x_ Medical justification

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____ Administrative reasons determined by the PHA (e.g., to permit modernization work)
____ Resident choice: (state circumstances below)
__x__ Other: (list below) **Safety concerns** for the good of the resident or LMHA.

a. Preferences
1. _x__ 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**)

1. 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:
__x__ Involuntary Displacement (Disaster, Government Action, Action of Housing
____ Owner, Inaccessibility, Property Disposition)
____ Victims of domestic violence
____ Substandard housing
__x__ Homelessness
__x__ High rent burden (rent is > 50 percent of income)

Other preferences: (select below)
__x__ Working families and those individualsunable to work because of age or disability
__x__ Veterans and families of veterans
__x__ 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
__x__ Other preference(s) (list below)Local preference afforded to Shelter + Care Participant leaving S+C program due to budget constraints

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.

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____ Date and Time

Former Federal preferences:
__1__ Involuntary Displacement (Disaster, Government Action, Action of Housing
____ Owner, Inaccessibility, Property Disposition)
____ Victims of domestic violence
____ Substandard housing
__1__ Homelessness
__1_ High rent burden

Other preferences (select all that apply)
__1_ Working families and those unable to work because of age or disability
__1_ Veterans and veterans' families
__1_ 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
__1__ Other preference(s) (list below)Local preference afforded to participants leaving Shelter + Care Program due to budget constraints.

4. Relationship of preferences to income targeting requirements:
____ The PHA applies preferences within income tiers
X 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)
__x_ The PHA-resident lease
__x_ The PHA's Admissions and (Continued) Occupancy policy
__x_ PHA briefing seminars or written materials
__x__ Other source (list) **LMHA now has** an active web-site where information can be derived

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
____ At an annual reexamination and lease renewal

__x_ Any time family composition changes
____ At family request for revision
____ Other (list)

(6) Deconcentration and Income Mixing

a. _x___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? **Please see attachment**

b. ____Yes __x_ 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? See attached explanation regarding three (3) developments outside the acceptable range.

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 __x_ 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

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____ 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)
__x_ Criminal or drug-related activity only to the extent required by law or regulation
__x__ Criminal and drug-related activity, more extensively than required by law or regulation (when warranted by declaration or information received)
____ More general screening than criminal and drug-related activity (list factors below)
__x__ Other (list below) Review of previous LMHA tenancy records for damages and or rent paying history.

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

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

d. ____Yes __x_ No: Does the PHA access FBI criminal records from the FBI for

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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

__x_ **Other (describe below)** **With release of information** from tenant, owner may view file regarding house inspections & complaints.

(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)

__x_ 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)

__x_ PHA main administrative office

____ Other (list below)

(3) Search Time

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

If yes, state circumstances below: **Applicant/participant show** they have actively been looking for unit. **Additional time given** to persons needing accessible units.

(4) Admissions Preferences

a. Income targeting

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

Other preferences (select all that apply)
__x_ Working families and those unable to work because of age or disability
__x_ Veterans and veterans' families
__x_ 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
__x__ Other preference(s) (list below) Local preference afforded to Shelter + Care participants due to budgeting constraints.

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

_____ Date and Time

Former Federal preferences
__1__ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
_____ Victims of domestic violence
_____ Substandard housing
_____ Homelessness
__1_ High rent burden

Other preferences (select all that apply)

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__1_ Working families and those unable to work because of age or disability
__1_ Veterans and veterans' families
__1_ 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
__1__ Other preference(s) (list below) Local preference afforded to Shelter + Care participants leaving the program due to budget constraints.

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
__x_ 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)
__x_ 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
__x_ 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)
__x_ The Section 8 Administrative Plan
__x_ Briefing sessions and written materials
___ Other (list below).

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

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__x__ Through published notices
__x__ Other (list below) **Direct contact** with Agencies dealing with "special" populations.

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)

__x_ 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)
__x__ $0
_____ $1-$25
____ $26-$50

2. _ __Yes ___ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? **The PHA has reduced** the minimum rent from $25.00 to zero (-0) therefore no hardship exemption policies are needed.

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

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

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

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

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

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

____ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

____ For household heads
____ For other family members
____ For transportation expenses
__x_ **For the non-reimbursed** insurance premiums withheld from resident's employment of non-disabled/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
__x_ No; **they were removed per** federal regulation effective 10-01-02

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)

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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
__x_ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_**$200.00**
____ Other (list below)

g. ____Yes __x_ 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
__x_ Other (list/describe below) **By establishing the cost** per bedroom as reflected by the current year budget operating expenditures.

B. Section 8 Tenant-Based Assistance

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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
__x_ 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)

__x_ 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)

__x_ Success rates of assisted families
__x_ Rent burdens of assisted families
____ Other (list below)

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(2) Minimum Rent

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

b. ___Yes __x_ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below) **The PHA has reduced** the minimum rent from $25.00 to zero (-0-).

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)

Exempt - High Performing PHA

____ 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		

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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: (list below)

(oh012g01)

(2) Section 8 Management: (list below)

(oh012f01)

(3) Public Housing Admissions & Occupancy: (list below)

(oh012e01)

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.

Exempt - High Performing PHA

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:

__x_ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (oh012a01)

-or-

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

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(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. _x__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:

_x__ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (oh012b01)

-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 __x_ 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: Scattered Sites
2. Development (project) number: 026
3. Status of grant: (select the statement that best describes the current status)
   - _xx__ Revitalization Plan under development
   - ____ Revitalization Plan submitted, pending approval
   - ____ Revitalization Plan approved
   - ____ Activities pursuant to an approved Revitalization Plan underway

____Yes __x_ No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

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If yes, list development name/s below:

____Yes __x_ 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 __x_ 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)]

The PHA has no plan to demolish any units at this time. Should a major catastrophe occur, LMHA will seek approval for demolition at that time.

Applicability of component 8: Section 8 only PHAs are not required to complete this section.

1. ____Yes __x_ 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

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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: 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 __x_ 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:

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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?
1. 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 __x_ 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

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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)]

Since the inception of the Homeownership Program utilizing the Section 8 Housing Choice Voucher Program in January 2002, 23 families have closed on loans and are living in their homes purchased

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through this program.

LMHA continues to provide homeownership classes to qualifying HCV participants.

The PHA has established a minimum homeowner downpayment requirement of at least 3 percent and require that at least 1 percent of the downpayment come for the family's resources.

A. Public Housing

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

1. ____Yes __x_ 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)

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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. __x__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 __x_ 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

__x__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:

1. Must be on the Housing Choice Voucher program a minimum

of one year prior to participating in Homeownership Program.
2. Must have $2500.00 in personal assets prior to commencement in participating in program.

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

Exempt - High Performing PHA

1. Cooperative agreements:

__x__ 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? 07/11/00

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

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____ 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

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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)]

The PHA is no longer required to complete the PHDEP Template due to the drug-elimination grants not being a separate set aside.

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PHA IS A HIGH PERFORMER - 13A-C is not required to be completed.

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
__x__ Residents fearful for their safety and/or the safety of their children
__x__ Observed lower-level crime, vandalism and/or graffiti
__x__ 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).

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

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

Leavitt Homes, Westview Terrace, Wilkes Villa, Kennedy Plaza, Lakeview Plaza, & Riverview Plaza

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)

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__x__ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
____ Crime Prevention Through Environmental Design
__x__ Activities targeted to at-risk youth, adults, or seniors
__x__ Volunteer Resident Patrol/Block Watchers Program
__x__ Other (describe below) **The PHA has enlisted the use of a drug dog to patrol the developments of LMHA**

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

Leavitt Homes, Westview Terrace, Wilkes Villa, Kennedy Plaza, Lakeview Plaza, and Riverview Plaza.

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)

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

The Police Departments in coordination with other Agencies have provided a "Summer Olympics" for children in the Developments focusing on anti-drug campaigns.

2. Which developments are most affected? (list below)
Leavitt Homes, Westview Terrace, Wilkes Villa, Kennedy Plaza, Lakeview Plaza and Riverview Plaza.

D. Additional information as required by PHDEP/PHDEP Plan

The PHA is no longer required to complete this subcomponent as drug elimination grants are not funded as a separate set aside through the PHDEP account.

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PHAs eligible for FY 2002 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

___Yes __x__ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

____Yes _x__ No: Has the PHA included the PHDEP Plan for FY 2002 in this PHA Plan?

___Yes __x__ No: This PHDEP Plan is an Attachment. (Attachment Filename:

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

The PHA Pet Policy is an Attachment to the PHA Plan. (oh012n01)

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. _x__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. _x__Yes ____ No: Was the most recent fiscal audit submitted to HUD?
3. ____Yes _x__ No: Were there any findings as the result of that audit?
4. ____Yes _NA_ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?____
5. ____Yes _NA_ 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)]

EXEMPT - HIGH PERFORMING PHA

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 ,

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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. __x_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 **(oh012d02)**
____ Provided below:

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

____ Considered comments, but determined that no changes to the PHA Plan were necessary. Comment:
____ 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 __X_ 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 __X_ 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 **By Federal Court Order, the Mayor of Lorain must appoint an LMHA resident to the Board Of Commissioners. On January 11, 2002, the Mayor appointed Beatrice Nelson, an LMHA Resident, to serve the balance of the term ending December 1, 2003. Ms. Nelson was reappointed by Lorain Mayor Craig T. Foltin in December 2003 with her term expiring on December 1, 2008.**

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) Lorain/Elyria PMSA

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)

__x_ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.

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____ 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)
   See attached certification letter.

D. Other Information Required by HUD

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

The PHA will use the following terms as our definition of "Substantial Deviation" and/or "Significant Amendment or Modification" to the Annual Plan.

1. Any changes to the rent or admissions policies which require a Board resolution;
2. Additions of non-emergency work items (items not included in the current Annual Statement or 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund;
3. Additions of new activities not included in the current PHDEP plan; and
4. Any change with regard to demolition, disposition, designation, homeownership programs or conversion activities.

HUD changes will automatically be included in any procedures or policies and will not be considered significant changes by the PHA.

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Attachments

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

oh012a01	Capital Fund Annual Statement
oh012b01	5 yr. Optional Capital Fund Statement
oh012c01	Homeownership Assistance Program (HCV)
oh012d01	Comments from Public Hearing on Annual Plan
oh012e01	PHA Admissions & Occupancy Policy
oh012f01	Section 8 Admissions Policy
oh012g01	PHA Maintenance Policy
oh012h01	PHA Organizational Chart
oh012i01	PHA Board Resolution Approving Annual Plan
oh012j01	FSS Action Plan
oh012k01	Certification for a Drug-free Workplace
oh012l01	Disclosure of lobbying activities
oh012m01	Certification by Local Government of Consistency w/ Consolidated Plan
oh012n01	PHA Pet Policy & Pet Application
oh012o01	Community Service Administration Policy
oh012p01	PHA Certifications of Compliance with PHA Plans & Related Regulations
oh012q01	List of Resident Advisory Board Members
oh012r01	5 Year Plan: Statement of Progress
oh012s01	Deconcentration & Income Mixing
oh012t01	Voluntary Conversion Initial Assessments
oh012u01	Certification of Payment to Influence Transactions

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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

Line No.	Summary by Development Account	Total Estimated
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	

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

Development Number/Name	General Description of Major Work Categories	Development Account	Total Estimated

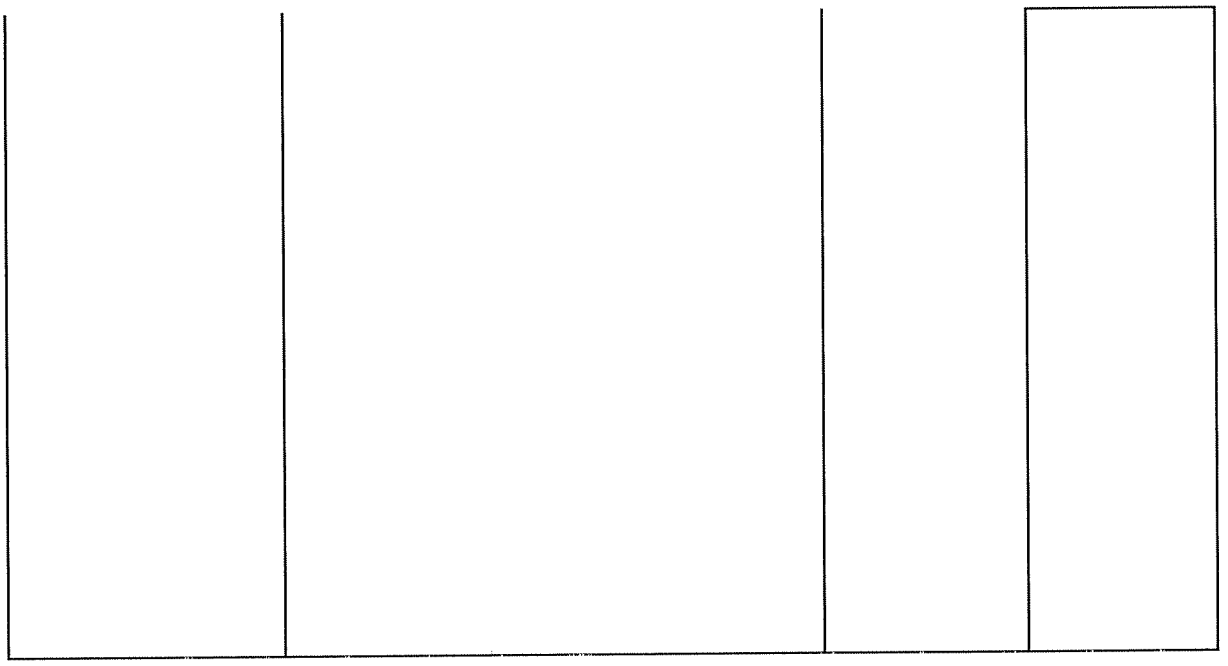

Table Library

Table Library

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*

OMB Approval No: 2577-0226
Expires: 03/31/2002

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

PHA Name:	Grant Type and Number	Federal FY of Grant:
LORAIN METROPOLITAN HOUSING AUTHORITY	Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250100	2000

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: ___)
☒ Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
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	1499 Development Activities	37,660.00	-0-	21,325.00	-0-

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250100	Federal FY of Grant: 2000

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: ___)
☒ Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines....)	37,660.00	-0-	21,325.00	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
Homer A Wade 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: __)
☒ Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements Soft Costs	475,267.00	332,500.00	322,500.00	201,609.00
	Management Improvements Hard Costs	35,000.00	34,014.00	34,014.00	34,014.00
4	1410 Administration	306,097.00	306,097.00	306,097.00	306,097.00
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	152,200.00	158,500.00	158,500.00	142,515.00
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	72,300.00	77,335.00	77.335.00	54,578.00
10	1460 Dwelling Structures	1,975,973.00	2,086,669.00	2,086,669.00	1,980,664.00
11	1465.1 Dwelling Equipment-Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	113,400.00	135,122.00	135,122.00	135,122.00
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	-0-	-0-	-0-	-0-

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: __)

☒ Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency	-0-	-0-	-0-	-0-
	Amount of Annual Grant: (sum of lines....)	**3,130,237.00**	**3,130,237.00**	**3,130,237.00**	**2,854,599.00**
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
James Whole 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original (Obligated)	Revised (Expended)	
OH12-1 Leavitt Homes	Exterior Renovations Closet Door Hardware Install Metal Roof-Community Rm Shower Renovations Duct Cleaning	1460 1460 1470 1460 1460	200 units	639,707.00 -0- 52,670.00 -0- 32,203.00	11,200.00 -0- 64,392.00 -0- 32,203.00	11,200.00 -0- 64,392.00 -0- 32,203.00	-0- -0- 64,392.00 -0- 32,203.00	In progress Complete Complete
OH12-2 Westview Terrace	Duct Cleaning	1460	150 units	21,312.00	21,312.00	21,312.00	21,312.00	Complete
OH12-3 Wilkes Villa	Duct Cleaning Install Metal Roof-Community Rm ~~Replace water meters~~ Replace floor tile--phase I	1460 1470 1460 1460	186 units	29,323.00 60,730.00 -0- 505,148.00	31,828.00 70,730.00 -0- 552,438.00	31,828.00 70,730.00 -0- 552,438.00	31,828.00 70,730.00 -0- 552,438.00	Complete Complete Complete
OH12-4 John Frederick Oberlin Homes	~~Room A/C's highrise~~ ~~Carpet Hallways Highrise~~ Replace floor tile--Pagodas	1465.1 1460 1460	54 Pagodas 51 Highrise	-0- -0- 133,836.00	-0- -0- 135,698.00	-0- -0- 135,698.00	-0- -0- 135,698.00	Complete Operating fund Complete
OH12-5 Kennedy Plaza	~~Room A/C's highrise & cottages~~ ~~Carpeting Hallways (highrise)~~ Bathroom Plbg. & Kitchen Plbg. Upgrade ~~Ranges~~	1465.1 1460 1460 1465.1	32 Cottages 143 Highrise	-0- -0- -0- -0-	-0- -0- 682,000.00 -0-	-0- -0- 682,000.00 -0-	-0- -0- 647,901.00 -0-	Complete Operating fund Future CFP In progress Future CFP
OH12-6 Riverview Plaza	~~Room A/C's highrise~~ Kitchen/Bathroom/Plumbing Emergency Roof Repair	1465.1 1460 1460	181 units	-0- 312,615.00 14,870.00	-0- 311,809.00 14,870.00	-0- 311,809.00 14,870.00	-0- 311,809.00 14,870.00	Complete Operating fund Complete Emergency Work
OH12-10 Lakeview Plaza	~~Room A/C's~~ Carpet Hallways Replace Handrails Site, Concrete & Landscaping Work Exterior Repair	1465.1 1460 1460 1450 1460	210 units	-0- 11,995.00 87,000.00 56,000.00 87,000.00	-0- 11,995.00 88,352.00 61,035.00 92,000.00	-0- 11,995.00 88,352.00 61,035.00 92,000.00	-0- 10,796.00 28,845.00 47,576.00 92,000.00	Complete Operating fund In progress In progress In progress Complete

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original (Obligated)	Revised (Expended)	
OH12-11 Albright Terrace	~~Room A/C's (windows)~~ Carpet Hallways/Units ~~Kitchen/Bath Rehabilitation~~ Duct Cleaning Replace Closet Doors Replace Unit Locks/handles Replace Soffits & Gutters	1465.1 1460 1460 1460 1460 1460 1460	50 units	-0- 100,964.00 -0- -0- -0- -0- -0-	-0- 100,964.00 -0- -0- -0- -0- -0-	-0- 100,964.00 -0- -0- -0- -0- -0-	-0- 100,964.00 -0- -0- -0- -0- -0-	Complete Operating fund Complete Future CFP Delete Bidding 2002 Operating Fund Bidding 2002
OH12-12 Westgate Apartments	~~Kitchen Rehabilitation~~ ~~Carpeting~~	1460 1460	12 units	-0- -0-	-0- -0-	-0- -0-	-0- -0-	Future CFP Future CFP
OH12-13/14 Southside Gardens	~~Sidewalks, Parking Lot & Approaches~~ Landscaping	1450	114 units	-0- 16,300.00	-0- 16,300.00	-0- 16,300.00	-0- 7,000.00	Complete CFP 2000 From CFP 2000- Balance to 2003
OH12-20 50 Scattered Sites	Site Work Porches & roofing	1450 1460	50 units	-0- -0-	-0- -0-	-0- -0-	-0- -0-	Bidding CFP 2002 Bidding CFP 2002
OH12-21 25 Scattered Sites	Site Work	1450	25 units	-0-	-0-	-0-	-0-	Bidding CFP 2002

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	**Grant Type and Number** Capital Fund Program Grant No: **OH12P01250101** Replacement Housing Factor Grant No:	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
						(Obligated)	(Expended)	
PHA WIDE ACTIVITIES	LORAIN POLICE PROGRAM LORAIN POLICE HIRISE PATROLS ELYRIA POLICE PROGRAM	1408 1408 1408	PHA WIDE	222,913.00 219,854.00	150,000.00 150,000.00	150,000.00 150,000.00	34,814.00 22,428.00 111,867.00	Continuing
	RESIDENT INITIATIVES Salary Benefits	1408	PHA WIDE	21,500.00	21,500.00	21,500.00	21,500.00	Complete
	COMPUTER UPGRADE	1408	PHA WIDE	35,000.00	34,014.00	34,014.00	34,014.00	Complete
	INVESTIGATOR	1408	PHA WIDE	3,600.00	-0-	3,600.00	3,600.00	Complete
	JR. INVESTIGATOR	1408	PHA WIDE	7,400.00	-0-	7,400.00	7,400.00	Complete

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	**Grant Type and Number** Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
						(Obligated)	(Expended)	
PHA WIDE ACTIVITIES	COMPLIANCE MANAGER	1410	PHA WIDE	55,145.00	48,013.00	48,013.00	48,013.00	Continuing
	CONSTRUCTION MANAGER	1410		53,063.00	58,177.00	58,177.00	58,177.00	
	CLERICAL	1410		30,619.00	29,443.00	29,443.00	29,433.00	
	FISCAL ACCOUNTANT	1410		33,466.00	36,357.00	36,357.00	36,357.00	
	DIRECTOR	1410		39,877.00	30,418.00	30,418.00	30,418.00	
	ASSISTANT DIRECTOR	1410		4,480.00	5,713.00	5,713.00	5,713.00	
	FINANCE DIRECTOR	1410		21,193.00	11,032.00	11,032.00	11,032.00	
	BENEFITS	1410		68,254.00	86,944.00	86,944.00	86,944.00	
				306,097.00	306,097.00	306,097.00	306,097.00	
	ARCHITECT/CONSULTANT	1430		140,200.00	146,500.00	146,500.00	130,515.00	In progress
	BID DOCUMENTS	1430.1		12,000.00	12,000.00	12,000.00	12,000.00	
				152,500.00	158,500.00	158,500.00	142,515.00	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: **2001**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	06/30/03			06/30/05			
OH12-2 Westview Terrace	06/30/03			06/30/05			
OH12-3 Wilkes Villa	06/30/03			06/30/05			
OH12-4 JF Oberlin Homes	06/30/03			06/30/05			
OH12-5 Kennedy Plaza	06/30/03			06/30/05			
OH12-6 Riverview Plaza	06/30/03			06/30/05			
OH12-10 Lakeview Plaza	06/30/03			06/30/05			
OH12-11 Albright Terrace	06/30/03			06/30/05			
OH12-12 Westgate Apts.	06/30/03			06/30/05			
OH12-13/14 Southside	06/30/03			06/30/05			
OH12-20 50 Scattered Sites	06/30/03			06/30/05			
OH12-21 25 Scattered Sites	06/30/03			06/30/05			
PHA Wide	06/30/03			06/30/05			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250101	Federal FY of Grant: 2001

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: _)
☒Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
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	1499 Development Activities	38,517.00	-0-	-0-	-0-
19	1502 Contingency				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250101	Federal FY of Grant: 2001

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: _)
☒Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines....)	38,517.00	-0-	-0-	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
James A Wheeler 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: ___)
☒ Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	-0-		-0-	-0-
2	1406 Operations	-0-		-0-	-0-
3	1408 Management Improvements Soft Costs	475,267.00		419,000.00	38,193.00
	Management Improvements Hard Costs	35,000.00		6,111.00	6,111.00
4	1410 Administration	298,760.00		298,760.00	117,709
5	1411 Audit	-0-		-0-	-0-
6	1415 Liquidated Damages	-0-		-0-	-0-
7	1430 Fees and Costs	124,000.00		77,443.00	70,753.00
8	1440 Site Acquisition	-0-		-0-	-0-
9	1450 Site Improvement	187,075.00		145,076.00	145,076.00
10	1460 Dwelling Structures	1,855,501.00		1,939,743.00	1,334,238.00
11	1465.1 Dwelling Equipment-Nonexpendable	-0-		-0-	-0-
12	1470 Nondwelling Structures	12,000.00		-0-	11,490.00
13	1475 Nondwelling Equipment	-0-		-0-	-0-
14	1485 Demolition	-0-		-0-	-0-
15	1490 Replacement Reserve	-0-		-0-	-0-
16	1492 Moving to Work Demonstration	-0-		-0-	-0-
17	1495.1 Relocation Costs	-0-		-0-	-0-
18	1499 Development Activities	-0-		-0-	-0-
19	1502 Contingency	-0-		-0-	-0-

		Original	Revised	Obligated	Expended
	Amount of Annual Grant: (sum of lines....)	**2,987,603.00**	-0-	**2,897,622.00**	**1,723,570.00**
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250102 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	Original (Obligated)	Revised (Expended)	
OH12-1 Leavitt Homes	Replace Furnaces	1460	200 units	278,200.00		341,149.00	341,149.00	Complete
	Interior Renovations	1460				525,800.00	-0-	Funged 2001
OH12-2 Westview Terrace	Replace Furnaces	1460	150 units	278,200.00		215,940.00	215,940.00	Complete
OH12-3 Wilkes Villa	~~Replace Furnaces~~	1460	186 units	-0-		-0-	-0-	Future CFP
	~~Upgrade Bathtubs~~	1460		-0-		-0-	-0-	Future CFP
OH12-4 John Frederick Oberlin Homes	Repair Parking lot Highrise	1450	51 Hirise	131,000.00		131,001.00	131,001.00	Complete
	~~Replace Closet Doors~~	1460	54 Family	-0-		-0-	-0-	Previous CFP
	Plumbing Upgrade	1460		300,000.00		-0-	-0-	Moved to 2003
	Pagoda Roofs	1460		-0-		242,496.00	196,422.00	Roofs from 2003 In progress
OH12-5 Kennedy Plaza	Seal Parking areas	1450	32 Cottages	2470.00		2,470.00	2,470.00	Complete
	Kitchen & Bath Plbg. Phase I	1460	145 Hirise	544,922.00		-0-	-0-	In progress funged 2001
	~~Replace flooring Hirise & cott~~.	1460		-0-		-0-	-0-	Future CFP
	Replace Exterior Doors cot.	1460		42,539.00		42,539.00	42,539.00	Complete
	Replace Closet Doors & Construct Windbreak	1460		155,000.00		176,744.00	176,744.00	In progress
	Repair Masonry-Cottages	1460		18,200.00		18,200.00	18,200.00	Complete

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250102 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	Original (Obligated)	Revised (Expended)	
OH12-6 Riverview Plaza	~~Replace Flooring~~ Seal Asphalt	1460 1450	181 units	-0- 7,825.00		-0- 7,825.00	-0- 7,825.00	Future CFP Complete
OH12-10 Lakeview Plaza	Seal Parking Lot	1450	203 Units	3,780.00		3,780.00	3,780.00	Complete
OH12-11 Albright Terrace	Replace Closet Doors Replace Soffits & Gutters	1460	50 Units	52,500.00		89,225.00	88,451.00 -0-	In progress
OH12-12 Westgate Apartments	No Work							
OH12-13/14 Southside Gardens	Replace Entrance Doors & Locks	1460	114 Units	143,940.00		146,970.00	146,969.00	Complete
OH12-20 50 Scattered Sites	Site Work Repair/Replace porches & roof Phase I	1450 1460	50 Units	28,000.00 42,000.00		-0- 131,585.00	-0- 98,729.00	Future CFP In progress
OH12-21 25 Scattered Sites	Site Work	1450	25 Units	14,000.00		-0-	-0-	Future CFP
PHA Wide	1600 Kansas Avenue Awning	1470	1 Building	12,000.00		11,490.00	11,490.00	Complete P.O.

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: **OH12P01250102** 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	Original (Obligated)	Revised (Expended)	
PHA Wide	Lorain Police Program	1408	PHA Lorain Sites	200,000.00		150,000.00	-0-	
	Elyria Police Program	1408	PHA Elyria Sites	178,267.00		150,000.00	-0-	
	Resident Initiatives Salary - 25,792.00 Benefits- 9,767.00	1408	PHA Wide	23,000.00		23,000.00	17,465.00	
	Computer System Upgrade	1408	PHA Wide	35,000.00		6,111.00	6,111.00	
	Investigators/Jr. Investigator	1408	PHA Wide	74,000.00		74,000.00	17,473.00	
	K-9 Patrols	1408	PHA Wide	-0-		22,000.00	3,255.00	
	Total			**510,267.00**				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: **OH12P01250102** 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	Original (Obligated)	Revised (Expended)	
PHA Wide Administation	Compliance Manager	1410	PHA Wide	46,277.00		46,277.00	24,672.00	Continuing
	Construction Manager	1410		57,436.00		57,436.00	22,513.00	
	Clerical	1410		25,538.00		25,538.00	14,473.00	
	Director	1410		41,197.00		41,197.00	8,206.00	
	Assistant Director	1410		6,580.00		6,580.00	4,939.00	
	Finance Director	1410		11,425.00		11,425.00	1,565.00	
	Fiscal Accountant	1410		35,868.00		35,868.00	14,047.00	
	Benefits	1410		74,439.00		74,439.00	27,294.00	
	Total			**298,760.00**		298,760.00	117,709.00	
	Architect/Consultant Bid Documents/Ads	1430.1 1430	PHA Wide	100,000.00 24,000.00 **124,000.00**	100,000.00 24,000.00 124,000.00	62,890.00 14,553.00 77,443.00	56,200.00 14,553.00	In progress

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No:	Federal FY of Grant: **2002**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	06/30/04			06/30/06			
OH12-2 Westview Terrace	06/30/04			06/30/06			
OH12-3 Wilkes Villa	06/30/04			06/30/06			
OH12-4 JF Oberlin Homes	06/30/04			06/30/06			
OH12-5 Kennedy Plaza	06/30/04			06/30/06			
OH12-6 Riverview Plaza	06/30/04			06/30/06			
OH12-10 Lakeview Plaza	06/30/04			06/30/06			
OH12-11 Albright Terrace	06/30/04			06/30/06			
OH12-12 Westgate Apts.	06/30/04			06/30/06			
OH12-13/14 Southside	06/30/04			06/30/06			
OH12-20 50 Scattered Sites	06/30/04			06/30/06			
OH12-21 25 Scattered Sites	06/30/04			06/30/06			
PHA Wide	06/30/04			06/30/06			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250102	Federal FY of Grant: 2002

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: ___)
☒ Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
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	1499 Development Activities	36,689.00	-0-	-0-	-0-

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250102	Federal FY of Grant: 2002

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement (revision no: ___)
☒ Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines....)	36,689.00	-0-	-0-	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF EXECUTIVE DIRECTOR AND DATE
James A Wrela 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐Revised Annual Statement (revision no: ___)
☒Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	-0-		-0-	-0-
2	1406 Operations	-0-		-0-	-0-
3	1408 Management Improvements Soft Costs	456,632.00		53,000.00	-0-
	Management Improvements Hard Costs	35,000.00		-0-	-0-
4	1410 Administration	245,816.00		245,816.00	-0-
5	1411 Audit	-0-		-0-	-0-
6	1415 Liquidated Damages	-0-		-0-	-0-
7	1430 Fees and Costs	124,000.00		-0-	-0-
8	1440 Site Acquisition	-0-		-0-	-0-
9	1450 Site Improvement	-0-		-0-	-0-
10	1460 Dwelling Structures	1,265,582.00		347,480.00	55,220.00
11	1465.1 Dwelling Equipment-Nonexpendable	134,475.00		-0-	-0-
12	1470 Nondwelling Structures	-0-		-0-	-0-
13	1475 Nondwelling Equipment	-0-		-0-	-0-
14	1485 Demolition	-0-		-0-	-0-
15	1490 Replacement Reserve	-0-		-0-	-0-
16	1492 Moving to Work Demonstration	-0-		-0-	-0-
17	1495.1 Relocation Costs	-0-		-0-	-0-
18	1499 Development Activities	-0-		-0-	-0-

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐Revised Annual Statement (revision no: ___)
☒Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency	196,653.00		-0-	-0-
	Amount of Annual Grant: (sum of lines....)	**2,458,158.00**		646,296	55,220.00
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
James A Wiles 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH12-1 Leavitt Homes	~~No Work~~ Exterior Repair	1460	200 Units	668,881.00		-0-	-0-	Moved from 2002
OH12-2 Westview Terrace	~~Interior Renovations~~	1460	150 Units	-0-		-0-	-0-	Later CFP
OH12-3 Wilkes Villa	Exterior Repair/Utility Cages/Roofs	1460	182 Units	250,000.00		8,780.00	8,780.00	In progress
OH12-4 John Frederick Oberlin Homes	~~Pagoda Roofs~~ Highrise Plbg.	1460	51 Hirise 54 Family	-0- 338,700.00		-0- 338,700.00	-0- 46,440.00	Moved to 2002 Work in progress
OH12-5 Kennedy Plaza	~~Kitchen/Bath Plumbing Phase II~~ Replace Electric Ranges-Highrise & Cott	1460 1465.1	145 Hirise 32 Cottages	-0- 57,525.00		-0-	-0-	Moved to 2002 To be bid
OH12-6 Riverview Plaza	No Work			-0-		-0-	-0-	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH12-10 Lakeview Plaza	Replace Electric Ranges ~~Kitchen & Plumbing Upgrade~~	1465.1 1460	203 Units	68,250.00 -0-		-0- -0-	-0- -0-	Bid Stage Future CFP
OH12-11 Albright Terrace	No Work			-0-		-0-	-0-	
OH12-12 Westgate Apartments	Replace Stoves & Refrigerators	1465.1	12 Units	8,700.00		-0-	-0-	To be bid
OH12-13/14 Southside Gardens	~~Flooring & Kitchen Upgrade~~	1460	114 Units	-0-		-0-	-0-	Future CFP
OH12-20 50 Scattered Sites	Install CO Detectors	1460	50 Units	5,335.00		-0-	-0-	To be bid
OH12-21 25 Scattered Sites	Install CO Detectors	1460	25 Units	2,666.00		-0-	-0-	To be bid
PHA Wide	No work		1Building	-0-		-0-	-0-	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA Wide	Lorain Police Program	1408		150,000.00		-0-	-0-	On going
	Highrise Patrols	1408		42,632.00		-0-	-0-	On going
	Elyria Police Program	1408		150,000.00		-0-	-0-	On going
	Canine Patrols	1408		22,000.00		-0-	-0-	On going
	Resident Initiatives Salary 13,233.00 Benefits 9,767.00	1408		23,000.00		23,000.00	-0-	On going
	Investigators	1408		69,000.00		30,000;00	-0-	On going
	~~Assisted Living~~	1408		-0-		-0-	-0-	
	Computer System Upgrade	1408		35,000.00		-0-	-0-	
				491,632.00				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA Wide	Compliance Manager	1410		54,402.00		54,402.00	-0-	On going
Administration	Construction Manager	1410		49,644.00		49,644.00	-0-	On going
	Clerical	1410		33,306.00		33,306.00	-0-	On going
	Director	1410		18,110.00		18,110.00	-0-	On going
	Assistant Director	1410		10,900.00		10,900.00	-0-	On going
	Finance Director	1410		3,423.00		3,423.00	-0-	On going
	Fiscal Accountant	1410		31,000.00		31,000.00	-0-	On going
	Benefits	1410		45,031.00		45,031.00	-0-	On going
			TOTAL	245,816.00				
	Architectural/Consultant	1430.1		100,000.00		-0-	-0-	In progress
	Bid Documents/Ads	1430		24,000.00		-0-	-0-	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250103 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	06/30/05			06/30/07			
OH12-2 Westview Terrace	06/30/05			06/30/07			
OH12-3 Wilkes Villa	06/30/05			06/30/07			
OH12-4 JF Oberlin Homes	06/30/05			06/30/07			
OH12-5 Kennedy Plaza	06/30/05			06/30/07			
OH12-6 Riverview Plaza	06/30/05			06/30/07			
OH12-10 Lakeview Plaza	06/30/05			06/30/07			
OH12-11 Albright Terrace	06/30/05			06/30/07			
OH12-12 Westgate Apts.	06/30/05			06/30/07			
OH12-13/14 Southside	06/30/05			06/30/07			
OH12-20 50 Scattered Sites	06/30/05			06/30/07			
OH12-21 25 Scattered Sites	06/30/05			06/30/07			
PHA Wide	06/30/05			06/30/07			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250103	Federal FY of Grant: 2003

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐Revised Annual Statement (revision no: __)
☒Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
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				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250103	Federal FY of Grant: 2003

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐Revised Annual Statement (revision no: __)
☒Performance and Evaluation Report for Period Ending: 12/31/03 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities	30,187.00		-0-	-0-
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines....)	30,187.00		-0-	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF EXECUTIVE DIRECTOR AND DATE
James A Wade 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 #2

☒ 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	-0-			
2	1406 Operations	-0-			
3	1408 Management Improvements Soft Costs	92,184.00			
	Management Improvements Hard Costs	7,000.00			
4	1410 Administration	49,592.00			
5	1411 Audit	-0-			
6	1415 Liquidated Damages	-0-			
7	1430 Fees and Costs	17,325.00			
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	-0-			
10	1460 Dwelling Structures	329,819.00			
11	1465.1 Dwelling Equipment-Nonexpendable	-0-			
12	1470 Nondwelling Structures	-0-			
13	1475 Nondwelling Equipment	-0-			
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1499 Development Activities	-0-			
19	1502 Contingency (may not exceed 8% of line 20)	-0-			
	Amount of Annual Grant: (sum of lines....)	**495,920.00**			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 504 compliance				
	Amount of line XX Related to Security-Soft Costs				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 #2

☒ 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	
	Amount of line XX Related to Security-Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director	Date	Signature of Public Housing Director	Date
Henry A. Vrabec	2/2/04		

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 #2

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	Original	Revised	
OH12-1 Leavitt Homes	No Work							
OH12-2 Westview Terrace	No Work							
OH12-3 Wilkes Villa	No Work							
OH12-4 John Frederick Oberlin Homes	No Work							
OH12-5 Kennedy Plaza	No Work							

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 #2

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	Original	Revised	
OH12-6 Riverview Plaza	No Work							
OH12-10 Lakeview Plaza	Plumbing Improvements	1460	203 Units	329,819.00	-0-	-0-	-0-	
OH12-11 Albright Terrace	No Work							
OH12-12 Westgate Apartments	No Work							
OH12-13/14 Southside Gardens	No Work							

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 #2

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	Original	Revised	
OH12-20 50 Scattered Sites	No Work							
OH12-21 25 Scattered Sites	No Work							
PHA Wide	No Work							

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 #2

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	Original	Revised	
PHA Wide	Lorain Police Program	1408		30,000.00				
	Elyria Police Program	1408		30,000.00				
	Highrise Patrols	1408		9,000.00				
	K-9 Patrols	1408		4,000.00				
	Resident Initiatives	1408		5,000.00				
	Investigators	1408		14,184.00				
	Assisted Living	1408		-0-				
	Computer System Upgrade	1408		7,000.00				
	TOTAL	**1408**	**PHA WIDE**	**99,184.00**				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250203 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003 #2**

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	Original	Revised	
PHA Wide	Compliance Manager	1410		9,754.00				
Administration	Construction Manager	1410		8,902.00				
	Clerical	1410		5,972.00				
	Director	1410		3,247.00				
	Assistant Director	1410		1,954.00				
	Finance Director	1410		614.00				
	Fiscal Accountant	1410		5,559.00				
	Benefits	1410		13,590.00				
	TOTAL	1410		49,592.00				
	Architectural/Consultant	1430.1		17,325.00				
	Bid Documents/Ads	1430						

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003 #2

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
START DATE 02/13/04	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	02/13/06			02/12/08			
OH12-2 Westview Terrace	02/13/06			02/12/08			
OH12-3 Wilkes Villa	02/13/06			02/12/08			
OH12-4 JF Oberlin Homes	02/13/06			02/12/08			
OH12-5 Kennedy Plaza	02/13/06			02/12/08			
OH12-6 Riverview Plaza	02/13/06			02/12/08			
OH12-10 Lakeview Plaza	02/13/06			02/12/08			
OH12-11 Albright Terrace	02/13/06			02/12/08			
OH12-12 Westgate Apts.	02/13/06			02/12/08			
OH12-13/14 Southside	02/13/06			02/12/08			
OH12-20 50 Scattered Sites	02/13/06			02/12/08			
OH12-21 25 Scattered Sites	02/13/06			02/12/08			
PHA Wide	02/13/06			02/12/08			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250104 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	-0-			
2	1406 Operations	-0-			
3	1408 Management Improvements Soft Costs	456,632.00			
	Management Improvements Hard Costs	35,000.00			
4	1410 Administration	245,816.00			
5	1411 Audit	-0-			
6	1415 Liquidated Damages	-0-			
7	1430 Fees and Costs	124,000.00			
8	1440 Site Acquisition	-0-			
9	1450 Site Improvement	26,644.00			
10	1460 Dwelling Structures	1,373,413.00			
11	1465.1 Dwelling Equipment-Nonexpendable	-0-			
12	1470 Nondwelling Structures	-0-			
13	1475 Nondwelling Equipment	-0-			
14	1485 Demolition	-0-			
15	1490 Replacement Reserve	-0-			
16	1492 Moving to Work Demonstration	-0-			
17	1495.1 Relocation Costs	-0-			
18	1499 Development Activities	-0-			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250104 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	
19	1502 Contingency	196,653.00			
	Amount of Annual Grant: (sum of lines....)	**2,458,158.00**			
	Amount of line XX Related to LBP Activities	-0-			
	Amount of line XX Related to Sec. 504 compliance	-0-			
	Amount of line XX Related to Security-Soft Costs	-0-			
	Amount of line XX Related to Security-Hard Costs	-0-			
	Amount of line XX Related to Energy Conservation Measures	-0-			
	Collateralization Expenses or Debt Service	-0-			

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Signature of Executive Director and date	Signature of Public Housing Director and Date
Homer Wrides 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH12-1 Leavitt Homes	Exterior Renovations (includes new roof)	1460	200 units	762,000.00				
OH12-2 Westview Terrace	Interior Renovations (Baths, Doors, Toilets)	1460	150 units	409,750.00				
OH12-3 Wilkes Villa	No Work							
OH12-4 John Frederick Oberlin Homes	No Work							
OH12-5 Kennedy Plaza	No Work							

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH12-6 Riverview Plaza	Site Improvements	1450	181 units	26,644.00				
OH12-10 Lakeview Plaza	Plumbing Improvements	1460	203 units	70,181.00				
OH12-11 Albright Terrace	No Work							
OH12-12 Westgate Apartments	No Work							
OH12-13/14 Southside Gardens	No Work							

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH12-20 50 Scattered Sites	Renovate Porches Phase 2	1460	50 Houses	131,482.00				
OH12-21 25 Scattered Sites	No Work							
PHA Wide	No Work							

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250104 Replacement Housing Factor Grant No:	Federal FY of Grant: **2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
PHA Wide	Lorain Police Program	1408		150,000.00				
	Highrise Patrols	1408		42,632.00				
	Elyria Police Program	1408		150,000.00				
	Drug Dog Patrols	1408		22,000.00				
	Resident Initiatives Salary 13,233.00 Benefits 9,767.00	1408		23,000.00				
	Investigators	1408		69,000.00				
	Computer System Upgrade	1408		35,000.00				
	Total			**491,632.00**				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: OH12PO1250104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
PHA Wide	Compliance Manager	1410		54,402.00				
Administration	Construction Manager	1410		49,644.00				
	Clerical	1410		33,306.00				
	Director	1410		18,110.00				
	Assistant Director	1410		10,900.00				
	Finance Director	1410		3,423.00				
	Fiscal Accountant	1410		31,000.00				
	Benefits	1410		45031.00				
	Total			245,816.00				
	Architectural/Consultant	1430.1		100,000.00				
	Bid Documents/Ads	1430		24,000.00				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250104 Replacement Housing Factor Grant No:	Federal FY of Grant: **2004**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
Start date October 1, 2004	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	09/30/06			09/30/08			
OH12-2 Westview Terrace	09/30/06			09/30/08			
OH12-3 Wilkes Villa							
OH12-4 JF Oberlin Homes							
OH12-5 Kennedy Plaza							
OH12-6 Riverview Plaza	09/30/06			09/30/08			
OH12-10 Lakeview Plaza	09/30/06			09/30/08			
OH12-11 Albright Terrace							
OH12-12 Westgate Apts.							
OH12-13/14 Southside							
OH12-20 50 Scattered Sites	09/30/06			09/30/08			
OH12-21 25 Scattered Sites							
PHA Wide							

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250104	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				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
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	1499 Development Activities	30,187.00	-0-	-0-	-0-
19	1502 Contingency				

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: OH12R01250104	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	
	Amount of Annual Grant: (sum of lines....)	30,187.00	-0-	-0-	-0-
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF EXECUTIVE DIRECTOR AND DATE
James A Wade 4/14/04	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒Revised Annual Statement (revision no: ❸)
☐erformance 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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements Soft Costs	322,500.00	382,500.00	382,500.00	247,110.00
	Management Improvements Hard Costs	34,014.00	34,014.00	34,014.00	34,014.00
4	1410 Administration	306,097.00	306,097.00	306,097.00	306,097.00
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	158,500.00	158,500.00	158,500.00	145,265.00
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	77,335.00	71,818.00	71.818.00	54,578.00
10	1460 Dwelling Structures	2,086,669.00	2,042,186.00	2,042,186.00	1,980,664.00
11	1465.1 Dwelling Equipment-Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	135,122.00	135,122.00	135,122.00	135,122.00
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-
18	1499 Development Activities	-0-	-0-	-0-	-0-

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: 2001

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒Revised Annual Statement (revision no: 3)
☐erformance and Evaluation Report for Period Ending: _____ ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency	-0-	-0-	-0-	-0-
	Amount of Annual Grant: (sum of lines....)	**3,130,237.00**	**3,130,237.00**	**3,130,237.00**	**2,902,850.00**
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
Homer A. Wade	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:				Federal FY of Grant: 2001		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original (Obligated)	Revised (Expended)	
OH12-1 Leavitt Homes	Exterior Renovations Closet Door Hardware Install Metal Roof-Community Rm Shower Renovations Duct Cleaning	1460 1460 1470 1460 1460	200 units	11,200.00 -0- 64,392.00 -0- 32,203.00	-0- -0- 64,392.00 -0- 32,203.00	-0- -0- 64,392.00 -0- 32,203.00	-0- -0- 64,392.00 -0- 32,203.00	CFP 2002 Complete Complete
OH12-2 Westview Terrace	Duct Cleaning	1460	150 units	21,312.00	21,312.00	21,312.00	21,312.00	Complete
OH12-3 Wilkes Villa	Duct Cleaning Install Metal Roof-Community Rm ~~Replace water meters~~ Replace floor tile--phase I	1460 1470 1460 1460	186 units	31,828.00 70,730.00 -0- 552,438.00	31,828.00 70,730.00 -0- 552,438.00	31,828.00 70,730.00 -0- 552,438.00	31,828.00 70,730.00 -0- 552,438.00	Complete Complete Complete
OH12-4 John Frederick Oberlin Homes	~~Room A/C's highrise~~ ~~Carpet Hallways Highrise~~ Replace floor tile--Pagodas	1465.1 1460 1460	54 Pagodas 51 Highrise	-0- -0- 135,698.00	-0- -0- 135,698.00	-0- -0- 135,698.00	-0- -0- 135,698.00	Complete Operating fund Complete
OH12-5 Kennedy Plaza	~~Room A/C's highrise & cottages~~ ~~Carpeting Hallways (highrise)~~ Bathroom Plbg. & Kitchen Plbg. Upgrade ~~Ranges~~	1465.1 1460 1460 1465.1	32 Cottages 143 Highrise	-0- -0- 682,000.00 -0-	-0- -0- 648,717.00 -0-	-0- -0- 648,717.00 -0-	-0- -0- 647,901.00 -0-	Complete Operating fund Future CFP In progress Future CFP
OH12-6 Riverview Plaza	~~Room A/C's highrise~~ Kitchen/Bathroom/Plumbing Emergency Roof Repair	1465.1 1460 1460	181 units	-0- 311,809.00 14,870.00	-0- 311,809.00 14,870.00	-0- 311,809.00 14,870.00	-0- 311,809.00 14,870.00	Complete Operating fund Complete Emergency Work
OH12-10 Lakeview Plaza	~~Room A/C's~~ Carpet Hallways Replace Handrails Site, Concrete & Landscaping Work Exterior Repair	1465.1 1460 1460 1450 1460	210 units	-0- 11,995.00 88,352.00 61,035.00 92,000.00	-0- 11,995.00 88,352.00 64,818.00 92,000.00	-0- 11,995.00 88,352.00 64,818.00 92,000.00	-0- 10,796.00 28,845.00 47,578.00 92,000.00	Complete Operating fund In progress In progress In progress Complete

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:				Federal FY of Grant: **2001**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original (Obligated)	Revised (Expended)	
OH12-11 Albright Terrace	~~Room A/C's (windows)~~ Carpet Hallways/Units ~~Kitchen/Bath Rehabilitation~~ Duct Cleaning Replace Closet Doors Replace Unit Locks/handles Replace Soffits & Gutters	1465.1 1460 1460 1460 1460 1460 1460	50 units	-0- 100,964.00 -0- -0- -0- -0- -0-	-0- 100,964.00 -0- -0- -0- -0- -0-	-0- 100,964.00 -0- -0- -0- -0- -0-	-0- 100,964.00 -0- -0- -0- -0- -0-	Complete Operating fund Complete Future CFP Delete Bidding 2002 Operating Fund Bidding 2002
OH12-12 Westgate Apartments	~~Kitchen Rehabilitation~~ ~~Carpeting~~	1460 1460	12 units	-0- -0-	-0- -0-	-0- -0-	-0- -0-	Future CFP Future CFP
OH12-13/14 Southside Gardens	~~Sidewalks, Parking Lot & Approaches~~ Landscaping	1450	114 units	-0- 16,300.00	-0- 7,000.00	-0- 7,000.00	-0- 7,000.00	Complete CFP 2000 From CFP 2000- Balance to 2003
OH12-20 50 Scattered Sites	Site Work Porches & roofing	1450 1460	50 units	-0- -0-	-0- -0-	-0- -0-	-0- -0-	Bidding CFP 2002 Bidding CFP 2002
OH12-21 25 Scattered Sites	Site Work	1450	25 units	-0-	-0-	-0-	-0-	Bidding CFP 2002

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		**Grant Type and Number** Capital Fund Program Grant No: **OH12P01250101** Replacement Housing Factor Grant No:				**Federal FY of Grant: 2001**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
						(Obligated)	(Expended)	
PHA WIDE ACTIVITIES	LORAIN POLICE PROGRAM LORAIN POLICE HIRISE PATROLS ELYRIA POLICE PROGRAM	1408 1408 1408	PHA WIDE	150,000.00 -0- 150,000.00	150,000.00 50,000.00 150,000.00	150,000.00 50,000.00 150,000.00	60,406.00 28,128.00 126,076.00	Continuing
	RESIDENT INITIATIVES Salary Benefits	1408	PHA WIDE	21,500.00	21,500.00	21,500.00	21,500.00	Complete
	COMPUTER UPGRADE	1408	PHA WIDE	34,014.00	34,014.00	34,014.00	34,014.00	Complete
	INVESTIGATOR	1408	PHA WIDE	3,600.00	3,600.00	3,600.00	3,600.00	Complete
	JR. INVESTIGATOR	1408	PHA WIDE	7,400.00	7,400.00	7,400.00	7,400.00	Complete

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	**Grant Type and Number** Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	**Federal FY of Grant: 2001**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Original	Revised	
						(Obligated)	(Expended)	
PHA WIDE ACTIVITIES	COMPLIANCE MANAGER	1410	PHA WIDE	48,013.00	48,013.00	48,013.00	48,013.00	Complete
	CONSTRUCTION MANAGER	1410		58,177.00	58,177.00	58,177.00	58,177.00	
	CLERICAL	1410		29,443.00	29,443.00	29,443.00	29,433.00	
	FISCAL ACCOUNTANT	1410		36,357.00	36,357.00	36,357.00	36,357.00	
	DIRECTOR	1410		30,418.00	30,418.00	30,418.00	30,418.00	
	ASSISTANT DIRECTOR	1410		5,713.00	5,713.00	5,713.00	5,713.00	
	FINANCE DIRECTOR	1410		11,032.00	11,032.00	11,032.00	11,032.00	
	BENEFITS	1410		86,944.00	86,944.00	86,944.00	86,944.00	
				306,097.00	306,097.00	306,097.00	306,097.00	
	ARCHITECT/CONSULTANT	1430		146,500.00	146,500.00	146,500.00	133,265.00	In progress
	BID DOCUMENTS	1430.1		12,000.00	12,000.00	12,000.00	12,000.00	
				158,500.00	158,500.00	158,500.00	145,265.00	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250101 Replacement Housing Factor Grant No:	Federal FY of Grant: **2001**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	06/30/03			06/30/05			
OH12-2 Westview Terrace	06/30/03			06/30/05			
OH12-3 Wilkes Villa	06/30/03			06/30/05			
OH12-4 JF Oberlin Homes	06/30/03			06/30/05			
OH12-5 Kennedy Plaza	06/30/03			06/30/05			
OH12-6 Riverview Plaza	06/30/03			06/30/05			
OH12-10 Lakeview Plaza	06/30/03			06/30/05			
OH12-11 Albright Terrace	06/30/03			06/30/05			
OH12-12 Westgate Apts.	06/30/03			06/30/05			
OH12-13/14 Southside	06/30/03			06/30/05			
OH12-20 50 Scattered Sites	06/30/03			06/30/05			
OH12-21 25 Scattered Sites	06/30/03			06/30/05			
PHA Wide	06/30/03			06/30/05			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Revised Annual Statement (revision no: ②)
☐ Performance and Evaluation Report for Period Ending:_____ ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements Soft Costs	475,267.00	432,877.00	382,877.00	45,020.00
	Management Improvements Hard Costs	35,000.00	35,000.00	13,208.00	13,208.00
4	1410 Administration	298,760.00	298,760.00	298,760.00	158,346.00
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	124,000.00	93,000.00	78,947.00	72,757.00
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	187,075.00	145,076.00	145,076.00	145,076.00
10	1460 Dwelling Structures	1,855,501.00	1,971,400.00	1,971,400.00	1,378,462.00
11	1465.1 Dwelling Equipment-Nonexpendable	-0-	-0-	-0-	-0-
12	1470 Nondwelling Structures	12,000.00	11,490.00	11,490.00	11,490.00
13	1475 Nondwelling Equipment	-0-		-0-	-0-
14	1485 Demolition	-0-		-0-	-0-
15	1490 Replacement Reserve	-0-		-0-	-0-
16	1492 Moving to Work Demonstration	-0-		-0-	-0-
17	1495.1 Relocation Costs	-0-		-0-	-0-
18	1499 Development Activities	-0-		-0-	-0-

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Revised Annual Statement (revision no: ❷)
☐ 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
19	1502 Contingency	-0-		-0-	-0-
	Amount of Annual Grant: (sum of lines....)	**2,987,603.00**	**2,987,603.00**	**2,901,758.00**	**1,824,359.00**
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
Homer A Winder	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: OH12P01250102 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	Original (Obligated)	Revised (Expended)	
OH12-1 Leavitt Homes	Replace Furnaces	1460	200 units	278,200.00	341,149.00	341,149.00	341,149.00	Complete
	Interior Renovations	1460		-0-	531,715.00	531,715.00	6,770.00	From 2001 In Progress
OH12-2 Westview Terrace	Replace Furnaces	1460	150 units	278,200.00	215,940.00	215,940.00	215,940.00	Complete
OH12-3 Wilkes Villa	~~Replace Furnaces~~	1460	186 units	-0-	-0-	-0-	-0-	Future CFP
	~~Upgrade Bathtubs~~	1460		-0-	-0-	-0-	-0-	Future CFP
OH12-4 John Frederick Oberlin Homes	Repair Parking lot Highrise	1450	51 Hirise 54 Family	131,000.00	131,001.00	131,001.00	131,001.00	Complete
	~~Replace Closet Doors~~	1460		-0-	-0-	-0-	-0-	Previous CFP
	Plumbing Upgrade	1460		300,000.00	-0-	-0-	-0-	Moved to 2003 Roofs from 2003
	Pagoda Roofs	1460		-0-	239,243.00	239,243.00	196,422.00	In progress
OH12-5 Kennedy Plaza	Seal Parking areas	1450	32 Cottages 145 Hirise	2,470.00	2,470.00	2,470.00	2,470.00	Complete
	Kitchen & Bath Plbg. Phase I	1460		544,922.00	25,172.00	25,172.00	-0-	In progress funged 2001
	~~Replace flooring Hirise & cott~~.	1460		-0-	-0-	-0-	-0-	Future CFP
	Replace Exterior Doors cot.	1460		42,539.00	42,539.00	42,539.00	42,539.00	Complete
	Replace Closet Doors & Construct Windbreak	1460		155,000.00	176,744.00	176,744.00	176,744.00	Complete
	Repair Masonry-Cottages	1460		18,200.00	18,200.00	18,200.00	18,200.00	Complete

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: OH12P01250102 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	Original (Obligated)	Revised (Expended)	
OH12-6 Riverview Plaza	~~Replace Flooring~~ Seal Asphalt	1460 1450	181 units	-0- 7,825.00	-0- 7,825.00	-0- 7,825.00	-0- 7,825.00	Future CFP Complete
OH12-10 Lakeview Plaza	Seal Parking Lot	1450	203 Units	3,780.00	3,780.00	3,780.00	3,780.00	Complete
OH12-11 Albright Terrace	Replace Closet Doors Replace Soffits & Gutters Electrical-Antenna System	1460 1460	50 Units	52,500.00 -0-	89,225.00 9,095.00	89,225.00 9,095.00	89,225.00 9,095.00	Complete Complete
OH12-12 Westgate Apartments	No Work			-0-	-0-	-0-	-0-	
OH12-13/14 Southside Gardens	Replace Entrance Doors & Locks	1460	114 Units	143,940.00	146,969.00	146,969.00	146,969.00	Complete
OH12-20 50 Scattered Sites	Site Work Repair/Replace porches & roof Phase I	1450 1460	50 Units	28,000.00 42,000.00	-0- 135,409.00	-0- 135,409.00	-0- 135,409.00	Future CFP Complete
OH12-21 25 Scattered Sites	Site Work	1450	25 Units	14,000.00	-0-	-0-	-0-	Future CFP
PHA Wide	1600 Kansas Avenue Awning	1470	1 Building	12,000.00	11,490.00	11,490.00	11,490.00	Complete P.O.

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: **OH12P01250102** 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	Original (Obligated)	Revised (Expended)	
PHA Wide	Lorain Police Program Lorain Highrise Patrols	1408	PHA Lorain Sites	200,000.00 -0-	150,000.00 50,000.00	150,000.00 -0-	-0- -0-	Continuing
	Elyria Police Program	1408	PHA Elyria Sites	178,267.00	150,000.00	150,000.00	-0-	Continuing
	Resident Initiatives	1408	PHA Wide	23,000.00	17,609.00	17,609.00	17,609.00	Complete
	Computer System Upgrade	1408	PHA Wide	35,000.00	35,000.00	13,208.00	13,208.00	Continuing
	Investigators/Jr. Investigator	1408	PHA Wide	74,000.00	43,268.00	43,268.00	21,336.00	Continuing
	K-9 Patrols	1408	PHA Wide	-0-	22,000.00	22,000.00	6,075.00	Continuing
	Total			510,267.00	467,877.00			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: **OH12P01250102** 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	Original (Obligated)	Revised (Expended)	
PHA Wide Administration	Compliance Manager	1410	PHA Wide	46,277.00	46,277.00	46,277.00	31,395.00	Continuing
	Construction Manager	1410		57,436.00	57,436.00	57,436.00	33,665.00	
	Clerical	1410		25,538.00	25,538.00	25,538.00	18,311.00	
	Director	1410		41,197.00	41,197.00	41,197.00	10,444.00	
	Assistant Director	1410		6,580.00	6,580.00	6,580.00	6,286.00	
	Finance Director	1410		11,425.00	11,425.00	11,425.00	2,009.00	
	Fiscal Accountant	1410		35,868.00	35,868.00	35,868.00	17,878.00	
	Benefits	1410		74,439.00	74,439.00	74,439.00	38,358.00	
	Total			298,760.00	298,760.00	298,760.00	158,346.00	
	Architect/Consultant Bid Documents/Ads	1430.1 1430	PHA Wide	100,000.00 24,000.00 124,000.00	75,000.00 18,000.00 93,000.00	62,890.00 16,057.00 78,947.00	56,700.00 16,057.00	In progress

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250102 Replacement Housing Factor Grant No:	Federal FY of Grant: **2002**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	06/30/04			06/30/06			
OH12-2 Westview Terrace	06/30/04			06/30/06			
OH12-3 Wilkes Villa	06/30/04			06/30/06			
OH12-4 JF Oberlin Homes	06/30/04			06/30/06			
OH12-5 Kennedy Plaza	06/30/04			06/30/06			
OH12-6 Riverview Plaza	06/30/04			06/30/06			
OH12-10 Lakeview Plaza	06/30/04			06/30/06			
OH12-11 Albright Terrace	06/30/04			06/30/06			
OH12-12 Westgate Apts.	06/30/04			06/30/06			
OH12-13/14 Southside	06/30/04			06/30/06			
OH12-20 50 Scattered Sites	06/30/04			06/30/06			
OH12-21 25 Scattered Sites	06/30/04			06/30/06			
PHA Wide	06/30/04			06/30/06			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

☐Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒Revised Annual Statement (revision no: ❷)
☐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	-0-	-0-	-0-	-0-
2	1406 Operations	-0-	-0-	-0-	-0-
3	1408 Management Improvements Soft Costs	456,632.00	456,632.00	53,000.00	-0-
	Management Improvements Hard Costs	35,000.00	35,000.00	-0-	-0-
4	1410 Administration	245,816.00	245,816.00	245,816.00	-0-
5	1411 Audit	-0-	-0-	-0-	-0-
6	1415 Liquidated Damages	-0-	-0-	-0-	-0-
7	1430 Fees and Costs	124,000.00	124,000.00	26,000.00	-0-
8	1440 Site Acquisition	-0-	-0-	-0-	-0-
9	1450 Site Improvement	-0-	9,300.00	9,300.00	-0-
10	1460 Dwelling Structures	1,265,582.00	1,407,561.00	636,680.00	235,153.00
11	1465.1 Dwelling Equipment-Nonexpendable	134,475.00	101,925.00	93,225.00	-0-
12	1470 Nondwelling Structures	-0-	-0-	-0-	-0-
13	1475 Nondwelling Equipment	-0-	-0-	-0-	-0-
14	1485 Demolition	-0-	-0-	-0-	-0-
15	1490 Replacement Reserve	-0-	-0-	-0-	-0-
16	1492 Moving to Work Demonstration	-0-	-0-	-0-	-0-
17	1495.1 Relocation Costs	-0-	-0-	-0-	-0-

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities	-0-	-0-	-0-	-0-
19	1502 Contingency	196,653.00	77,924.00	-0-	-0-
	Amount of Annual Grant: (sum of lines....)	**2,458,158.00**	**2,458,158.00**	**1,064,021.00**	**235,153.00**
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Sec. 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				

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SIGNATURE OF EXECUTIVE DIRECTOR AND DATE	SIGNATURE OF PUBLIC HOUSING DIRECTOR AND DATE
Elmer A. Vrdel	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:				Federal FY of Grant: **2003**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH12-1 Leavitt Homes	~~No Work~~ Exterior Repair Interior Renovations	1460 1460	200 Units	668,881.00 -0-	770,881.00 44,249.00	-0- 44,249.00	-0- -0-	From 2002 In progress
OH12-2 Westview Terrace	~~Interior Renovations~~	1460	150 Units	-0-	-0-	-0-	-0-	Later CFP
OH12-3 Wilkes Villa	Exterior Repair/Utility Cages/Roofs	1460	182 Units	250,000.00	221,754.00	221,754.00	41,653.00	In progress
OH12-4 John Frederick Oberlin Homes	~~Pagoda Roofs~~ Highrise Plbg.	1460 1460	51 Hirise 54 Family	-0- 338,700.00	–0- 370,677.00	-0- 370,677.00	-0- 193,500.00	Moved to 2002 Work in progress
OH12-5 Kennedy Plaza	~~Kitchen/Bath Plumbing Phase II~~ Replace Electric Ranges-Highrise & Cott	1460 1465.1	145 Hirise 32 Cottages	-0- 57,525.00	-0-- 43,251.00	-0- 43,251.00	-0- -0-	Moved to 2002 In progress
OH12-6 Riverview Plaza	No Work			-0-	-0-	-0-	-0-	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
OH12-10 Lakeview Plaza	Replace Electric Ranges ~~Kitchen & Plumbing Upgrade~~	1465.1 1460	203 Units	68,250.00 -0-	37,524.00 -0-	37,524.00 -0-	-0- -0-	In progress Future CFP
OH12-11 Albright Terrace	Replace Electric Ranges	1465.1	50 Units	-0-	12,450.00	12,450.00	-0-	In progress
OH12-12 Westgate Apartments	Replace Stoves & Refrigerators	1465.1	12 Units	8,700.00	8,700.00	-0-	-0-	To be bid
OH12-13/14 Southside Gardens	~~Flooring & Kitchen Upgrade~~	1460	114 Units	-0-	-0-	-0-	-0-	Future CFP
OH12-20 50 Scattered Sites	~~Install CO Detectors~~	1460	50 Units	5,335.00	-0-	-0-	-0-	PHA Operating Fund
OH12-21 25 Scattered Sites	~~Install CO Detectors~~ Landscaping	1460 1450	25 Units	2,666.00 -0-	-0- 9,300.00	-0- 9,300.00	-0- -0-	PHA Operating Fund From 2001 In progress
PHA Wide	No work		1Building	-0-		-0-	-0-	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:	Federal FY of Grant: **2003**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA Wide	Lorain Police Program	1408		150,000.00	150,000.00	-0-	-0-	On going
	Highrise Patrols	1408		42,632.00	42,632.00	-0-	-0-	On going
	Elyria Police Program	1408		150,000.00	150,000.00	-0-	-0-	On going
	Canine Patrols	1408		22,000.00	22,000.00	-0-	-0-	On going
	Resident Initiatives	1408		23,000.00	23,000.00	23,000.00	-0-	On going
	Investigators	1408		69,000.00	69,000.00	30,000.00	-0-	On going
	~~Assisted Living~~	1408		-0-	-0-	-0-	-0-	
	Computer System Upgrade	1408		35,000.00	35,000.00	-0-	-0-	
				491,632.00	**491,632.00**			

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*		Grant Type and Number Capital Fund Program Grant No: OH12PO1250103 Replacement Housing Factor Grant No:				Federal FY of Grant: **2003**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
PHA Wide	Compliance Manager	1410		54,402.00	54,402.00	54,402.00	-0-	On going
Administration	Construction Manager	1410		49,644.00	49,644.00	49,644.00	-0-	On going
	Clerical	1410		33,306.00	33,306.00	33,306.00	-0-	On going
	Director	1410		18,110.00	18,110.00	18,110.00	-0-	On going
	Assistant Director	1410		10,900.00	10,900.00	10,900.00	-0-	On going
	Finance Director	1410		3,423.00	3,423.00	3,423.00	-0-	On going
	Fiscal Accountant	1410		31,000.00	31,000.00	31,000.00	-0-	On going
	Benefits	1410		45,031.00	45,031.00	45,031.00	-0-	On going
			TOTAL	245,816.00				
	Architectural/Consultant	1430.1		100,000.00	100,000.00	26,000.00	-0-	In progress
	Bid Documents/Ads	1430		24,000.00	24,000.00	-0-	-0-	

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

PHA Name: *LORAIN METROPOLITAN HOUSING AUTHORITY*	Grant Type and Number Capital Fund Program Grant No: OH12P01250103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date
	Original	Revised	Actual	Original	Revised	Actual	
OH12-1 Leavitt Homes	06/30/05			06/30/07			
OH12-2 Westview Terrace	06/30/05			06/30/07			
OH12-3 Wilkes Villa	06/30/05			06/30/07			
OH12-4 JF Oberlin Homes	06/30/05			06/30/07			
OH12-5 Kennedy Plaza	06/30/05			06/30/07			
OH12-6 Riverview Plaza	06/30/05			06/30/07			
OH12-10 Lakeview Plaza	06/30/05			06/30/07			
OH12-11 Albright Terrace	06/30/05			06/30/07			
OH12-12 Westgate Apts.	06/30/05			06/30/07			
OH12-13/14 Southside	06/30/05			06/30/07			
OH12-20 50 Scattered Sites	06/30/05			06/30/07			
OH12-21 25 Scattered Sites	06/30/05			06/30/07			
PHA Wide	06/30/05			06/30/07			

Capital Fund Program Five-year Action Plan
Part I: Summary

PHA Name **Lorain Metropolitan Housing Authority**				☐ Original 5-Year Plan ☒ Revision No: 4	
Development Number/Name/HA-Wide	**Year 1 2004**	**Work Statement for Year 2 FFY Grant: 2005 PHA FY 2004**	**Work Statement for Year 3 FFY Grant: 2006 PHA FY: 2004**	**Work Statement for Year 4 FFY Grant: 2007 PHA FY: 2004**	**Work Statement for year 5 FFY Grant: 2008 PHA FY: 2004**
	Annual Statement				
OH12-1 LEAVITT HOMES		730,000	910,000	210,000	450,000
OH12-2 WESTVIEW TERRACE		40,000	270,000	495,750	310,000
OH12-3 WILKES VILLA		-0-	940,000	767,500	530,000
OH12-4 JOHN FREDERICK OBERLIN HOMES		46,000	131,000	205,000	650,000
OH12-5 JOHN F. KENNEDY PLAZA		360,000	113,000	87,000	110,000
OH12-6 RIVERVIEW PLAZA		180,000	336,000	10,000	125,000
OH12-10 LAKEVIEW PLAZA		363,128	135,000	42,000	170,000
OH12-11 ALBRIGHT TERRACE		-0-	138,000	30,000	12,450
OH12-12 WESTGATE APARTMENTS		40,000	38,000	30,000	30,000
0H12-13/14 SOUTHSIDE GARDENS		544,000	640,000	289,000	845,000
OH12-20 50 SCATTERED SITES		136,022	100,000	122,500	150,000
OH12-21 25 SCATTERED SITES		-0-	-0-	5,000	-0-
PHA WIDE		-0-	-0-	300,000	375,611
TOTAL		**2,439,150**	**3,751,000**	**2,593,750**	**3,758,061**
PHA WIDE 1408		491,632	491,632	491,632	491,632
PHA WIDE 1410		245,816	245,816	245,816	245,816
PHA WIDE 1430		124,000	124,000	124,000	124,000
Total CFP Funds (Est.)		**3,300,598**	**4,612,448**	**3,455,198**	**4,619,509**
Total Replacement Housing Factor Funds		30,187	30,187	30,187	30,187

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

Activities for Year 1 2004	Activities for Year: 2 FFY Grant: 2005 PHA FY: 2004			Activities for Year: 2 FFY Grant: 2005 PHA FY: 2004		
Annual Statement	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost
	OH12-1 LEAVITT HOMES	200 UNITS		OH12-10 LAKEVIEW PLAZA	210 UNITS	
	Exterior Renovation Roofs and/Windows-Phase III		730,000.00	Compactor Upgrade		30,000.00
				Replace Flooring -Hallways & units		333,128.00
	OH12-2 WESTVIEW TERRACE	150 UNITS		~~Kitchen Renovations~~(2003)		~~345,000.00~~
	Downspouts and Drainage		40,000.00			
	~~Toilet Replacement~~ (2004)		~~75,000.00~~			
				OH12-11 ALBRIGHT TERRACE	50 UNITS	
	OH12-3 WILKES VILLA	186 UNITS		No Work		
	No Work					
				OH12-12 WESTGATE APARTMENTS		
	OH12-4 JOHN FREDERICK OBERLIN HOMES	51 HIGHRISE 54 FAMILY		Bathroom/Kitchen Upgrade		40,000.00
	Atrium/Cafeteria-highrise		46,000.00			
				OH12-13/14 SOUTHSIDE GARDENS	114 UNITS	
	OH12-5 KENNEDY PLAZA	32 COTTAGES 145 HIRISE		Flooring Rehab Phase i Utility Rm Upgrade-Hotwater Tanks & Furnaces		94,000.00 450,000.00
	Compactor Upgrade		30,000.00			
				OH12-20 50 SCATTERED SITES	50 UNITS	
	Laundry Room Upgrade-Cottages		20,000.00	Window Replacement		136,022.00
	Balcony Enclosures		35,000.00			
				OH12-21 25 SCATTERED SITES	25 UNITS	
	Upgrade Handrails		27,000.00	No Work		
	Exterior Lighting		25,000.00			
	Flooring Rehab Hallways & Units		223,000.00			
	OH12-6 RIVERVIEW PLAZA	181 HIRISE				
	Compactor Upgrade		30,000.00			
	Parking Expansion & Site Improvements		150,000.00			
				SUBTOTAL OF ESTIMATED COST		**2,439,150.00**

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

Activities for Year 1 2004	Activities for Year: 3 FFY Grant: 2006 PHA FY: 2004			Activities for Year: 3 FFY Grant: 2006 PHA FY: 2004		
Annual Statement	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost
	OH12-1 LEAVITT HOMES	200 UNITS		OH12-6 RIVERVIEW PLAZA		
	Exterior Repair/Windows Phase IV		600,000.00	Electrical/TV/Tele Upgrade		36,000.00
	Repair Sanitary/Storm sewers		150,000.00	Flooring Upgrade		300,000.00
	Site Work (walks/driveways/grading)		60,000.00			
	Electrical/TV/Tele Upgrade		100,000.00			
	OH12-2 WESTVIEW TERRACE	150 UNITS				
	Replace Interior Doors		90,000.00	OH12-10 LAKEVIEW PLAZA	203 UNITS	
	~~Shower Renovation~~ (2004)		~~200,000.00~~	Re-roof		75,000.00
	Replace Sanitary/storm Sewers		75,000.00	Electrical/TV/Tele Upgrade		60,000.00
	Convert Sunset Manor into Community Space		30,000.00			
	Electrical/TV/Tele Upgrade		75,000.00	OH12-11 ALBRIGHT TERRACE	50 UNITS	
				Exterior Repairs		25,000.00
	OH12-3 WILKES VILLA	186 UNITS		Replace Interior Doors		8,000.00
	Replace Interior Doors		80,000.00	Kitchen/Bath Rehab		100,000.00
	Kitchen Renovations		350,000.00	Electrical/TV/Tele Upgrade		5,000.00
	Bathroom Renovations/Tub Surronds		470,000.00	OH12-12 WESTGATE APARTMENTS	12 UNITS	
	Electrical/TV/Tele Upgrade		40,000.00	Carpet/Flooring-units, hallways & stairs		35.000.00
	OH12-4 JOHN FREDERICK OBERLIN HOMES	51 HIRISE 54 FAMILY		Electrical/TV/Tele Upgrade		3,000.00
	Site Work Pagodas (walks/driveways/grading)		25,000.00	OH12-13/14 SOUTHSIDE GARDENS	114 UNITS	
	Replace Interior Doors-Pagodas & Highrise		30,000.00	Flooring Rehabilitation Phase II(2003)		300,000.00
	Electrical/TV/Tele Upgrade Pagodas & Hirise		26,000.00	Site Work (walks/ driveways,/grading/parking lots)		25,000.00
	Replace flooring-Highrises		50,000.00	Re-roof		200,000.00
				Electrical/TV/Tele Upgrade		115,000.00
				OH12-20 50 SCATTERED SITES	50 UNITS	
	OH12-5 KENNEDY PLAZA	32 COTTAGES		Plumbing Upgrade		10,000.00
	Upgrade laundry rooms--Highrise	145 HIRISE	10,000.00	Crawl Space concrete work		90,000.00
	Electrical/TV/Tele Upgrade		28,000.00	PHA WIDE		
	Re-roof		75,000.00	No Work		
				SUBTOTAL OF ESTIMATED COST		3,751,000.00

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

Activities for Year 1 2004	Activities for Year: 4 FFY Grant: 2007 PHA FY: 2004			Activities for Year: 4 FFY Grant: 2007 PHA FY: 2004		
Annual Statement	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost
	OH12-1 Leavitt Homes	200 Units				
	Expand Community Space		120,000.00	OH12-6 Riverview Plaza	181 Units	
	Insulate Common Walls		25,000.00			
	New Refrigerators		65,000.00	Lightning Arrestors		10,000.00
	OH12-2 Westview Terrace	150 Units				
	Insulate Common Walls		20,000.00	OH12-10 Lakeview Plaza	210 Units	
	Replace Windows		382,000.00	Exhaust System		42,000.00
	Site Work		35,000.00			
	New Refrigerators		48,750.00			
	Laundry Room Upgrade		10,000.00	OH12-11 Albright Terrace	50 Units	
				Reroof Buildings		20,000.00
	OH12-3 Wilkes Villa	182 Units		Exhaust Fans		10,000.00
	Replace Windows		330,000.00			
	Site Work		50,000.00	OH12-12 Westgate Apartments	12 Units	
	Furnace Replacement		325,000.00	Interior/Exterior Renovations		30,000.00
	Sanitary Sewer Clean-outs		62,500.00			
	OH12-4 John Frederick Oberlin Homes	51 Hirise 54 Pagodas		OH12-13/14 Southside Gardens	114 Units	
	Bathroom/Kitchen Upgrade Hirise & Exhaust Fans		120,000.00	Interior Doors		125,000.00
	Lightning Arrestors		10,000.00	Sanitary/Storm Sewer clean-out		10,000.00
	Reroof Highrise		25,000.00	Plumbing Stack Repair		114,000.00
	Entrance Modification		50,000.00	Maintenance Garage Masonry Repairs/Expansion		40,000.00

Activities for Year 1 2004	Activities for Year: 4 FFY Grant: 2007 PHA FY: 2004			Activities for Year: 4 FFY Grant: 2007 PHA FY: 2004		
Annual Statement	**Development Name/Number Description of Major Work Categories**	**Quantity**	**Estimated Cost**	**Development Name/Number Description of Major Work Categories**	**Quantity**	**Estimated Cost**
	OH12-5 John F. Kennedy Plaza	32 Cottages 141 Hirise		OH12-20 50 Scattered Sites	50 Units	
	New Roof -Kitchen Highrise		20,000.00	Sump Pumps		50,000.00
	Exhaust Fans-Bathroom Cottages		7,000.00	Interior Floor Repairs		62,500.00
	Lightning Arrestors		10,000.00	New Flooring		10,000.00
	First Floor A/C		20,000.00			
	Cottages-Utility Room Upgrade		30,000.00			
				OH12-21 25 Scattered Sites		
				New Flooring		5,000.00
				PHA Wide		
				1600 Kansas Parking Lot		100,000.00
				1600 Kansas Building Improvements		150,000.00
				Repair Sidewalks PHA Wide		50,000.00
				Subtotal of Estimated Cost		2,593,750.00

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages–Work Activities

Activities for Year 1 2004	Activities for Year: 5 FFY Grant: 2008 PHA FY: 2004			Activities for Year: 5 FFY Grant: 2008 PHA FY: 2004		
Annual Statement	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost
	OH12-1 Leavitt Homes	200 units		OH12-4 Oberlin Homes	51 Hirise 54 Family	
	Windows and Heavy Duty Screens		450,000.00			
				Bathroom Upgrade (Pagodas)		160,000.00
	OH12-2 Westview Terrace	150 units		Handrails (HR)		25,000.00
	Firewalls		100,000.00	Heating systems/fin tubes (pagodas)		150,000.00
	Interior Upgrade		200,000.00	Window upgrade (pagodas)		160,000.00
	Community Room Heating (fin tubes)		10,000.00	Replace Sheds/ porch improvements (pagodas)		35,000.00
				Drainage/sewers/landscaping/cleanouts (pagodas)		120,000.00
	OH12-3 Wilkes Villa	182 units		OH12-5 Kennedy Plaza	32 Cottages 145 Hirise	
				Phase III Tanks (Boiler Room)		30,000.00
	Water Meters		20,000.00	Fire Alarm Panels		50,000.00
	Exterior Upgrade		400,000.00	Landscaping/Site work (cottages)		30,000.00
	Drainage		30,000.00			
	Community Building Upgrade		50,000.00			
	Garage/Storage Facility		30,000.00			

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

Activities for Year 1 2004	Activities for Year: 5 FFY Grant: 2008 PHA FY: 2004			Activities for Year: 5 FFY Grant: 2008 PHA FY: 2004		
Annual Statement	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost
	OH12-6 Riverview Plaza	181 units		OH12-12 Westgate Apartments	12 units	
	Fire Alarm Panels		50,000.00	Heating & Plumbing Upgrades		10,000.00
	Laundry Rooms Upgrade		15,000.00	Balconies-replace doors/windows (8 units)		20,000.00
	Phase III Tanks		30,000.00			
	Handrails		30,000.00			
				OH12-13/14 Southside Gardens	114 units	
	OH12-10 Lakeview Plaza	203 units				
				Kitchen Upgrades		345,000.00
	Boiler Room Re-piped		60,000.00	Repair Basements		500,000.00
	Phase III Tanks		30,000.00			
	Fire Alarm Panels		30,000.00	OH12-20 –50 Scattered Sites	50 units	
	Expand Parking Lot		50,000.00			
				Roofs		150,000.00
	OH12-11 Albright Terrace	50 units		OH12-21–25 Scattered Sites	25 units	
	Replace Electric Ranges		12,450.00	No work		
				PHA Wide		
				1600 Kansas Avenue Expansion		375,611.00
				TOTAL		3,758,061.00

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

Activities for Year 1	Activities for Year:2 FFY Grant: 2005 PHA FY: 2004			Activities for Year:3 FFY Grant: 2006 PHA FY: 2004		
Annual Statement 2004	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	LORAIN POLICE PROGRAM LORAIN HIGHRISE PATROLS ELYRIA POLICE PROGRAM DRUG DOG PATROLS	PHA WIDE 1408	150,000.00 42,632.00 150,000.00 22,000.00	LORAIN POLICE PROGRAM LORAIN HIGHRISE PATROLS ELYRIA POLICE PROGRAM DRUG DOG PATROLS	PHA WIDE 1408	150,000.00 42,632.00 150,000.00 22,000.00
	RESIDENT INITIATIVES SALARY - 13,233.00 BENEFITS - 9,767.00	PHA WIDE 1408	23,000.00	RESIDENT INITIATIVES SALARY - 13,233.00 BENEFITS - 9,767.00	PHA WIDE 1408	23,000.00
	COMPUTER SYSTEM UPGRADE	PHA WIDE 1408	35,000.00	COMPUTER SYSTEM UPGRADE	PHA WIDE 1408	35,000.00
	INVESTIGATORS	1408	69,000.00	INVESTIGATORS	1408	69,000.00
	ADMINISTRATIVE COST-1410 245,816.00			ADMINISTRATIVE COST-1410 245,816.00		
	ARCHITECT/CONSULTANT-1430 124,000.00			ARCHITECT/CONSULTANT-1430 124,000.00		

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

Activities for Year 1	Activities for Year:4 FFY Grant: 2007 PHA FY: 2004			Activities for Year:5 FFY Grant: 2008 PHA FY: 2004		
Annual Statement 2004	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost	Development Name/Number Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL STATEMENT	LORAIN POLICE PROGRAM LORAIN HIGHRISE PATROLS ELYRIA POLICE PROGRAM DRUG DOG PATROLS	PHA WIDE 1408	150,000.00 42,632.00 150,000.00 22,000.00	LORAIN POLICE PROGRAM LORAIN HIGHRISE PATROLS ELYRIA POLICE PROGRAM DRUG DOG PATROLS	PHA WIDE 1408	150,000.00 42,632.00 150,000.00 22,000.00
	RESIDENT INITIATIVES SALARY - 13,233.00 BENEFITS - 9,767.00	PHA WIDE 1408	23,000.00	RESIDENT INITIATIVES SALARY - 13,233.00 BENEFITS - 9,767.00	PHA WIDE 1408	23,000.00
	COMPUTER SYSTEM UPGRADE	PHA WIDE 1408	35,000.00	COMPUTER SYSTEM UPGRADE	PHA WIDE 1408	35,000.00
	INVESTIGATORS	1408	69,000.00	INVESTIGATORS	1408	69,000.00
	ADMINISTRATIVE COST-1410 245,816.00			ADMINISTRATIVE COST-1410 245,816.00		
	ARCHITECT/CONSULTANT-1430 124,000.00			ARCHITECT/CONSULTANT-1430 124,000.00		

Lorain Metropolitan Housing Authority
Homeownership Assistance Program

Addendum I to Section 8 Administrative Plan

The Lorain Metropolitan Housing Authority (LMHA) hereby establishes a Section 8 Tenant-based Homeownership Option in Lorain, Ohio, pursuant to the U.S. Department of Housing and Urban Development's (HUD) final rule dated October 12, 2000, revised November 18, 2002 and by Section 8 (y) "Homeownership Option" of the United States Housing Act of 1937, as amended by Section 555 of the Quality Housing and Work Responsibility Act of 1998. Section 8 (y) authorizes Section 8 tenant-based assistance for an eligible family that occupies a home purchased and owned by members of the family or to receive a single grant to be used towards the down-payment required in connection to the purchase of a home.

HOMEOWNERSHIP OPTION:

GENERAL [24 CFR 982.625]

(a) The homeownership option is used to assist a family residing in a home purchased and owned by one or more members of the family.

(b) A family assisted under the homeownership option may be a newly admitted or existing participant in the program.

(c) *Forms of homeownership assistance.*

1. A PHA may provide one of two forms of homeownership assistance for a family:
   - i. Monthly homeownership assistance payments; or
   - ii. **A single down payment assistance grant (this is not available yet pending notification from HUD regarding availablity of funds).**
2. *Prohibition against combining forms of homeownership assistance.* A family may only receive one form of homeownership assistance.

Accordingly, a family that includes a person who was an adult member of a family that previously received either of the two forms of homeownership assistance may not receive the other form of homeownership assistance from any PHA.

(d) *PHA choice to offer homeownership options.*

1. The PHA may choose to offer either or both forms of homeownership assistance under this subpart, or choose not to offer either form of assistance. However, the PHA must offer either form of homeownership assistance if necessary as a reasonable accommodation for a person with disabilities in accordance with §982.601(b)(3).
2. It is the sole responsibility of the PHA to determine whether it is reasonable to implement a homeownership program as a reasonable accommodation. The PHA will determine what is reasonable based on the specific circumstances and individual needs of the person with a disability. The PHA may determine that it is not reasonable to offer homeownership assistance as a reasonable accommodation in cases where the PHA has otherwise opted not to implement a homeownership program.

(e) *Family choice.*

1. The family chooses whether to participate in the homeownership option if offered by the PHA.
2. If the PHA offers both forms of homeownership assistance, the family chooses which form of homeownership assistance to receive.

(f) The PHA must approve a live-in aide if needed as a reasonable accommodation so that the program is readily accessible to and useable by persons with disabilities in accordance with part 8 of this title. (See § 982.316 concerning occupancy by a live-in aide.)

It is the policy of this PHA to be eligible to request a reasonable accommodation, the requester must first certify (if apparent) or verify (if not apparent) that they are a person with a disability under the following ADA definition:

- **A physical or mental impairment that substantially limits one or more of the major life activities of an individual;**
- **A record of such impairment; or**
- **Being regarded as having such an impairment**

(g) The PHA must have the capacity to operate a successful Section 8 homeownership program. The PHA has the required capacity if it satisfies either paragraph (d)1, (d)2, or (d)3 of this section.

1. The PHA establishes a minimum homeowner down payment requirement of at least 3 percent of the purchase price for participation in the Section 8 home ownership program, and requires that at least one percent of the purchase price comes from the family's personal resources;
2. The PHA requires that financing for purchase of a home under its Section 8 homeownership program:
   - i. Be provided, insured, or guaranteed by the State or Federal government;
   - ii. Comply with secondary mortgage market underwriting requirements; or
   - iii. Comply with generally accepted private sector underwriting standards; or
3. The PHA otherwise demonstrates in its Annual Plan that it has the capacity, or will acquire the capacity, to successfully operate a Section 8 homeownership program.

(h) *Recapture of homeownership assistance.* A PHA shall not impose or enforce any requirement for the recapture of voucher homeownership assistance on the sale or refinancing of a home purchased with assistance under the homeownership option.

(i) *Applicable requirements.* The following specify what regulatory provisions (under the heading homeownership option) are applicable to either or both forms of homeownership assistance (except as otherwise specifically provided):

1. *Common provisions.* The following provisions apply to both forms of homeownership assistance:
   - i. Section 982.625 (General);
   - ii. Section 982.626 (Initial requirements);
   - iii. Section 982.627 (Eligibility requirements for families);
   - iv. Section 982.628 (Eligible units);
   - v. Section 982.629 (Additional PHA requirements for family search and purchase);

vi. Section 982.630 (Homeownership counseling);
vii. Section 982.631 (Home inspections, contract of sale, and PHA disapproval of seller);
viii. Section 982.632 (Financing purchase of home; affordability of purchase);
ix. Section 982.636 (Portability);
x. Section 982.638 (Denial or termination of assistance for family); and
xi. Section 982.641 (Applicability of other requirements).

2. *Monthly homeownership assistance payments.* The following provisions only apply to homeownership assistance in the form of monthly homeownership assistance payments:
   i. Section 982.633 (Continued assistance requirements; family obligations);
   ii. Section 982.634 (Maximum term of homeownership assistance);
   iii. Section 982.635 (Amount and distribution of monthly homeownership assistance payment);
   iv. Section 982.637 (Move with continued tenant-based assistance); and
   v. Section 982.639 (Administrative fees).
3. *Down payment assistance grant.* The following provision only applies to homeownership assistance in the form of a down payment assistance grant: (Down payment assistance grants).

INITIAL REQUIREMENTS [24 CFR 982.626]

(a) *List of initial requirements.* Before commencing homeownership assistance for a family, the PHA must determine that all of the following initial requirements have been satisfied:

1. The family is qualified to receive homeownership assistance (see §982.627);
2. The unit is eligible (see §982.628); and
3. The family has satisfactorily completed the PHA program of required pre-assistance homeownership counseling (see §982.630).

(b) *Additional PHA requirements.* Unless otherwise provided in this part, the PHA may limit homeownership assistance to families or purposes defined by the PHA, and may prescribe additional requirements for commencement of homeownership assistance for a family. Any such limits or additional requirements must be described in the PHA administrative plan.

It is the policy of this PHA to offer the homeownership assistance option on a first come first served basis. This HA reserves the option to limit the number of participants on the homeownership assistance option as it sees fit.

Applicants for the homeownership program are not required to participate in this PHA's Family Self-Sufficiency Program (FSS). However, in the event the HA exercises the option to limit the number of participants for the homeownership assistance option, FSS participants and graduates who successfully complete the program and continue to be eligible for Section 8 will be given preference.

In order to be eligible for assistance under the homeownership option, the family must have personal resources totaling $2,500.00 in a checking, saving, or other bank account. Section 8 FSS escrow funds or gifts are acceptable as personal resources.

The participant will also be required to set up a repair/maintenance account to which the participant will continue to make a monthly deposit in a predetermined amount according

to household net monthly income not to exceed 10% of said net monthly household income.

The participant must have been on Section 8 rental assistance for no less than one year and have completed an initial lease term (the Family termination of the lease must be in accordance with the terms of the lease).

The participant must agree to participate in the required Homeownership Counseling.

Participants in the Section 8 Housing Choice Voucher Program shall be ineligible for participation in the Section 8 homeownership program in the event any debt or portion of a debt remains owed to Lorain Metropolitan Housing Authority or any other Housing Authority. Nothing in this provision will preclude Section 8 participants that have fully repaid such debt(s) from participating in the Section 8 homeownership program.

(c) *Environmental requirements.* The PHA is responsible for complying with the authorities listed in §58.6 of this title requiring the purchaser to obtain and maintain flood insurance for units in special flood hazard areas, prohibiting assistance for acquiring units in the coastal barriers resource system, and requiring notification to the purchaser of units in airport runway clear zones and airfield clear zones.

ELIGIBILITY REQUIREMENTS FOR FAMILIES [24 CFR 982.627]

(a) *Determination whether family is qualified.* The PHA may not provide homeownership assistance for a family unless the PHA determines that the family satisfies all the following initial requirements at commencement of homeownership assistance for the family:

1. The family has been admitted to the Section 8 Housing Choice Voucher program in accordance with subpart E of this part.
2. The family satisfies any first-time homeowner requirements (described in paragraph (b) of this section.
3. The family satisfies the minimum income requirement (described in paragraph (c) of this section).
4. The family satisfies the employment requirements (described in paragraph (d) of this section).
5. The family has not defaulted on a mortgage securing debt to purchase a home under the homeownership option (see paragraph (e) of this section).
6. Except for cooperative members who have acquired cooperative membership shares prior to commencement of homeownership assistance, no family member has a present ownership interest in a residence at the commencement of homeownership assistance for the purchase of any home.
7. Except for cooperative members who have acquired cooperative membership shares prior to the commencement of homeownership assistance, the family has entered a contract of sale in accordance with §982.631(c).
8. The family also satisfies any other initial requirements established by the PHA (see §982.626(b)). Any such additional requirements must be described in the PHA administrative plan.

(b) *First-time homeowner requirements.* At commencement of homeownership assistance for the family, the family must be any of the following:

1. A first-time homeowner (defined at §982.4);
2. A cooperative member (defined at §982.4); or
3. A family of which a family member is a person with disabilities, and use of the

homeownership option is needed as a reasonable accommodation so that the program is readily accessible to and usable by such person, in accordance with part 8 of this title.

(c) *Minimum income requirements.*

1. At commencement of monthly homeownership assistance payments for the family, or at the time of a down payment assistance grant for the family, the family must demonstrate that the annual income, as determined by the PHA in accordance with §5.609 of this title, of the adult family members who will own the home at commencement of homeownership assistance is not less than:
   - i. In case of a disabled family (as defined in §5.403(b) of this title), the monthly Federal Supplemental Security Income (SSI) benefit for an individual living along (or paying his or her share of food and housing costs); or
   - ii. In the case of other families, the Federal minimum wage multiplied by 2,000 hours.
2. The PHA shall not count any welfare assistance received by the family in determining annual income under this section.

H.U.D. 24 CFR 5.603 Definitions: *Welfare assistance.* Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly, by Federal, State or local governments.

It is the understanding of this PHA that the above HUD definition describes assistance as cash assistance from sources such as Temporary Assistance for Needy Families (TANF) as defined in the regulations issued by the Department of Health and Human Services [45 CFR 260.31].

   - i. Except in the case of an elderly family or a disabled family (see the definitions of these terms at §5.403(b) of this title).
   - ii. The disregard of welfare assistance income under paragraph (c)(2)(i) of this section only affects the determination of minimum annual income used to determine if a family initially qualifies for commencement of homeownership assistance in accordance with this section, but does not affect:
     - A. The determination of income-eligibility for admission to the voucher program:
     - B. Calculation of the amount of the family's total tenant payment (gross family contribution); or
     - C. Calculation of the amount of homeownership assistance payments on behalf of the family.
   - iii. In the case of an elderly or disabled family, the PHA shall include welfare assistance for the adult family members who will own the home in determining if the family meets the minimum income requirement.
3. A PHA may establish a minimum income standard that is higher than those described in paragraph (c)(1) of this section for either or both types of families. However, a family that meets the applicable HUD minimum income requirement described in paragraph (c)(1) of this section, but not the higher

standard established by the PHA shall be considered to satisfy the minimum income requirement if:

i. The family demonstrates that it has been pre-qualified or pre-approved for financing;

ii. The pre-qualified or pre-approved financing meets any PHA established requirements under §982.632 for financing the purchase of the home (including qualifications of lenders and terms of financing); and

iii. The pre-qualified or pre-approved financing amount is sufficient to purchase housing that meets HQS in the PHA's jurisdiction.

(d) *Employment requirements.*

1. Except as provided in paragraph (d)(2) of this section, the family must demonstrate that one or more adult members of the family who will own the home at commencement of home ownership assistance:

   i. Is currently employed on a full-time basis (the term full-time employment means not less than an average of 30 hours per week); and

   ii. Has been continuously so employed during the year before commencement of home ownership assistance for the family.

2. The PHA shall have discretion to determine whether and to what extent interruption are considered to break continuity of employment during the year. The PHA may count successive employment during the year. The PHA may count self-employment in a business.

It is the policy of this PHA in order to be eligible for assistance under the homeownership assistance option, the family must be employed on a full-time basis (not less than an average of 30 hours per week) earning no less than the Federal minimum hourly wage multiplied by 2,000 hours for 12 consecutive months prior to commencement of homeownership assistance for the family. The only exceptions are as follows:

- **Interruption in employment as a result of a company lay-off from which the family member was or will be recalled to work; or**
- **Employment terminated due to a work force reduction or company closing and the family member had to locate another job; or**
- **Temporary medical leave for the head of household or employed family member for self or dependent child (not to exceed 12 weeks duration). Any exception to this must be approved prior to commencement of homeownership assistance.**

3. The employment requirement does not apply to an elderly family or a disabled family (see the definitions of these terms at §5.403(b) of this title). Furthermore, if a family, other than an elderly family or a disabled family, includes a person with disabilities, the PHA shall grant an exemption from the employment requirement if the PHA determines that an exemption is needed as a reasonable accommodation so that the program is readily accessible to and usable by the persons with disabilities in accordance with part 8 of this title.

4. A PHA may not establish an employment requirement in addition to the employment standard established by this paragraph.

(e) *Prohibition against assistance to family that has defaulted.* The PHA shall not commence homeownership assistance for a family that includes an individual who was an adult member of a family at the time when such family received homeownership assistance and defaulted on a mortgage securing debt incurred to purchase the home

ELIGIBLE UNITS. [24 CFR 982.628]

(a) *Initial requirements applicable to the unit.* The PHA must determine that the unit satisfies all of the following requirements:

1. The unit is eligible. (See §982.352. Paragraphs (a)(6), (a)(7) and (b) of §982.352 do not apply)
2. The unit is either under construction or already existing at the time the family enters into the contract of sale.
3. The unit is either a one-unit property (including a manufactured home) or a single dwelling unit in a cooperative or condominium.
4. The unit has been inspected by a PHA inspector and by an independent inspector designated by the family (see §982.631).
5. The unit satisfies the HQS (see §982.401 and §982.631).

(b) *Purchase of home where family will not own fee title to the real property.* Homeownership assistance may be provided for the purchase of a home where the family will not own fee title to the real property on which the home is located, but only if:

1. The home is located on a permanent foundation; and
2. The family has the right to occupy the home site for at least forty years.

(c) *PHA disapproval of seller.* The PHA may not commence homeownership assistance for occupancy of a home if the PHA has been informed (by HUD or otherwise) that the seller of the home is debarred, suspended, or subject to a limited denial of participation under part 24 of this title.

ADDITIONAL PHA REQUIREMENTS FOR FAMILY SEARCH AND PURCHASE. [24 CFR 982.629]

(a) The PHA may establish the maximum time for a family to locate a home, and to purchase the home.

It is the policy of this PHA to give an initial 180 days for a family to locate a home. With documentation of their search, two additional extensions in 30 day increments can be granted totaling a maximum of 240 days on the homeownership voucher. Any additional extensions would be at the sole discretion of this PHA. After the family has submitted a purchase agreement, this PHA will allow 90 days for closing on a home mortgage. With documentation, an additional 30 day extension will be granted for extenuating circumstances totaling a maximum of 120 days to close on a home mortgage. During a Section 8 participant's search for a home to purchase, their Section 8 rental assistance shall continue pursuant to this Administrative Plan. If a Section 8 participant family is unable to locate a home within the time approved by this PHA (240 days), their Section 8 rental assistance through the Section 8 Housing Choice Voucher Program shall continue.

If a family is unable to locate a unit on the Homeownership Program their Voucher reverts back to the Section 8 Housing Choice Voucher Rental Assistance Program. They will be

given a second *and final* opportunity to be a participant on the Homeownership Program, but they can not re-apply until after they have completed another initial lease term (12 months) on the rental assistance program. The Family termination of the lease must be in accordance with the terms of the lease.

(b) The PHA may require periodic family reports on the family's progress in finding and purchasing a home.

It is the policy of this PHA to require documentation of the family's search for a home when the family is requesting an extension on their homeownership voucher after the initial 120 days have elapsed. Documentation will be required for each extension requested by the family.

(c) If the family is unable to purchase a home within the maximum time established by the PHA, the PHA may issue the family a voucher to lease a unit or place the family's name on the waiting list for a voucher.

It is the policy of this PHA to continue the family's Section 8 rental assistance during their search for a suitable unit to purchase. If the family is unable to find a suitable unit in the maximum time established by this PHA (240 days), this PHA will allow the family to continue to receive assistance at its current residence or this PHA will issue the family a Housing Choice Voucher to locate another unit.

The family may not re-apply for the Section 8 homeownership program until they have completed at least one (1) additional year (twelve (12) months) of participation in the Section 8 Housing Choice Voucher Program and have completed an initial lease term. Termination of the lease must be in accordance with the terms of the lease.

HOMEOWNERSHIP COUNSELING. [24 CFR 982.630]

(a) Before commencement of homeownership assistance for a family, the family must attend and satisfactorily complete the pre-assistance homeownership and housing counseling program required by the PHA (pre-assistance counseling).

(b) Suggested topics for the PHA-required pre-assistance counseling program include:

1. Home maintenance (including care of the grounds);
2. Budgeting and money management;
3. Credit counseling;
4. How to negotiate the purchase price of a home;
5. How to obtain home ownership financing and loan preapprovals, including a description of types of financing that may be available, and the pros and cons of different types of financing;
6. How to find a home, including information about home ownership opportunities, schools, and transportation in the PHA jurisdiction;
7. Advantages of purchasing a home in an area that does not have a high concentration of low-income families and how to locate homes in such areas;
8. Information on fair housing, including fair housing lending and local fair housing enforcement agencies; and
9. Information about the Real Estate Settlement Procedures Act (12 U.S.C. 2601 *et seq.*) (RESPA), state and Federal truth-in-lending laws, and how to identify and avoid loans with oppressive terms and conditions.

(c) The PHA may adapt the subjects covered in pre-assistance counseling (as listed in paragraph (b) of this section) to local circumstances and the needs of individual families.

It is the policy of this PHA in order to be eligible for assistance under the homeownership option, the family must enroll in and successfully complete the pre and post-purchase homeownership counseling program and be deemed to be "mortgage ready" before a homeownership voucher will be issued. At a minimum, the counseling will cover the following:

- **Home maintenance (including care of the grounds).**
- **Budget and money management**
- **Credit counseling**
- **How to negotiate the purchase price of a home**
- **Mortgage financing options and types**
- **How to find a home**
- **Deconcentration issues**
- **Information on fair housing issues**
- **Information on Real Estate Settlement Procedures Act, truth-in-lending laws, and, how to identify and avoid loans with oppressive terms and conditions**

(d) The PHA may also offer additional counseling after commencement of homeownership assistance (ongoing counseling). If the PHA offers a program of ongoing counseling for participants in the homeownership option, the PHA shall have discretion to determine whether the family is required to participate in the ongoing counseling.

It is the policy of this PHA to, at the discretion of this PHA, require the family to participate in ongoing home ownership counseling.

(e) If the PHA is not using a HUD-approved housing counseling agency to provide the counseling for families participating in the homeownership option, the PHA should ensure that its counseling program is consistent with the homeownership counseling provided under HUD's Housing Counseling program.

HOMEOWNERSHIP OPTION: HOME INSPECTIONS, CONTRACT OF SALE AND PHA DISAPPROVAL OF SELLER. [24 CFR 982.631]

(a) *HQS inspection by PHA.* The PHA may not commence monthly homeownership assistance payments or provide a down payment assistance grant for the family until the PHA has inspected the unit and has determined that the unit passed HQS.

(b) *Independent inspection.*

1. The unit must also be inspected by an independent professional inspector selected by and paid by the family.
2. The independent inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical, and heating systems. The independent inspector must be qualified to report on property conditions, including major building systems and components.
3. The PHA may not require the family to use an independent inspector selected by the PHA. The independent inspector may not be a PHA employee or contractor, or other person under control of the PHA. However, the PHA may establish standards for qualification of inspectors selected by families under the homeownership option.

It is the policy of this PHA to require a copy of the independent inspector's license or certification showing his/her qualifications. The LMHA reserves the right to deny the use of any independent inspector who is not licensed or certified or who refuses to provide documentation of such.

4. The independent inspector must provide a copy of the inspection report both to the family and to the PHA. The PHA may not commence monthly homeownership assistance payments, or provide a down payment assistance grant for the family, until the PHA has reviewed the inspection report of the independent inspector. Even if the unit otherwise complies with the HQS (and may qualify for assistance under the PHA's tenant-based rental voucher program), the PHA shall have discretion to disapprove the unit for assistance under the homeownership option because of information in the inspection report.

(c) *Contract of sale.*

1. Before commencement of monthly homeownership assistance payments or receipt of a down payment assistance grant, a member or members of the family must enter into a contract of sale with the seller of the unit to be acquired by the family. The family must give the PHA a copy of the contract of sale (see also §982.627 (a) (7)).
2. The Contract of sale must:
   - i. Specify the price and other terms of sale by the seller to the purchaser.
   - ii. Provide that the purchaser will arrange for a pre-purchase inspection of the dwelling unit by an independent inspector selected by the purchaser.
   - iii. Provide that the purchaser is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser.
   - iv. Provide that the purchaser is not obligated to pay for any necessary repairs.
   - v. Contain a certification from the seller that the seller has not been debarred, suspended, or subject to a limited denial of participation under part 24 of this title.

(d) *PHA disapproval of seller.* In its administrative discretion, the PHA may deny approval of a seller for any reason provided for disapproval of an owner in §982.306(c).

FINANCING PURCHASE OF HOME; AFFORDABILITY OF PURCHASE. [24 CFR 982.632]

(a) The PHA may establish requirements for financing the purchase of a home to be assisted under the homeownership option. Such PHA requirements may include requirements concerning qualification of lenders (for example, prohibition of seller financing or case-by-case approval of seller financing), or concerning terms of financing (for example, a prohibition of balloon payment mortgages, or establishment of a minimum homeowner equity requirement from personal resources).

It is the policy of this PHA to:

- **prohibit balloon payment mortgages;**
- **review Seller financing on a case by case basis prior to approval;**
- **require that the minimum down payment is three percent of the purchase**

price and that at least one percent of the purchase price come from the family's personal resources;

- **approve the proposed mortgage (which must comply with generally accepted mortgage underwriting requirements); and**
- **require the family to enter into a written agreement with the Lorain MHA to comply with all of its obligations under the Section 8 program.**

There is no prohibition against using local or State Community Development Block Grant (home ownership CDBG) or other subsidized financing in conjunction with the homeownership program.

(b) If the purchase of the home is financed with FHA mortgage insurance, such financing is subject to FHA mortgage insurance requirements.

(c) The PHA may establish requirements or other restrictions concerning debt secured by the home.

It is the policy of this HA that no other debt, secured by the home, is allowed without prior approval of Lorain MHA.

(d) The PHA may review lender qualifications and the loan terms before authorizing homeownership assistance. The PHA may disapprove proposed financing, refinancing or other debt if the PHA determines that the debt is unaffordable, or if the PHA determines that the lender or the loan terms do not meet PHA qualifications. In making this determination, the PHA may take into account other family expenses, such as child care, unreimbursed medical expenses, home ownership expenses, and other family expenses as determined by the PHA.

(e) All PHA financing or affordability requirements must be described in the PHA administrative plan.

It is the policy of this HA to adopt the affordability criteria of approved mortgage lending institutions with respect to debt to income ratios allowing for any special programs that may be available through said lending institutions for which the participant might qualify.

Any participant that has excessive debt ratios or derogatory credit will be provided an opportunity to correct those deficiencies within 12 months. At that time, they will become eligible to participate in the homeownership program subject to all initial requirements set forth herein.

CONTINUED ASSISTANCE REQUIREMENTS; FAMILY OBLIGATIONS. [24 CFR 982.633]

(a) *Occupancy of home.* Homeownership assistance may only be paid while the family is residing in the home. If the family moves out of the home, the PHA may not continue homeownership assistance after the month when the family moves out. The family or lender is not required to refund to the PHA the homeownership assistance for the month when the family moves out.

(b) *Family obligations.* The family must comply with the following obligations.

1. *Ongoing counseling.* To the extent required by the PHA, the family must attend and complete ongoing home ownership and housing counseling.

It is the policy of this PHA to, at the discretion of this PHA, require the family to participate

in ongoing counseling.

2. *Compliance with mortgage.* The family must comply with the terms of any mortgage securing debt incurred to purchase the home (or any refinancing of such debt).
3. *Prohibition against conveyance or transfer of home.*
   i. So long as the family is receiving homeownership assistance, use and occupancy of the home is subject to §982.551(h) and (i).
   ii. The family may grant a mortgage on the home for debt incurred to finance purchase of the home or any refinancing of such debt.
   iii. Upon death of a family member who holds, in whole or in part, title to the home or ownership of cooperative membership shares for the home, homeownership assistance may continue pending settlement of the decedent's estate, notwithstanding transfer of title by operation of law to the decedent's executor or legal representative, so long as the home is solely occupied by remaining family members in accordance with §982.551(h).
4. *Supplying required information.*
   i. The family must supply required information to the PHA in accordance with §982.551(b).

It is the policy of this HA that families will be required to report <u>all</u> increases in income/asset of all household members to the HA in writing within 7 business days.

The HA will review and certify the reported information. An interim assistance change will not be processed if it results in an increase of monthly gross income of less than $100.00 per month.

It is the policy of this HA to include the following regulations on repayment of any monies owed due to failure of family obligations in reporting changes in income resulting in an overpayment of Homeownership Program assistance:

Federal Regulations §982.552; §982.552(b)(6-8); §982.163; and corresponding LMHA Administrative Policy (Chapter 18 A, C, D, E).

   ii. In addition to other required information, the family must supply any information as required by the PHA or HUD concerning:
      A. Any mortgage or other debt incurred to purchase the home, and any refinancing of such debt (including information needed to determine whether the family has defaulted on the debt, and the nature of any such default), and information on any satisfaction or payment of the mortgage debt:
      B. Any sale or other transfer of any interest in the home; or
      C. The family's home ownership expenses.
5. *Notice of move-out.* The family must notify the PHA before the family moves out of the home.
6. *Notice of mortgage default.* The family must notify the PHA if the family defaults on a mortgage securing any debt incurred to purchase the home.
7. *Prohibition on ownership interest on second residence.* During the time the family receives homeownership assistance under this subpart, no family member may have any ownership interest in any other residential property.

8. *Additional PHA requirements.* The PHA may establish additional requirements for continuation of homeownership assistance for the family (for example, a requirement for post-purchase home ownership counseling or for periodic unit inspections while the family is receiving homeownership assistance). The family must comply with any such requirements.

It is the policy of this PHA to require Homeownership Option Participants to establish a home maintenance bank account into which a set amount (amount to be determined for each participant not to exceed 10% of monthly net income) must be deposited on a monthly basis.

At annual recertification, the participant is required to provide documentation of such account and the balance in said account.

LMHA will also conduct annual inspections on the unit. These inspections will coincide with the required annual recertification process.

LMHA also reserves the right to do "drive by" inspections. These inspections will not interrupt the participant in any way. LMHA will simply drive by the unit on occasion and view the unit from the outside. LMHA will not attempt to enter the unit on these occasions. If LMHA sees a reason for further investigation of the premises, a notice of inspection will be sent directly to the participant with a specific appointment date and time. If, at any of these inspections, the unit fails to meet Housing Quality Standards as described under 24 CFR 982.401, the PHA can require the family to do such repairs in a timely manner and can exercise the PHA's discretion in requiring the family to attend and complete ongoing home ownership counseling.

9. *Other family obligations.* The family must comply with the obligations of a participant family described in §982.511. However, the following provisions do not apply to assistance under the homeownership option: §982.551(c), (d), (e), (f), (g) and (j).

(c) *Statement of homeowner obligations.* Before commencement of homeownership assistance, the family must execute a statement of family obligations in the form prescribed by HUD. In the statement, the family agrees to comply with all family obligations under the homeownership option.

MAXIMUM TERM OF HOMEOWNERSHIP ASSISTANCE. [24 CFR 982.634]

(a) *Maximum term of assistance.* Except in the case of a family that qualifies as an elderly or disabled family (see paragraph (c) of this section), the family members described in paragraph (b) of this section shall not receive homeownership assistance for more than:

1. Fifteen years, if the initial mortgage incurred to finance purchase of the home has a term of 20 years or longer; or
2. Ten years, in all other cases.

(b) *Applicability of maximum term.* The maximum term described in paragraph (a) of this section applies to any member of the family who:

1. Has an ownership interest in the unit during the time that homeownership payments are made; or
2. Is the spouse of any member of the household who has an ownership interest in the unit during the time homeownership payments are made.

(c) *Exception for elderly and disabled families.*

1. As noted in paragraph (a) of this section, the maximum term of assistance does not apply to elderly and disabled families.
2. In the case of an elderly family, the exception only applies if the family qualifies as an elderly family at the start of homeownership assistance. In the case of a disabled family, the exception applies if at any time during receipt of homeownership assistance the family qualifies as a disabled family.
3. If, during the course of homeownership assistance, the family ceases to qualify as a disabled or elderly family, the maximum term becomes applicable from the date homeownership assistance commenced. However, such a family must be provided at least 6 months of homeownership assistance after the maximum term becomes applicable (provided the family is otherwise eligible to receive homeownership assistance in accordance with this part).

(d) *Assistance for different homes or PHAs.* If the family has received such assistance for different homes, or from different PHAs, the total of such assistance terms is subject to the maximum term described in paragraph (a) of this section.

AMOUNT AND DISTRIBUTION OF MONTHLY HOMEOWNERSHIP ASSISTANCE PAYMENT.
[24 CFR 982.635]

(a) *Amount of monthly homeownership assistance payment.* While the family is residing in the home, the PHA shall pay a monthly homeownership assistance payment on behalf of the family that is equal to the *lower of:*

1. The payment standard minus the total tenant payment; or
2. The family's monthly home ownership expenses minus the total tenant payment.

(b) *Payment standard for family.*

1. The payment standard for a family is the lower of:
   - i. The payment standard for the family unit size; or
   - ii. The payment standard for the size of the home.
2. If the home is located in an exception payment standard area, the PHA must use the appropriate payment standard for the exception payment standard area.
3. The payment standard for a family is the greater of:
   - i. The payment standard (as determined in accordance with paragraphs (b)(1) and (b)(2) of this section) at the commencement of homeownership assistance for occupancy of the home; or
   - ii. The payment standard (as determined in accordance with paragraphs (b)(1) and (b)(2) of this section) at the most recent regular reexamination of family income and composition since the commencement of homeownership assistance for occupancy of the home.
4. The PHA must use the same payment standard schedule, payment standard amounts, and subsidy standards pursuant to §982.402 and §982.503 for the

homeownership option as for the rental voucher program.

(c) *Determination of home ownership expenses.*

1. The PHA shall adopt policies for determining the amount of homeownership expenses to be allowed by the PHA in accordance with HUD requirements.

It is the policy of this HA to adopt the affordability criteria of approved mortgage lending institutions with respect to debt to income ratios allowing for any special programs that may be available through said lending institutions for which the participant might qualify.

Any participant that has excessive debt ratios or derogatory credit will be provided an opportunity to correct those deficiencies within 12 months. At that time, they will become eligible to participate in the homeownership program subject to all initial requirements set forth herein.

2. Home ownership expenses for a homeowner (other than a cooperative member) may only include amounts allowed by the PHA to cover:
   - i. Principal and interest on initial mortgage debt, any refinancing of such debt, and any mortgage insurance premium incurred to finance purchase of the home;
   - ii. Real estate taxes and public assessments on the home;
   - iii. Home insurance;
   - iv. The PHA allowance for maintenance expenses;
   - v. The PHA allowance for costs of major repairs and replacements;
   - vi. The PHA utility allowance for the home;
   - vii. Principal and interest on mortgage debt incurred to finance costs for major repairs, replacements or improvements for the home. If a member of the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the PHA determines that allowance of such costs as home ownership expenses is needed as a reasonable accommodation so that the home ownership option is readily accessible to and usable by such person, in accordance with part 8 of this title; and;
   - viii. Land lease payments (where a family does not own fee title to the real property on which the home is located; see §982.628(b)).

3. Home ownership expenses for a cooperative member may only include amounts allowed by the PHA to cover:
   - i. The cooperative charge under the cooperative occupancy agreement including payment for real estate taxes and public assessments on the home;
   - ii. Principal and interest on initial debt incurred to finance purchase of cooperative membership shares and any refinancing of such debt;
   - iii. Home insurance;
   - iv. The PHA allowance for maintenance expenses;
   - v. The PHA allowance for costs of major repairs and replacements;
   - vi. The PHA utility allowance for the home; and
   - vii. Principal and interest on debt incurred to finance major repairs, replacements or improvements for the home. If a member of

the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the PHA determines that allowance of such costs as home ownership expenses is needed as a reasonable accommodation so that the homeownership option is readily accessible to and usable by such person, in accordance with part 8 of this title.

4. If the home is a cooperative or condominium unit, home ownership expenses may also include cooperative or condominium operating charges or maintenance fees assessed by the condominium or cooperative homeowner association.

(d) *Payment to lender or family.* The PHA must pay homeownership assistance payments either:

1. Directly to the family or;
2. At the discretion of the PHA, to a lender on behalf of the family. If the assistance payment exceeds the amount due to the lender, the PHA must pay the excess directly to the family.

It is the policy of this HA to provide the lender with a notice of the amount of the housing assistance payment prior to the close of the loan. LMHA's contribution towards the family's homeowner expense will be paid directly to a debit account set up for the express purpose of the payment of the mortgage. Other terms required by the lender will be considered.

(e) *Automatic termination of home ownership assistance.* Homeownership assistance for a family terminates automatically 180 calendar days after the last homeownership assistance payment on behalf of the family. However, a PHA has the discretion to grant relief from this requirement in those cases where automatic termination would result in extreme hardship for the family.

PORTABILITY. [24 CFR 982.636]

(a) *General.* A family may qualify to move outside the initial PHA jurisdiction with continued homeownership assistance under the voucher program in accordance with this section.

(b) *Portability of homeownership assistance.* Subject to §982.353(b) and (c), §982.552 and §982.553, a family determined eligible for homeownership assistance by the initial PHA may purchase a unit outside of the initial PHA's jurisdiction, if the receiving PHA is administering a voucher homeownership program and is accepting new home ownership families.

(c) *Applicability of Housing Choice Voucher program portability procedures.* In general, the portability procedures described in §982.353 and procedures described in §982.355 apply to the homeownership option and the administrative responsibilities of the initial and receiving PHA are not altered except that some administrative functions (e.g. issuance of a voucher or execution of a tenancy addendum) do not apply to the homeownership option.

(d) *Family and PHA responsibilities.* The family must attend the briefing and counseling sessions required by the receiving PHA. The receiving PHA will determine whether the financing for, and the physical condition of the unit, are acceptable. The receiving PHA must promptly notify the initial PHA if the family has purchased an eligible unit under the program, or if the family is unable to purchase a home within the maximum time established by the PHA.

(e) *Continued assistance under §982.637.* Such continued assistance under portability procedures is subject to §982.637.

MOVE WITH CONTINUED TENANT-BASED ASSISTANCE. [24 CFR 982.637]

(a) *Move to a new unit.*

1. A family receiving homeownership assistance may move to a new unit with continued tenant-based assistance in accordance with this section. The family may move either with voucher rental assistance (in accordance with rental assistance program requirements) or with voucher homeownership assistance (in accordance with homeownership option program requirements).
2. The PHA may not commence continued tenant-based assistance for occupancy of the new unit so long as any family member owns any title or other interest in the prior home.
3. The PHA may establish policies that prohibit more than one move by the family during any one year period.

It is the policy of this PHA to prohibit the participant from moving within the first year (12 months) after closing on a mortgage.

(b) *Requirements for continuation of homeownership assistance.* The PHA must determine that all initial requirements listed in §982.626 have been satisfied if a family that has received homeownership assistance wants to move to a new unit with continued homeownership assistance. However, the following requirements do not apply:

1. The requirement for pre-assistance counseling (§982.630) is not applicable. However, the PHA may require that the family complete additional counseling (before or after moving to a new unit with continued assistance under the homeownership option).
2. The requirement that a family must be a first-time homeowner (§982.627) is not applicable.

(c) *When PHA may deny permission to move with continued assistance.* The PHA may deny permission to move to a new unit with continued voucher assistance as follows:

1. *Lack of funding to provide continued assistance.* The PHA may deny permission to move with continued rental or home ownership assistance if the PHA determines that it does not have sufficient funding to provide continued assistance.
2. *Termination or denial of assistance under §982.638.* At any time, the PHA may deny permission to move with continued rental or homeownership assistance in accordance with §982.638.

DENIAL OR TERMINATION OF ASSISTANCE FOR FAMILY. [24 CFR 982.638]

(a) *General.* The PHA shall terminate homeownership assistance for the family, and shall deny voucher rental assistance for the family, in accordance with this section.

(b) *Denial or termination of assistance under basic voucher program.* At any time, the PHA may deny or terminate homeownership assistance in accordance with §982.552 (Grounds for denial or termination of assistance) or §982.553 (Crime by family members).

(c) *Failure to comply with family obligations.* The PHA may deny or terminate assistance

for violation of participant obligations described in §982.551 or §982.633.

(d) *Mortgage default.* The PHA must terminate voucher homeownership assistance for any member of family receiving homeownership assistance that is dispossessed from the home pursuant to a judgment or order of foreclosure on any mortgage (whether FHA-insured or non-FHA) securing debt incurred to purchase the home, or any refinancing of such debt. The PHA, in its discretion, may permit the family to move to a new unit with continued voucher rental assistance. However, the PHA must deny such permission, if:

1. The family defaulted on an FHA-insured mortgage; and
2. The family fails to demonstrate that:
   - i. The family has conveyed title to the home, as required by HUD, to HUD or HUD's designee; and
   - ii. The family has moved from the home within the period established or approved by HUD.

ADMINISTRATIVE FEES. [24 CFR 982.639]

The ongoing administrative fee described in §982.152(b) is paid to the PHA for each month that homeownership assistance is paid by the PHA on behalf of the family.

RECAPTURE OF HOMEOWNERSHIP ASSISTANCE. [24 CFR 982.640]**[REMOVED]**

HOMEOWNERSHIP OPTION: APPLICABILITY OF OTHER REQUIREMENTS. [24 CFR 982.641]

(a) *General.* The following types of provisions (located in other subpart of this part) do not apply to assistance under the home ownership option:

1. Any provisions concerning the Section 8 owner or the HAP contract between the PHA and owner;
2. Any provisions concerning the assisted tenancy or the lease between the family and the owner;
3. Any provisions concerning PHA approval of the assisted tenancy;
4. Any provisions concerning rent to owner or reasonable rent; and
5. Any provisions concerning the issuance or term of voucher.

(b) *Subpart G requirements.* The following provisions of subpart G of this part do not apply to assistance under the home ownership option:

1. Section 24 CFR 982.302 (Issuance of voucher; Requesting PHA approval of assisted tenancy);
2. Section 24 CFR 982.303 (Term of voucher);
3. Section 24 CFR 982.305 (PHA approval of assisted tenancy);
4. Section 24 CFR 982.306 (PHA disapproval of owner)(except that a PHA may disapprove a seller for any reason described in paragraph (c), see §982.631(d).
5. Section 24 CFR 982.306 (Tenant screening);
6. Section 24 CFR 982.306 (Lease and tenancy);
7. Section 24 CFR 982.309 (Term of assisted tenancy);
8. Section 24 CFR 982.310 (Owner termination of tenancy);
9. Section 24 CFR 982.311 (When assistance is paid)(except that 24 CFR 982.311 (c)(3) is applicable to assistance under the home ownership option);
10. Section 24 CFR 982.313 (Security deposit: Amounts owed by tenant); and
11. Section 24 CFR 982.314 (Move with continued tenant-based assistance).

(c) *Subpart H requirements.* The following provisions of subpart H of this part do not apply to assistance under the home ownership option:

1. Section 24 CFR 982.352(a)(6) (Prohibition of owner-occupied assisted unit);
2. Section 24 CFR 982.352(b) (PHA-owned housing); and
3. Those provisions of §982.353(b)(1), (2), and (3) (Where family can lease a unit with tenant-based assistance) and §982.355 (Portability: Administration by receiving PHA) that are inapplicable per §982.636;

(d) *Subpart I requirements.* The following provisions of subpart I of this part do not apply to assistance under the home ownership option:

1. Section 24 CFR 982.403 (Terminating HAP contract when unit is too small);
2. Section 24 CFR 982.404 (Maintenance: Owner and family responsibility; PHA remedies); and
3. Section 24 CFR 982.405 (PHA initial and periodic unit inspection).

(e) *Subpart J requirements.* The requirements of subpart J of this part (Housing Assistance Payments Contract and Owner Responsibility) (§982.451-456) do not apply to assistance under the home ownership option.

(f) *Subpart K requirements.* Except for those sections listed below, the requirements of subpart K of this part (Rent and Housing Assistance Payment) (§982.501-521) do not apply to assistance under the home ownership option:

1. Section 24 CFR 982.503 (Voucher tenancy: Payment standard amount and schedule);
2. Section 24 CFR 982.503 (Family income and composition: Regular and interim reexaminations); and
3. Section 24 CFR 982.517 (Utility allowance schedule).

(g) *Subpart L requirements.* The following provisions of subpart L of this part do not apply to assistance under the home ownership option:

1. Section 24 CFR 982.551(c) (HQS breach caused by family);
2. Section 24 CFR 982.551(d) (Allowing PHA inspection);
3. Section 24 CFR 982.551(e) (Violation of lease);
4. Section 24 CFR 982.551(g) (Owner eviction notice); and
5. Section 24 CFR 982.551(j) (Interest in unit).

(h) *Subpart M requirements.* The following provisions of subpart M of this part do not apply to assistance under the home ownership option:

1. Section 24 CFR 982.602-619; and
2. Section 24 CFR 982.622-624

HOMEOWNERSHIP OPTION: PILOT PROGRAM FOR HOMEOWNERSHIP ASSISTANCE FOR DISABLED FAMILIES. [24 CFR 982.642]

(a) *General.* This section implements the pilot program authorized by section 302 of the American Homeownership and Economic Opportunity Act of 2000. Under the pilot program, a PHA may provide homeownership assistance to a disabled family residing in a home purchased and owned by one or more members of the family. A PHA that administers tenant-based assistance has the choice whether to offer homeownership assistance under the pilot program (whether or not the PHA has also decided to offer the homeownership option).

(b) *Applicability of homeownership option requirements.* Except as provided in this section, all of the regulations applicable to the homeownership option (as described in §§982.625 through 982.641) are also applicable to the pilot program.

(c) *Initial eligibility requirements.* Before commencing homeownership assistance under the pilot program for a family, the PHA must determine that all of the following initial requirements have been satisfied:

1. The family is a disabled family (as defined in §5.403 of this title);
2. The family annual income does not exceed 99 percent of the median income for the area;
3. The family is not a current homeowner;
4. The family must close on the purchase of the home during the period starting on July 23, 2001 and ending on July 28, 2004; and
5. The family meets the initial requirements described in §982.626; however, the following initial requirements do not apply to a family seeking to participate in the pilot program:
   - i. The income eligibility requirements of §982.201(b)(1);
   - ii. The first-time homeowner requirements of §982.627(b); and
   - iii. The mortgage default requirements of §982.627(e), if the PHA determines that the default is due to catastrophic medical reasons or due to the impact of a federally declared major disaster or emergency.

(d) *Amount and distribution of homeownership assistance payments.*

1. While the family is residing in the home, the PHA shall calculate a monthly homeownership assistance payment on behalf of the family in accordance with §982.635 and this section.
2. A family that is a low income family (as defined at 24CFR5.603(b)) as determined by HUD shall receive the full amount of the monthly homeownership assistance payment calculated under §982.635.
3. A family whose annual income is greater than the low income family ceiling but does not exceed 89 percent of the median income for the area as determined by HUD shall receive a monthly homeownership assistance payment equal to 66 percent of the amount calculated under §982.635.
4. A family whose annual income is greater than the 89 percent ceiling but does not exceed 99 percent of the median income for the area as determined by HUD shall receive a monthly homeownership assistance payment equal to 33 percent of the amount calculated under §982.635.
5. A family whose annual income is greater than 99 percent of the median income for the area shall not receive homeownership assistance under the pilot program.

(e) *Assistance payments to lender.* The PHA must make homeownership assistance payments to a lender on behalf of the disabled family. If the assistance payment exceeds the amount due to the lender, the PHA must pay the excess directly to the family. The provisions of §982.635(d), which permit the PHA to make monthly homeownership assistance payments directly to the family, do not apply to the pilot program.

(f) *Mortgage defaults.* The requirements of §982.638(d) regarding mortgage defaults are applicable to the pilot program. However, notwithstanding §982.638(d), the PHA may, in it discretion, permit a family that has defaulted on its mortgage to move to a new unit with continued voucher homeownership assistance if the PHA determines that the default is due to catastrophic medical reasons or due to the impact of a federally declared major disaster or

emergency. The requirements of §§982.627(a)(5) and 982.627(e) do not apply to such a family.

HOMEOWNERSHIP OPTION: DOWN PAYMENT ASSISTANCE GRANTS. [24 CFR982.643]

(a) *General.*

1. A PHA may provide a single down payment assistance grant for a participant that has received tenant-based or project-based rental assistance in the Housing Choice Voucher Program.
2. The down payment assistance grant must be applied toward the down payment required in connection with the purchase of the home and/or reasonable and customary closing costs in connection with the purchase of the home.
3. If the PHA permits the down payment grant to be applied to closing costs, the PHA must define what fees and charges constitute reasonable and customary closing costs. However, if the purchase of a home is financed with FHA mortgage insurance, such financing is subject to FHA mortgage insurance requirements, including any requirements concerning closing costs (see §982.632(b) of this part regarding the applicability of FHA requirements to voucher homeownership assistance and §203.27 of this title regarding allowable fees, charges and discounts for FHA-insured mortgages).

(b) *Maximum down payment grant.* A down payment assistance grant may not exceed twelve times the difference between the payment standard and the total tenant payment.

(c) *Payment of down payment grant.* The down payment assistance grant shall be paid at the closing of the family's purchase of the home.

(d) *Administrative fee.* For each down payment assistance grant made by the PHA, HUD will pay the PHA a one-time administrative fee in accordance with §982.152(a)(1)(iii).

(e) *Return to tenant-based assistance.* A family that has received a down payment assistance grant may apply for and receive tenant-based rental assistance, in accordance with program requirements and PHA policies. However, the PHA may not commence tenant-based rental assistance for occupancy of the new unit so long as any member of the family owns any title or other interest in the home purchased with homeownership assistance. Further, eighteen months must have passed since the family's receipt of the down payment assistance grant.

(f) *Implementation of down payment assistance grants.* A PHA may not offer down payment assistance under this paragraph until HUD publishes a notice in the **Federal Register.**

Revision effective 11/18/2002

COMMENTS: ANNUAL PLAN PUBLIC HEARING
APRIL 1, 2004

There were no comments received at the Public Hearing for LMHA's Annual Plan held April 1, 2004.

RESIDENT ADVISORY BOARD
ANNUAL PLAN MEETING
JANUARY 21, 2004

Staff of Lorain Metropolitan Housing Authority met with 19 members of the Resident Advisory Board on January 21, 2004, seeking input from the RAB with regard to LMHA's annual and five (5) year plan.

The RAB was advised a major change in the Annual Plan was the reinstatement of the Community Service requirement of non-exempt residents. LMHA reviewed the exemptions with residents. Residents questioned why it was the duty of the Housing Authority to ensure non-exempt residents performed 8 hours per month of Community Service in order to retain their housing. Residents did not agree with the Community Service requirement and felt it was discriminatory for residents having to complete the Community Service. Residents were advised this was a HUD directive with the Housing Authority having no choice to implement the reinstatement of the Community Service requirement.

Residents were advised LMHA was able to submit a Streamlined Plan as LMHA continues to be a High Performer in PHAS.

Residents were advised LMHA had raised the threshold limit on an increase in gross monthly income before an "interim rent change" would be generated. The threshold had been an increase of $50.00 generated an "interim rent change" but the amount was increased to $200.00. LMHA manages 2 Section 8 New Construction high rises and $200.00 is the mandatory monthly income increase before an "interim change" is required. In order to remain consistent for managers and residents, LMHA adopted the $200.00 increase in public housing. The residents agreed with this decision.

Residents were advised LMHA applies for any additional vouchers that are offered but has been unsuccessful in obtaining any of the awards as they have been limited to 1 or 2 housing authorities in each state.

At that point, we began the review of the Capital Fund Programs for the Developments listing the improvements slated for each site and requesting input from those present.

There were no comments regarding improvements scheduled form Leavitt Homes (12-1).

Residents of Westview Terrace (12-2) inquired whether LMHA had plans to insulate the water heaters and the water pipes in the laundry rooms in the units in this Development. LMHA indicated there were no plans to do this at this time but would take the request under advisement to see if there was a need for this Development wide.

Residents of Wilkes Villa (12-3) questioned why the floors are so cold in the winter. They asked if LMHA had ever considered carpeting. They were advised the floors are concrete in this Development and even though they are tiled, they may remain cold. Carpeting has not been successful in family Developments.

Residents of Oberlin Homes (12-4) high rise indicated their apartment entrance doors need caulking. LMHA advised they will investigate this matter.

There were no comments or inquiries regarding Kennedy Plaza (12-5).

Residents of Riverview Plaza (12-6) voiced immense concern over the lack of parking for their building. Residents were advised LMHA is currently seeking solutions to this acute need. LMHA is trying to secure additional land but to this point with no success. Residents were advised in order to add additional parking, it may be necessary to concrete some of the remaining green space, if the City of Elyria will permit this. Residents also complained there is no heat in the Community Kitchen and no water in the sink. Residents were advised we have had architects review this problem and it is a ventilation problem which we hope to correct

There were no comments or inquiries regarding Lakeview Plaza (12-10).

Residents of Albright Terrace (12-11) requested the Community Kitchen have the dishwasher replaced with a cabinet to make it more usable. Residents also questioned why other sites have received new stoves and they have not. Residents were advised LMHA would check the dates their stoves were last replaced. After the meeting, LMHA checked and determined it was indeed time for stove replacement at Albright Terrace. Stoves were ordered for these 50 units. Residents advised balconies were in need of repair. LMHA will be surveying these balconies to determine which require repairs as weather permits. Residents advised the drain in the Community Kitchen backs up when used. LMHA advised the necessary repair will be made to enable residents to use the Community Kitchen.

There were no comments or inquiries regarding Southside Gardens (12-13 & 12-14).

There were no comments or inquiries regarding the Scattered Sites (12-20 & 12-21).

Residents were advised to attend the Public Hearing to be held on April 1, 2004, if they had any additional questions or concerns not addressed during this meeting.

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

LORAIN METROPOLITAN
HOUSING AUTHORITY

ADMISSIONS AND CONTINUED
OCCUPANCY POLICY

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LORAIN METROPOLITAN HOUSING AUTHORITY (LMHA)
ADMISSIONS AND CONTINUED OCCUPANCY POLICY

Revised 2-12-99; 3-05-99; 1-10-00; 1-22-03; 2-11-03; 2-18-04

I. ELIGIBILITY. **An applicant must meet all** of the eligibility requirements of the housing assistance for which an application is made in order to obtain the housing assistance. At a minimum, the applicant must be a family, and must be income eligible.

A. FAMILY. A family includes but is not limited to:

(1) A family with or without children in which any of the household members are related by blood or marriage or adult members who provide assurance to LMHA, either by affidavit or other documentation, they consider themselves to be in a permanent stable family relationship (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size);

(2) An elderly family;

(3) A near elderly family;

(4) A disabled family;

(5) A displaced family;

(6) The remaining member of a tenant family; and

(7) A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family; or a pregnant woman without children.

B. INCOME. Annual income means all monetary amounts which:

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

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

(3) Which are not specifically excluded in paragraph (c) of this section.

(4) Annual income also means the amounts derived (during the 12 month period) from assets to which any member of the family has access.

See Appendix VII for listing on income to be included in rent computations as provided by 24CFR 5.609 (b) (Annual Income).

See Appendix VIII for listing of income to be excluded in rent computations as provided by 24CFR 5.609 (c) (Annual Income).

Income for admission shall not exceed income limits as set forth by the Department of Housing & Urban Development (HUD). See Appendix II for Current Income Limits.

II **APPLICATIONS.** **Applicants must complete** a written application for admissions and placement on the waiting list. Applications shall be signed by the head of household, who must be of legal age (18 year of age or an emancipated adult) as defined by the State of Ohio Law.

A. **ACCEPTANCE. Applications must be** time and date stamped upon receipt from the applicant. Bedroom size shall be determined at this time based upon family composition and LMHA occupancy standards.

All applicants shall be fingerprinted and execute a release form for local police/background checks to determine if the applicant's admittance would have a detrimental effect on other tenants or on the development environment.

B. **INFORMATION REQUIREMENTS. In order to determine** an applicant's eligibility, the following information must be provided:

1. Names of all family members to reside in PHA unit;
2. Sex of family members;

3. Relationship of family members;
4. Birth dates of family member;
5. Income/Asset information;
6. Social Security number verification of each member of the applicant's household who is at least six (6) years of age or a certification that no SSN's have been assigned to the applicant and/or member of the applicant's family;
7. Evidence of citizenship or eligible immigration status;
8. Documentation for local preference claims;
9. Other documentation as required by PHA policy.

Housing Authority personnel shall photo-copy original documents i.e. birth certificates, marriage licenses, social security number, etc., for the applicant file. All information shall be subject to verification.

When an LMHA household separates and both co-heads desire to remain in LMHA housing, one may retain the present LMHA unit and the other must apply through the LMHA Admissions Office. (2-11-03)

C. **CHANGES. Applicants are required** to notify the Admissions Office in writing, within 7 days of any change in address, telephone number, family composition, income/assets, or local preference claims.

D. **WAITING LIST. A county-wide waiting list** shall be maintained for admission to LMHA public housing. The waiting list shall be maintained by bedroom size. The waiting list remains open.

E. **NOTIFICATION OF APPLICANTS. After verification of all** pertinent data required to determine eligibility, applicants shall be notified of their eligibility/ineligibility. **The basis for such ineligibility determination** may include, but is not limited to:

1. **Over-income. The applicant's family income exceeds** the HUD issued income limits for Lorain County as stated in Appendix II;
2. **Misrepresentation. The applicant has committed** fraud in connection with any Federal assisted housing program;
3. **Financial obligation. The applicant has failed** to meet financial obligations, especially rent; and/or currently owes rent or other amounts to the PHA in connection with a previous PHA tenancy or Section 8 participation. Solely at LMHA's discretion, an individual may be placed on the waiting list and lease a unit owing LMHA money if LMHA determines the applicant merits another chance in LMHA housing. An applicant owing money to LMHA must provide documentation to the Housing Authority which the Housing Authority shall use to determine if the applicant merits housing prior to payment of the balance to LMHA. The applicant shall be required to sign a repayment agreement indicating payment on the balance will begin the month following admission into LMHA housing. Failure to comply with the agreement shall result in a termination of lease.(1-23-03)
4. **A history of disturbing neighbors;**
5. **Incidents of property destruction;**
6. **Living or housekeeping habits** which could adversely affect the health, safety, or welfare of other tenants;
7. **A history of criminal activity** involving crimes to persons or property and/or other criminal acts that affect the health, safety, or right to peaceful enjoyment of the premises by other residents; (revised 2-20-97)
8. **Current or recent parole/probation; community control program or any other court supervised intervention program which requires reporting to the court or agency (recent is defined as within two (2) years).**

9. **An eviction from assisted housing** within three (3) years because of drug-related criminal activity; (revised 2-20-97)

10. **The PHA determines** an applicant is illegally using a controlled substance; (revised 2-20-97)

11. **The PHA has reasonable cause to believe** an applicant illegally uses a controlled substance or abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents; (revised 2-20-97)

12. **The inability to abide by a lease,** or being unable to legally enter into a lease.

13. **Designation/Registration as a sexual offender/predator** (Revised 2-12-99)

LMHA retains the right, when extenuating circumstances exist, as determined solely by LMHA, to permit the admission of a family when one of the above ineligibility exists. 2-11-03

F. **GRIEVANCE RIGHT. An applicant determined to be ineligible shall be notified** in writing of the basis for such determination, and provided with an opportunity for an informal review should they so desire. The request for review must be received by LMHA by the date specified in the ineligibility notification.

III TENANT SELECTION AND ASSIGNMENT PLAN.

Applicants shall be selected in sequence by eligibility date and local preference priority for appropriate size units.

A. **LOCAL PREFERENCES. HUD had previously given** PHA's the authority to suspend "federal preferences" and apply local preferences in housing eligible applicants. HUD has now permanently repealed the federal preferences; LMHA has chosen to continue to use the following local preferences (per the QWHRA published 2-18-99 in the Federal Register):

- Veteran/family of serviceman
- Applicants (head/spouse or co-heads) who have been employed a minimum of 90 days (w/out regard to amt. earned; Elderly/disabled afforded same preference as an applicant employed a minimum of 90 days)
- Applicants who live or work in Lorain County
- Paying more than 50% of monthly income toward rent and utilities for a minimum of 90 days for a unit leased solely by the applicant (revised 12-17-97)
- Applicants who are leaving the Shelter + Care Program due to budget constraints.
- Displacement by government action (Documentation will be accepted from local, state, or federal government agencies.)(1-23-03)
- Homelessness. An applicant must provide documentation certifying they are homeless. Documentation will be accepted from the Haven Center, Lorain; Catholic Charities Family Center, Lorain; the Mission, Elyria; the Urban League, Elyria; or the Oberlin Community Services, Oberlin. LMHA reserves the right to approve/disapprove documentation from additional credible agencies other than those listed.(1-23-03)

Additionally, an applicant that is a one or two-person elderly, disabled or displaced family, must be given a preference over an applicant that is a single person who is not elderly or displaced, or a person with disabilities, regardless of the applicant's local preferences.(per the QHWRA published 2-18-99, PHA's are permitted to retain this singles preference and LMHA has chosen to retain this preference)

Preferences will be aggregated. Applicants qualifying for all six local preferences shall be offered units before applicants qualifying with five preferences, four preferences, three preferences, etc. respectively. (revised 12-17-97)

B. **FAMILY COMPOSITION CRITERIA. The Admissions Department shall utilize** the following guidelines when housing applicants:

1. No more than two (2) persons shall occupy a bedroom.
2. Persons of different generations and unrelated adults shall have separate bedrooms. (different generations is defined as a difference of ten (10) years).(2-11-03)
3. Children of the same sex shall share a bedroom (other than those which fall in the different generation category).
4. Children of the opposite sex shall share a bedroom until the older child reaches the age of five (5).(revised 1-10-00)
5. Families needing a unit that is larger than the size recommended by LMHA occupancy standards because of a physical or mental handicap of a household member shall be allowed to apply for the larger unit upon documentation of the need.
6. Upon request, the applicant may be placed on the waiting list for a smaller sized unit than that which the PHA would be required to assign based on suggested occupancy guidelines. (revised 2-12-99)

The Housing Authority shall use the following table as their guideline in assignment of units in addition to the preceding criteria.

Number of bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4
3	4	6
4	6	8
5	8	10

The Housing Authority reserves the right to permit a lower level of occupancy for units for which no applicants exist on the waiting list for a particular size. Additionally, the Housing Authority may, at it's discretion, waive the policy of "children of the opposite sex shall share a bedroom until the older child reaches the age of five (5)", when due to vacancies, it will be advantageous to offer the applicant family a unit wherein the children shall have separate bedrooms prior to the child reaching the age of five (5).

At no time may a single person be offered a two (2) bedroom unit. (24CFR 5.405 [c][1]) (revised 2-12-99)

C. **PRE-VACANCY REPORT. The Housing Authority utilizes a pre-vacancy report whenever** possible in the assignment of units. Development Managers notify the Admissions Department of the anticipated date of the vacancy. This report is maintained in the same format as the vacancy report, i.e. by Development, address, bedroom size, etc. Applicants are offered available units by employing the pre-vacancy report whenever possible. In some instances, a tenant may vacate without prior notice and the unit must be placed directly on the vacancy report, therefore bypassing the pre-vacancy report.

D. **ASSIGNMENT. At the time of selection,** the applicant shall be referred for placement in accordance with the following plan:

- **LMHA shall offer the applicant** first in sequence on the waiting list one (1) unit of the appropriate size and type appropriate to the applicant's needs. The unit offered shall be the appropriate size and type with the earliest vacate date. If the applicant refuses the unit "without good cause", the applicant shall be dropped to the bottom of the appropriate size waiting list. "With good cause" is defined by the following:
  - ❑ **Inaccessibility to source** of employment, education or job training, children's day care, educational program for children with disabilities, change in

school districts, so that accepting the unit offer would require the adult household member to quit a job, drop out of an educational institution or job training program, take a child out of daycare, remove a child from an educational program for children with disabilities, or cause a child to change school districts. **Refusals due to location alone do not qualify for the good cause exemption.**

- ❑ **The family demonstrates to LMHA's satisfaction** that the acceptance of the offer will place a family member's life, health or safety in jeopardy. The family must offer specific and compelling documentation such as restraining orders, other court orders or documents from a law enforcement agency. Reasons must be specific to the family.
- ❑ **A health professional verifies** temporary hospitalization or recovery from illness of the principal household member, other household members (must be listed on final application) or live-in aide necessary tot he care of the principal household member.
- ❑ **The unit is inappropriate** for the applicant's disabilities.

The applicant must document to LMHA's satisfaction that the hardship claimed is good cause for refusing the offer of housing. **If good cause is verified, the refusal of the offer shall not require the applicant to be dropped to the bottom of the waiting list or otherwise affect the family's position on the waiting list.** LMHA shall maintain the location, date, and circumstances of each offer and each acceptance or refusal in the applicant's file which is subject to audit. (1-23-03)

LMHA approved transfers, based on the LMHA transfer policy shall take precedence over new admissions.

E. **REMOVAL FROM THE WAITING LIST. The Housing Authority will document** in each applicant's file the date and reason the applicant's name was removed from the waiting list. Other than ineligibility, the PHA may remove an applicant from the waiting list for the following reasons:

- at the request of the applicant
- the applicant no longer meets the eligibility requirements for the property or program
- non-compliance with supplying required documents
- failure to attend the required orientation (applicant is given two opportunities to attend)
- applicant's inability to obtain utility service (gas or electric) to lease unit
- mail sent to the applicant's address is returned as undeliverable and LMHA cannot contact applicant
- failure to lease a unit accepted by applicant
- applicant has been offered a unit in every Development and has refused all offers (revised 2-12-99)

F. **UNIT ACCESSIBILITY. The Housing Authority will adhere** to the following assignment of units with special accessibility features for individuals with handicaps. Accessible units must be offered in this order to:

- A current occupant living in a non-accessible unit who requires the accessibility features of a handicap accessible unit;
- An eligible applicant on the waiting list having a handicap requiring the accessibility features of the vacant unit;
- An applicant who does not have handicaps requiring accessibility, with the PHA requiring the applicant to agree to move to a non-accessible unit if an applicant/tenant requires the accessible unit.

  In addition, when an accessible unit is available and there are no applicants/current tenants requiring the unit, LMHA will

approach organizations, i.e. Easter Seals, advising a unit is available to enable the organization to recommend any income eligible qualifying family.(revised 2-12-99)

IV **VERIFICATION.** **All factors affecting eligibility** and the family's rent payment shall be verified. All verifications will be documented in the applicant's file to enable HUD to audit the file.

A. RESPONSIBILITY FOR INITIAL DETERMINATION, ANNUAL, AND INTERIM RECERTIFICATION.

1. RECERTIFICATION. The PHA is responsible for determination of eligibility for admission; for determination of Annual Income, Adjusted Income, and Total Tenant Payment; and for recertification of family income and family composition at least annually. As used in this part, the "effective date" of a certification or recertification refers to:

a. in the case of an examination for admission, the effective date of initial occupancy; and

b. in the case of a recertification of an existing tenant, the effective date of the new rent amount as determined in accordance with HUD regulations.

2. INTERIM RECERTIFICATION PROCEDURE. The Tenant Rent will remain in effect for the period between the regularly scheduled certifications barring any of the following changes which must be reported in writing by the tenant within seven (7) days to the Development Manager:

a. a change in family composition. The **tenant must report** all changes in household composition.

b. a report of the following changes which would result in a decrease in the tenant's rent amount:

- a decrease in income that lasts in excess of 30 days, except that.....if a tenant's welfare assistance is reduced specifically because of fraud or failure to participate in an economic self-sufficiency program or comply with a work

activities requirement, such families must not have the public housing rent reduced based on the benefit reduction. The prohibition on reduction of public housing rent is applicable only if the welfare reduction is neither the result of the expiration of a lifetime time limit on receiving benefits, nor a situation where the family has complied with welfare program requirements but cannot obtain employment (e.g., the family has complied, but loses welfare benefits for a period of no more than two years in a five year period). After receiving a request for income recertification and rent reduction predicated on a reduction in tenant income from welfare, the PHA may deny the rent reduction request only after obtaining written verification from the welfare agency that the family's benefits have been reduced because of non-compliance with the economic self-sufficiency program or a work activities requirement or because of fraud. If a rent reduction based on the above circumstances is denied, the tenant has a right to an administrative review through the PHA's grievance procedure.(required per QHWRA published in the Federal Register 2-18-99)

- an increase in allowances or deductions

c. a report of the following factors which could result in an increase in rent:

- all increases in household income except that:

  i. LMHA will only increase a resident's rent if the gross monthly household income increases by a minimum of $200.00, unless the increase is a result of a new source;(revised 2-18-04). Harr Plaza and International Plaza resident's rent will increase only if the gross monthly income increases by $200.00.

  ii. the PHA cannot increase a public housing

family's rent for a period of 12 months if the increase in income results from:

(1) earnings of a previously unemployed family member; (2) earnings of a family member during participation in a self-sufficiency or job training program; or (3) earning of a family member that had been receiving welfare in the previous six (6) months. After the 12-month disallowance, a family's rent increase must be phased in. The phased-in rent cannot increase as a result of the earned income by more than fifty percent (50%) for an additional 12 months. (24CFR 5.612 effective 10-01-99; revised 1-10-00)

- change in family (which could either provide additional income to the household or reduce the deductions and allowances for which the family qualifies);
- receipt of a deferred payment in a lump sum which represents the delayed start of a periodic payment i.e. unemployment, ADC, workman's compensation, etc. (SS & SSI amounts are excluded)

3. **UNREPORTED INCOME POLICY. Tenants are required to report** income changes in writing within seven (7) days of the change. Wherein the tenant fails to report an income change that results in an increase in rent, the rent shall be effective the first day of the month following the month in which the change occurred. The tenant will be responsible for the retroactive rent amount which is the difference between what the rent would have been had the change in income/family composition been reported as required, and the amount the tenant was charged for monthly rent.

At the discretion of the Development Manager, a repayment plan may be offered to the tenant for the retroactive rent amount. Should the Development Manager determine that deliberate and wilful misrepresentation has occurred, the

Manager may proceed with a lease termination rather than offer the repayment agreement. Per LMHA Board resolution, no repayment plan may exceed a period of twelve (12) months without the approval of the LMHA Board of Commissioners.

B. INTERVIEW FORMS.

1. AUTHORIZATION FOR RELEASE OF INFORMATION/PRIVACY ACT NOTICE (HUD9886). All adult (18 years of age and older) family members, and spouse (regardless of age), are required to sign a HUD form 9886, Authorization for Release of Information/Privacy Act Notice. The Release will be used by the PHA to obtain asset/income information to determine the applicant's income eligibility. The Release may also be used between regularly scheduled recertifications in the event unreported income is suspected. Each consent form expires fifteen (15) months after signature. LMHA will review with applicants and tenants the Release/Notice HUD9886 which explains:

- how the information provided by the applicant will be used by HUD/PHA.
- HUD's restriction on disclosure of information.
- that additional information requested by the PHA pertains to HUD eligibility requirements.

2. PERSONAL DECLARATION FORM. The head of household will be required to complete a Personal Declaration Form in order to complete the application process, or to complete an interim/annual certification. The Personal Declaration Form is a statement in the tenant's own handwriting providing income/asset information, family composition information and is recommend for use by HUD's Inspector General.

C. VERIFICATION PROCEDURES. Verification in applicant files may not be more than 90 days old. Time limits do not apply to information that does not need to be recertified i.e. age, birth certificates, etc. Five (5) methods of verification

are acceptable to HUD. They are in order of acceptability:

1. **Up-front income verification (UIV). The PHA will utilize** up-front income verification tools, including TASS and the Work Number, whenver possible. When HUD announces the availability of the UIV system for our PHA, we will utilize additional UIV tools. At a minimum, UIV or Third Party employment verifications must contain the following information:
   a. regular and overtime hours anticipated
   b. overtime hours for the past 12 months
   c. total pay anticipated for the next 12 months
   d. anticipated salary increases (amount & date)
   e. hire date, lay-off date or termination date

2. **Third Party Written. Third-party verification is used** to verify information directly with the source. Third-party written verification forms will be sent and returned via first-class mail. **The family will be required** to sign an authorization form allowing the information source to release the specified information. Two attempts to obtain third-party verification will be made before relying on another method. Verifications received electronically directly from the source are considered third-party written verifications. A total of three weeks will be allowed for the return of the two (2) attempts to verify third-party written verifications. If third- party written verification is not used, the PHA will document the reasons in the file. **Verifications are valid** for 90 days from date of receipt. **Verifications may be extended** for an additional 30 days with a telephone update (a record of the update, including the name and title of the individual contacted must be placed in the applicant's/tenant's file). Verifications not subject to change (date of birth, place of birth) need not be re-verified.

3. **Third-Party Oral Verification. Oral third-party verification will be used** when written third-party verification is delayed or impossible. When third-party oral verification is used, staff will be required to document with whom they spoke, the date of the conversation, and the facts provided. **If oral third-party is provided by telephone, the PHA must** originate the call. If third-party verification is not available, the PHA will compare the specified information to any documents supplied by the applicant/resident.

4. **Review of Documents. In the event that** third-party written or oral verification is unavailable or information has not been verified by a third party within three (3) weeks, the PHA will annotate the file accordingly and utilize documents provided by the family as the primary source if the documents contain complete information. **All such documents** will be photocopied and retained in the family file. When documents cannot be photocopied, staff viewing the documents will attest to the validity of the document. **The PHA will accept** the following documents from families providing that tampering can be easily noted:

   - **Printed wage stubs** with individual's social security number printed on wage stub
   - **Computer print-outs** from employers
   - **Signed letters** (provided that the information is confirmed by telephone)
   - **Other documents** identified by the PHA as acceptable verification (i.e. W-2 forms; 1099 forms etc.)

   The PHA will accept faxed documents. **The PHA will not accept** photocopies provided by the individual without the ability to check for accuracy. If third-party verification is received after documents has been accepted as provisional verification and there is a discrepancy, the PHA will contact the third-party

source and the family to resolve differences.
The PHA will allow up to one (1) week for families to provide documents when third-party verification is impossible to obtain.

5. **Self-Certification/Self-Declaration. When information cannot be verified** by a third-party verification or a review of documents, families will be required to submit a self-certification. Self-certification is defined as a notarized statement signed under penalty of perjury in the presence of a witness. The PHA will allow up to one week for a family to provide a self-certification or self-declaration if other forms of verification are impossible to obtain. **The PHA will document** in the file the inability to obtain the UIV, third-party written, third-party oral, or review of documents.

V RENTS.

As indicated by HUD's Notice of Initial Guidance, published February 18, 1999, the new rent provisions are effective for families as they are admitted, re-examined or re-certified, on or after October 1, 1999. The 1998 Act requires PHAs to give families a choice among options for rents. The options provided must include at least a flat rent and an income-based rent. This choice must be given to each family annually. PHAs must provide residents with enough information to make an informed choice. For example, the PHA could provide the family with both the income-based rent amount and the flat rent amount for the unit. (revised 1-10-00) LMHA shall provide each applicant/resident the choice of the following:

Income Based Rent: The monthly rental amount, including any applicable utility allowance, calculated under this method must not exceed the highest of the following:

- 30% of the family's monthly adjusted income;
- 10% of the family's monthly gross income

Minimum Rent: The monthly rental amount cannot be less than the minimum rent set by the PHA. LMHA's minimum rent is:

Public Housing residents minimum rent is Zero (-0-) effective 8-20-03. Harr Plaza and International Plaza residents must maintain the HUD imposed $25.00 minimum rent remains in effect. The QWHRA established certain exceptions to the minimum rent requirements for hardship circumstances. Financial hardship includes the following situations:

1. The family has lost eligibility or is awaiting an eligibility determination for a Federal, State, or local assistance program;
2. The family would be evicted as a result of the imposition of the minimum rent requirement;
3. The income of the family decreased because of changed circumstances, including loss of employment.
4. A death in the family has occurred; and
5. Other circumstances determined by the PHA or HUD.

If the family requests a hardship exemption, the minimum rent requirement is immediately suspended. Suspension may be handled as follows:

The minimum rent is suspended until a determination is made whether:

- there is a hardship covered by the statute; and
- the hardship is temporary or long-term.

If the PHA determines that there is no hardship covered by the statute, minimum rent is imposed (including back payment for minimum rent from time of suspension). The PHA can request reasonable documentation of the hardship circumstances. The PHA determinations are subject to the grievance procedure.

If the PHA determines that the hardship is temporary, the minimum rent is also imposed (including back payment for minimum rent from the time of suspension) but the family cannot be evicted for non-payment during the 90-day period commencing on the date of the family's request for exemption of minimum rent in excess of the tenant rent otherwise payable. A reasonable repayment agreement must be offered for any such rent not paid during that period. If the family thereafter demonstrates that the financial hardship is of long-term duration, the PHA shall retroactively exempt the family from the minimum rent requirement. (Required by QWHRA published in the Federal Register 2-18-99)

Flat Rents. **Flat rents are intended** as an incentive for residents to remain in public housing after they have attained a level of self-sufficiency. The Act requires flat rents be set at "rental value", which HUD interprets to be reasonable market value. LMHA shall review flat rents annually. A flat rent is the amount the family pays directly to LMHA for a specific bedroom size. LMHA arrived at the flat rent amounts by establishing the cost per bedroom as reflected by the current year budget operating expenditures. Flat rents are not applicable to Harr Plaza or International Plaza.

The family is responsible for the gas and electric. Flat rents are as follows effective 7-01-04.

Bedroom Size	Flat rent Amount
0	$290.00
1	$350.00
2	$405.00
3	$525.00
4	$640.00
5	$700.00
6	$755.00

The 1998 Act requires a PHA to immediately switch a family from a flat rent to an income-based rent if the PHA determines that the family has a financial hardship circumstance. When the family requests a change, LMHA will conduct an examination of the family's income in order to switch the family to an income-based rent amount. The rent will change to an income-based rent the first of the month following the month the family reported the hardship. (revised 1-10-00) LMHA will consider the following circumstances as a hardship:

- loss or reduction of employment
- death in the family
- increase in the family's expenses for medicals costs
- increase in child care costs
- transportation or education costs

VI MISREPRESENTATION. **Warning: Title 18, Section 1001 of the United States Code, states that** a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department of Agency of the United States.

VII PET OWNERSHIP **Pet owners interested** in residing in LMHA owned units, may request a pet policy from the Admissions Office or from the Development Manager. LMHA, as an owner and manager for projects for the elderly or handicapped, will not:

A. As a condition of tenancy or otherwise, prohibit or prevent any tenant or LMHA housing from owning common household pets or having such pets living in the tenant's dwelling unit; or

B. Restrict or discriminate against any person in connection with admission to, or continued occupancy of, LMHA housing by reason of the person's ownership of common household pets or the presence of such pets in that person's dwelling unit.

VIII EXCLUSION FOR ANIMALS THAT ASSIST THE HANDICAPPED.

LMHA will not enforce any pet rules contained in the Pet Policy against any individuals with animals that are used to assist persons with disabilities. This exclusion applies to animals that reside in developments for the elderly or persons with disabilities, as well as to animals that visit these developments. LMHA will not limit or impair the rights of persons with disabilities in using an animal that has been trained to assist the person with a specific disability.

IX TRANSFER POLICY FOR PHA UNITS.

A. **The Development Manager may** approve/require a transfer to correct over/under occupancy of a PHA unit. Transfer granted to remedy over/under occupancy shall be within the same development provided the size unit needed is or will be available in the development. To minimize vacancies/transfers, new born infants [up to the age of two (2)] may share a bedroom with the parent before a transfer is required by the PHA, provided this does not create an over occupancy condition.

B. **The Executive Director may** approve a transfer based on medical need, provided documentation submitted by the resident substantiates the need for, and demonstrates the medical benefits which may be obtained by transferring to another unit.

C. **The Executive Director may** require and/or approve a transfer, which has been determined to be in the best interest of the Authority.

D **The Executive Director** may approve a transfer for economic purposes such as employment, school, etc. (LMHA Board Resolution 7962-96)

X GRIEVANCE PROCEDURE.

The purpose of the grievance procedure is to assure that a PHA tenant is afforded an opportunity for a hearing if the tenant disputes, within a reasonable time, any PHA action or failure to act, involving the tenant's lease with the PHA or PHA regulations which adversely affect the individual tenant's rights, duties, welfare or status.

The PHA may bypass the grievance procedure and move to judicial evictions in cases involving any activity that threatens the health, safety, or right to peaceful enjoyment of the premises of other tenants or employees of the PHA, or any drug-related criminal activity on or off such premises. (revised 2-12-99)

XI SCATTERED SITE HOUSING.

Scattered site housing shall be available to current LMHA residents meeting the scattered site transfer criteria. (See Appendix VI for complete criteria) Residents initially denied may request a review before the review committee.

XII NON-DISCRIMINATION.

LMHA will not discriminate against any applicant based on the following:

- Race, color or national origin
- Religion
- Sex
- Disability
- Age
- Marital Status
- Family Composition

LMHA will comply with all Civil Rights laws, including but not limited to:

- Title VI of the Civil Rights Act of 1968, which forbids discrimination on the basis of race, color, religion, national origin or sex;
- Title VIII of the Civil Rights Act of 1968 (as amended by the 1974 HCDA and the Fair Housing Amendments Act of 1988), which extends protection against discrimination based on disability and familial status, and spell our forms of prohibited discrimination;
- Executive Order 11063;
- Section 504 of the Rehabilitation Act of 1973, which describes housing rights of persons with disabilities;
- the Age Discrimination Act of 1975, which establishes certain rights of the elderly
- Title II of the Americans with Disabilities Act, otherwise Section 504 and the Fair Housing Amendments govern
- any applicable State laws or local ordinances, and
- any legislation protecting the individual rights of tenants, applicants or staff that may subsequently be enacted.

XIII ETHICAL STANDARDS

The Lorain Metropolitan Housing Authority (LMHA) shall prohibit the solicitation or acceptance of gifts, in excess of a nominal value by any officer or employee of the PHA, or any contractor, subcontractor, or agent of the PHA. Employees violating the LMHA "Ethical Standards Code" shall be subject to disciplinary action up to and including termination. The disciplinary action shall be commensurate with the violation.

IX GENERAL PROVISIONS.

AMENDMENT CLAUSE. LMHA reserves the right to interpret, amend, cancel, or waive any provision of this policy under special circumstances, provided such action is consistent with Federal and State laws and the general purpose of Public Housing.

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX I

DEFINITION OF TERMS

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY

APPENDIX I

DEFINITION OF TERMS

I **APPLICABILITY.** This subpart applies to all dwelling units assisted under the U.S. Housing Act of 1937 in Developments owned and managed by LMHA and leased to LMHA residents.

II **DEFINITIONS.** The following definitions as defined by HUD/PHA are used in the administration of the Public Housing Program operated by LMHA under the Housing Act of 1937.

1. **Adjusted Income.** Adjusted income means annual income (as determined by the PHA) of the members of the family residing or intending to reside in the dwelling unit, after making the following deductions:
   a. *Mandatory deductions.* In determining adjusted income, a PHA must deduct the following amounts from annual income:
      1. $480 for each dependent;
      2. $400 for any elderly family or disabled family;
      3. The sum of the following, to the extent the sum exceeds three (3) percent of annual income:
         i. Un-reimbursed medical expenses of any elderly family or disabled family; (see definition of medical expenses in Appendix I) and
         ii. Un-reimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with a disability, to the extent necessary to enable any member of the family (including the member with a disability) to be employed;
      4. Any reasonable child care expenses necessary to enable a member of the family to be employed or to further his or her education; and
      5. The amount of any earned income of a family member (other than the family head or spouse) who is not 18 years of age or older.
   b. *Permissive deductions - for public housing only.* A PHA may establish other deductions form annual income. The PHA must identify these deductions in its written policies and must grant them to every family who qualifies.(revised 10/20/99)
2. **Annual Income.** The anticipated total income from all sources (earned or unearned) received by the Family head and spouse (even if temporarily absent) and by each additional member of the Family, including all net income derived from assets for a 12-month period following the effective date of the initial determination or the recertification of income, exclusive of certain types of income as defined in 24CFR 5.609 (c) 1-17.
3. **Applicant.** A person or a family that has applied for housing assistance.
4. **Assets.** The value of equity in saving, checking, IRA and Keogh accounts, real property, stocks, bonds, mutual funds, and other forms of capital investments.
5. **Child.** A member of the family, other than the family head or spouse, who is under 18 years of age.

6. **Child Care Expenses.** Amounts paid by the family for the care of minors under 13 years of age where such care is necessary to enable a family member to be employed, actively seek employment, or further his/her education. The amount deducted shall reflect reasonable charges for child care, and in case of child care necessary for employment, the amount deducted shall not exceed the amount of income derived from the employment. The PHA may not decide who will provide child care for the applicant's or tenant's child(ren). The PHA may not disallow a deduction for child care expenses because there is an unemployed adult in the family if child care expenses permit another adult in the family to be gainfully employed.
7. **Citizen.** A citizen or national of the United States.
8. **Dependent.** A member of the family household other than the family head or spouse (excluding foster children), who is under 18 years of age or is a disabled person or handicapped person, or is a full-time student 18 years of age or over.
9. **Disabled Family.** A family whose head, spouse, or sole member is a person with disabilities, or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.
10. **Disabled Person.** A person who is under a disability as defined in Section 223 of the Social Security Act (42 U.S.C. 423), or who has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001 (7).
11. **Displaced Family.** A family in which each member, or whose sole member, is a person displaced by governmental action, or a person whose dwelling unit has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
12. **Displaced Person.** A person displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.
13. **Effective Date.** The "effective date" of a certification or recertification refers to:
    - in the case of a certification for admission, the date of initial occupancy
    - in the case of recertification of an existing tenant, the date the redetermined rent becomes effective.
14. **Elderly Family.** A family whose head, spouse, or sole member is a person who is at least 62 years of age; or two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides
15. **Elderly person.** One who is at least 62 years of age.
16. **Eligible Family.** A family whom the HA has determined meets the criteria for occupying a public housing unit.
17. **Evidence of Citizenship or Eligible Immigration Status.** The documents which must be submitted to evidence citizenship or eligible immigration status. The acceptable evidence of eligible immigration status, subject to verification, is listed in 24CFR 5.510.
18. **Excessive Medical Expenses.** Any medical expense incurred by an elderly/disabled family in excess of 3% of Annual Income, which is not reimbursable from any other source (see definition of medical expenses).
19.. **Extremely Low-Income Family**. A family whose annual income does not exceed 30 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. (added 10/20/99)

20. **Family. Family includes but is not limited to:**

a. A family with or without children in which any of the household members are related by blood or marriage or adult members who provide assurance to LMHA, either by affidavit or other documentation, they consider themselves to be in a permanent stable family relationship (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size). (revised 1-10-00)

b. An elderly person or family.

c. A near-elderly person or family.

d. A disabled person or family.

e. A displaced person or family.

f. The remaining member of a tenant family; and

g. A single person who is not elderly, disabled or displaced; includes a pregnant woman with no children.

21. **Family of Veteran or Service Person.** A family is a "family of veteran or service person" when:

- the veteran or service person:
  - a.. is either the head of household or relater to the head of household, or
  - b. is deceased and was related to the head of household, and was a family member at the time of death.
- the veteran or service person, unless deceased, is living with the family or is only temporarily absent unless s/he was:
  - a. formerly the head of the household and is permanently absent because of hospitalization, separation or desertion, or is divorced, provided the family contains one or more persons for whose support s/he is legally responsible and the spouse has not remarried; or
  - b. not the head of the household but is permanently hospitalized, provided that s/he was a family member at the time of hospitalization and there remains in the family at least two related persons.

22. **Foster Child Care Payment.** Payment to eligible households by state, local, or private agencies appointed by the State, to administer payments for the care of foster children. These payments are not included in rent calculation.

23. **Full-time Student.** A person who is attending school or vocational training on a full-time basis. Full time is defines as a person who is carrying a subject load that is considered full time for day students under the standards and practices of the educational institution attended.(revised 10/20/99)

24. **Grievance.** Any dispute which a tenant may have with respect to PHA action or failure to act in accordance with the individual tenant's lease or PHA regulations which adversely affect the individual tenant's rights, duties, welfare or status.

25. **Handicapped Assistance Expenses.** Reasonable expenses that are anticipated during the period for which Annual Income is computed, for attendant care and auxiliary apparatus for a handicapped or disabled family member and that are necessary to enable a family member (including the handicapped or disabled member) to be employed provided the expenses are neither paid to a member of the family nor reimbursed by an outside source.

26. **Handicapped Person.** A person having a physical or mental impairment that:
    a. .is expected to be of long-continued and indefinite duration;
    b. substantially impedes his or her ability to live independently; and
    c. is of such a nature that such ability could be improved by more suitable housing conditions.
27. **Head of Household.** The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.
28. **HUD.** The Department of Housing and Urban Development.
29. **Imputed Asset.** An asset disposed of for less than fair market valued during the two years preceding certification or recertification.
30. **Imputed Income.** HUD passbook rate x total cash value of assets. Calculated when assets exceed $5,000.
31. **Income Limits.** Limits established by HUD to determine if applicants qualify for assisted housing program.
32. **INS.** The U.S. Immigration and Naturalization Service.
33. **Lease.** A written agreement between a PHA and a resident in assisted housing.
34. **Live-in Aide.** A person who resides with one or more elderly persons, or persons with disabilities and who:
    a. is determined to be essential to the care and well being of the person(s);
    b. is not obligated for the support of the person(s); and
    c. would not be living in the unit except to provide the necessary supportive services.

    Certification form completed by health care professional required for approval of live-in aide. Live-in aide is subject to criminal history/background check.
35. **Low-income Family.** A family whose Annual Income does not exceed 80% of the median income for the area, as determined by HUD with adjustments for smaller or larger families. HUD may establish income limits higher or lower than 80% of the median income for the area on the basis of its finding that such variations are necessary because of the prevailing levels of construction costs or unusually high or low family income.
36. **Medical Expenses.** Those medical expenses, including medical insurance premiums (including Medicare), that are anticipated during the period for which Annual Income is computed and that are not covered by insurance. This deduction is for elderly/disabled families only. **A wide-range of un-reimbursed medical expenses can be claimed, including but not limited to the following:**
    - Services of health care professionals and health care facilities (doctors, nurses, practical nurses, therapists, clinics, chiropractors, etc.)
    - Laboratory fees, X-rays, and diagnostic tests, costs for blood and oxygen;
    - Prescription and non-prescription medicines and/or supplies {non-prescription medicines and/or supplies must be on record (written documentation) as being prescribed by a doctor};
    - Transportation to/from treatment including the actual cost (bus fare; cab);
    - Medical care of a permanently institutionalized family member IF his/her income is included in annual income;

- Dental treatment including fees paid to the dentist for cleaning, fluoride treatments, sealants; x-rays; fillings, braces, extractions, dentures;
- Eyeglasses and contact lenses;
- Hearing aid and batteries, wheelchair, walker, scooter, artificial limbs (for those items not reimbursed);
- Attendant care or periodic attendant care;
- Payments on accumulated medical bills (that will be due in the year for which annual income is computed) for the services of physicians, nurses, dentists, opticians, mental health practitioners, chiropractors, hospitals, out-patient medical facilities (to the extent that verification can be obtained indicating tenant is making payments)
- Purchase or rental and upkeep of medical equipment
- Skilled, semi-skilled and unskilled nursing services;
- Any other medically necessary service, apparatus or medication, as document by third party health care verification.

37. **Minor.** A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age.
38. **Mixed Family.** A family whose members include those with citizenship or eligible immigration status, and without citizenship or eligible immigration status.
39. **Monthly Adjusted Income.** 1/12 of the Annual Income after allowances or adjusted income.
40. **Monthly Income.** 1/12 of the Annual Income.
41. **National.** A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.
42. **Near-Elderly Family.** A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62, living together, or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.
43. **Net Family Assets.** Net cash value after deducting reasonable costs that would be incurred in disposing of real property, saving, stocks, bonds, and other forms of capital investments. The value of necessary items of personal property such as furniture and automobiles shall be excluded. (In cases where a trust fund has been established and the trust is not revocable by, or under the control of any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to bee held in trust. Any income distributed from the trust fund shall be counted when determining Annual Income.)
44. **Non-citizen.** A person who is neither a citizen nor a national of the United States.
45. **Public Housing Agency (PHA).** Any state, county, municipality or other governmental entity or public body that is authorized to engage in or assist in the development or operation of housing for low income families.
46. **Recertification.** The process of securing documentation to determine the rent the tenant will pay for the next 12 months if there are no addition changes reported. There are annual and interim recertifications.
47. **Responsible Entity.** For the public housing assistance, the responsible entity means the PHA administering the program under and ACC with HUD. (revised 10/20/99)

48. **Security Deposit.** A specific dollar amount deposited by the resident with the PHA which may be used upon vacating for unpaid rent or damages to the PHA owned unit.

49. **Service Person.** A person in the active military or naval service (including active reserve) of the United States.

50. **Single.** A person living alone or intending to live alone who is neither elderly, disabled, or the remaining member of a family.

51. **Sponsor Form.** A form completed by LMHA applicants designating one(1) person the PHA may contact for removal of the resident's possessions, should the resident no longer be able to live independently.(revised 10/20/99)

52. **Spouse.** Spouse refers to the marriage partner, either a husband or a wife, who is someone you must divorce in order to dissolve the relationship. It includes the partner in a common law marriage. It does not cover boyfriends, girlfriends, significant others, or "co-heads". "Co-head" is a term recognized by some HUD programs, but not by Public and Indian housing programs.

53. **Tenant Rent.** The amount payable monthly by the family as rent to the unit owner (Section 8 owner or PHA in public housing).(revised 10/20/99)

54. **Total Tenant Payment.** The total amount the HUD rent formula requires the tenant to pay toward rent and utilities.

55. **Unit.** Residential space for the private use of a family.

56. **Utility Allowance.** The PHA's estimate of the average monthly utility bills (except telephone) for an energy conscious household. The estimate considers only utilities paid directly by the tenant. If all utilities are included in the rent amount, there is no utility allowance.

57. **Utility Reimbursement Payment (URP).** The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the Total Tenant Payment for the family occupying the unit. URP payments are mailed monthly directly to the family.

58. **Very Low-income Family.** A low-income family whose Annual Income does not exceed 50% of the median income for the areas, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding such variations are necessary because of unusually high or low family income.

59. **Veteran.** A person who has served in the active military or naval service of the United States for a minimum of six (6) months and who shall have been discharged or released under conditions other than dishonorable.

60. **Welfare Assistance.** Welfare or other payments to families or individuals, based on need, that are made under programs funded, separately or jointly by Federal, State, or Local governments.

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX II

INCOME LIMITS

LORAIN METROPOLITAN
HOUSING AUTHORITY

ADMISSIONS AND CONTINUED
OCCUPANCY POLICY

APPENDIX II

INCOME LIMITS

EFFECTIVE 1-18-04

Number of persons in household	Allowable Income
1	$33,600
2	$38,400
3	$43,200
4	$48,000
5	$51,850
6	$55,700
7	$59,500
8	$63,350

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX III

LOCAL PREFERENCES

LORAIN METROPOLITAN HOUSING AUTHORITY
ADMISSIONS AND CONTINUED
OCCUPANCY POLICY

APPENDIX III

LOCAL PREFERENCES

HUD has repealed the federal housing preferences. Housing Authorities may apply local preferences in assigning housing units. LMHA has chosen to use the following local preferences:

- Veterans/family of serviceman
- Applicants who have been employed for a minimum of 90 days (without regard to the amount earned)
- Applicants who live or work in Lorain County
- Applicants who are paying more than 50% of monthly gross income toward rent and utilities for a minimum of 90 days for a unit leased by the applicant
- Applicants who are leaving the Shelter + Care Program due to budgeting constraints
- Displacement by government action (Documentation will be accepted from local, state, or federal government agencies) (1-23-03)
- Homelessness (An applicant must provide documentation certifying they are homeless. Documentation will be accepted from the Haven Center, Lorain; Catholic Charities Family Center, Lorain; the Mission, Elyria; the Urban League, Elyria; or the Oberlin Community Services, Oberlin. (1-23-03)

Elderly/disabled applicants afforded same preference as applicant employed minimum of 90 days.

Preferences will be aggregated.

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX IV

SECURITY DEPOSITS

LORAIN METROPOLITAN
HOUSING AUTHORITY

ADMISSIONS AND CONTINUED
OCCUPANCY POLICY

APPENDIX IV

SECURITY DEPOSITS

The Security Deposit for Tenant Families shall be $100.00.

The Security Deposit for Elderly/Disabled Tenants and/or families shall be $50.00.

The Security Deposit for "Singles" shall be $100.00.

The Security Deposit for Harr and International Plaza shall be equal to the resident's TTP.

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX V

UTILITY ALLOWANCE SCHEDULE

Revised: 01/06/2004

Effective Date: April 1, 2004

UTILITY ALLOWANCES

DEVELOPMENT	UTILITY	BEDROOM SIZE 0	1	2	3	4	5	6
OH12-01 LEAVITT HOMES	Gas	------	48	57	75	92	------	------
	Electric	------	28	35	44	62	------	------
	Total:	------	$76	$92	$119	$154		
OH12-02 WESTVIEW TERRACE	Gas	------	------	55	62	78	------	------
	Electric	20	22	30	37	50	------	------
	Total:	$20.00	$22.00	$85	$99	$128		
OH12-03 WILKES VILLA	Gas	------	38	49	60	72	70	88
	Electric	------	35	31	47	63	57	91
	Total:		$73	$80	$107	$135	$127	$179
OH12-04 JOHN FREDERICK OBERLIN HOMES	Gas	------	------	52	59	74	------	------
	Electric	------	------	21	33	32	------	------
	Trash	------	------	4	4	4	------	------
	Total:			$77	$96	$110		
OH12-12 WESTGATE APARTMENTS	Gas	------	------	------	------	------	------	------
	Electric	------	29	33	------	------	------	------
	Total:		$29	$33				
OH12-13/14 SOUTHSIDE GARDENS	Gas	------	------	$53	$70	$79	$91	$103
	Electric	------	------	44	51	60	76	84
	Total:			$97	$121	$139	$167	$187
SCATTERED SITES	Gas	------	------	$61	$64	$68	------	------
	Electric	------	------	49	46	53	------	------
	Total:			$110	$110	$121		

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX VI

RESIDENT CRITERIA FOR SCATTERED SITE HOUSING

LORAIN METROPOLITAN
HOUSING AUTHORITY

ADMISSIONS AND CONTINUED
OCCUPANCY POLICY

APPENDIX VI

RESIDENT CRITERIA FOR
SCATTERED SITE HOUSING

REVISED 11-15-95

1. **You must have been an LMHA resident for a minimum of two (2) years.**

2. **You can have no more than two (2) late rents within a twelve (12) month period.**

3. **Tenant history to be checked includes:**
   - a. **No work orders in file can evidence tenant caused damage**
   - b. **No complaints in file against resident/family/children or guests**
   - c. **No vandalism by resident/family/children or guests**
   - d. **Good housekeeping habits; must have received good or very good on annual inspections; cannot have been on special inspections withing the past two (2) years**
   - e. **No criminal history (local police checks and fingerprints will be taken)**
   - f. **Must exhibit family stability and pride in housing**
   - g. **Must have capability of yard maintenance**

4. **You must agree to receive training in:**
   - a. **Credit counseling**
   - b. **Housekeeping skills**
   - c. **General household maintenance**
   - d. **Life skills**

5. **All individuals in household over 18 years of age must sign a release of information for criminal history check.**

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX VII

ANNUAL INCOME

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX VII

ANNUAL INCOME

24CFR 5.609 ANNUAL INCOME

(A) ***Annual Income means all amounts which:***

1. Go to, or on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; or
2. Are anticipated to be received from a source outside the family during the 12 month period following admission or annual recertification effective date; and
3. Which are not specifically excluded in paragraph (c) f this section.
4. Annual income also means amounts derived (during the 12-month period) from assets to which any member of the family has access.

(B) ***Annual Income includes, but is not limited to:***

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensations for personal services.
2. The net income from the operation of a business or profession.
3. Interest, dividends, and other net income of any kind from real or personal property. Where the family has net family assets in excess of $5,000, the annual income shall include the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.
4. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount (SS & SSI excluded).
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay (except as provided in (c)(3) of this section);

6. Welfare assistance. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance to be included as income shall consist of:
   - the amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus
   - the maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this paragraph (b)(6) shall be the amount resulting from one application of the percentage;
7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling;
8. All regular pay, special pay and allowances of a member of the Armed Forces (except as provided in paragraph (c)(7) of this section).

(C) Annual Income does not include the following:

1. Income from employment of children (including foster children) under the age of 18 year;
2. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);
3. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses (except as provided in paragraph (b)(5) of this section);
4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
5. Income of a live-in aide, as defined in 24CFR 5.403;
6. The full amount of student financial assistance paid directly to the student or to the educational institution;
. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
7. (i) amounts received under training programs funded by HUD;
   (ii) amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

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

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

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

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

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

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

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

13. Deferred periodic amounts from supplemental security income and social security benefits that are received in a lump sum amount or in prospective monthly amounts.

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

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

16. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under any program to which the exclusions set forth in 24CFR 5.609(c) apply. A notice will be published in the Federal Register and distributed to PHAs and housing owners identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.

(D) ***For public housing only.*** In addition to the exclusions from annual income covered in paragraph (c) of this section, a PHA may adopt permissive deductions. LMHA has adopted one permissive deduction which is a deduction for medical insurance premiums withheld directly from the employed residents'/applicants' gross pay. . . . . .

LORAIN METROPOLITAN HOUSING AUTHORITY

ADMISSIONS AND CONTINUED OCCUPANCY POLICY

APPENDIX VIII

DECONCENTRATION POLICY

IMPLEMENTATION OF DECONCENTRATION POLICY AS REQUIRED BY THE QUALITY HOUSING AND WORK RESPONSIBILITY ACT OF 1998 (QHWRA)

In order to achieve a greater income mix, LMHA offers a local preference to individuals who have been employed a minimum of 90 days. These residents have a greater preference than an applicant who may only live in Lorain County. When LMHA instituted this preference, federal regulations prohibited giving the preference on amount earned, therefore the preference was given to a family employed a minimum of 90 days, regardless of amount earned.

The attached chart, does not show that LMHA housed individuals based on income, i.e. all extremely low income applicants were housed in one specific development and employed applicants were given a certain development. The chart indicates the income mix for family developments is not disparate, barring the Scattered Site Development, which houses many of our self-sufficiency residents. Applicants were offered units in accordance with the LMHA Admissions and Continued Occupancy Policy.

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) permits the PHA to consider a number of approaches to achieve the goals of deconcentration and income mixing, such as the use of skipping over certain families on the waiting lists based on income; the establishment of certain preferences, such as worker preferences; additional applicant consultation and information, provision of additional supportive services and amenities; and rent incentives authorized by the QHWRA. Since it was prohibited to grant a local preference based on amount earned, LMHA does not plan to skip over certain families based on income. Families will continue to be housed based on the number of preferences for which they qualify.

At this time, LMHA would continue to use the current local preferences, which include the aforementioned worker preference. Additionally, LMHA will grant a permissive deduction for medical insurance premiums withheld from the employed resident's gross pay as an enticement to employed individuals.

LMHA will also seek to establish a flat rate for units based on bedroom size. This rate will be less that the previously established ceiling rent. By offering an applicant the choice of paying 30% of adjusted income or a flat rate based upon their unit size need, LMHA hopes to attract the working families in need of affordable housing.

Board resolution 8402-99 ; 6-16-99

ADMINISTRATIVE PLAN

SECTION 8

HOUSING CHOICE VOUCHER PROGRAM

2004

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Chapter 1

STATEMENT OF POLICIES AND OBJECTIVES

INTRODUCTION

The Section 8 Program was enacted as part of the Housing and Community Development Act of 1974, which recodified the U.S. Housing Act of 1937. The Act has been amended from time to time, and its requirements, as they apply to the Section 8 Tenant-Based Assistance Program, are described in and implemented through this Administrative Plan. The Section 8 rental assistance program is federally funded and administered for Lorain County by the Lorain Metropolitan Housing Authority.

Administration of the Section 8 Program and the functions and responsibilities of the Housing Authority (PHA) staff will be in compliance with the PHA's Personnel Policy and the Department of Housing and Urban Development's (HUD) Section 8 Regulations as well as all Federal, State and local Fair Housing Laws and Regulations.

Jurisdiction

Lorain Metropolitan Housing Authority's jurisdiction is the County of Lorain in the state of Ohio. HUD also approved vouchers for us to operate in Cuyahoga County due to opt-outs.

Our mission is to serve our community's housing needs using available resources

A. LOCAL OBJECTIVES

The Section 8 Program is designed to achieve three major objectives:

1. **To provide decent, safe, and sanitary housing for very low income families while maintaining their rent payments at an affordable level.**

2. **To promote freedom of housing choice and spatial deconcentration of very low income families of all races and ethnic backgrounds.**

3. **To provide an incentive to private property owners to rent to very low income families by offering timely assistance payments.**

In addition, the PHA has the following goals for the program:

1. **To assist the local economy by increasing the occupancy rate and the amount of money flowing to the community.**

2. **To encourage self sufficiency of participant families.**

B. PURPOSE OF THE PLAN

The purpose of the Administrative Plan is to establish policies for carrying out the program in a manner consistent with HUD requirements and local goals and objectives contained in the Agency Plan. The Housing Choice Voucher Program was implemented as of 10/1/99.

The PHA is responsible for complying with all changes in HUD regulations pertaining to these programs. If such changes conflict with this Plan, HUD regulations will have precedence. The original Plan and any changes must be approved by the Board of Commissioners of the agency, pertinent sections included in the Agency Plan, and a copy provided to HUD.

C. FAIR HOUSING POLICY

It is the policy of the PHA to comply fully with all Federal, State, and local nondiscrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment. The PHA will not deny any family or individual the opportunity for assistance under the Section 8 Program on the basis of race, color, sex, religion, creed, national or ethnic origin, age, family status, handicap or disability.

To further its commitment to full compliance with applicable Civil Rights laws, the PHA will provide Federal/State/local information to Voucher holders regarding unlawful discrimination and any recourse available to them. Such information will be made available during the family briefing session, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made a part of the Voucher holder's briefing packet and available upon request.

Except as otherwise provided in 24 CFR, no individual with disabilities will be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination because the PHA's facilities are inaccessible to or unusable by persons with disabilities. Posters and housing information are displayed in locations throughout the PHA's office in such a manner as to be easily readable from a wheelchair.

Lorain Metropolitan Housing Authority, 1600 Kansas Avenue, Lorain, Ohio, is accessible to persons with disabilities. Accessibility for the hearing impaired is provided by the **TDY telephone service provider**.

D. REASONABLE ACCOMMODATIONS POLICY

It is the policy of this PHA to be service-directed in the administration of our housing programs, and to exercise and demonstrate a high level of professionalism while providing housing services to the families within our jurisdiction.

A participant with a disability must first ask for a specific change to a policy or practice as an accommodation of their disability before the PHA will treat a person differently than anyone else. The PHA's policies and practices will be designed to provide assurances that persons with disabilities will be provided reasonable accommodation, upon request, so that they may fully access and utilize the housing program and related services. The availability of requesting an accommodation will be made known to applicants and participants. This policy is intended to afford persons with disabilities an equal opportunity to obtain the same result, to gain the same benefit, or to reach the same level of achievement as those who do not have disabilities and is applicable to all situations described in this Administrative Plan including when a family initiates contact with the PHA, when the PHA initiates contact with a family including when a family applies, and when the PHA schedules or reschedules appointments of any kind.

To be eligible to request a reasonable accommodation, the requester must first certify (if apparent) or verify (if not apparent) that they are a person with a disability under the following ADA definition:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual;
A record of such impairment; or
Being regarded as having such an impairment

Rehabilitated former drug users and alcoholics are covered under the ADA. However, a current drug user is not covered. In accordance with 5.403(a), individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose drug or alcohol addition is a material factor to their disability are excluded from the definition. Individuals are considered disabled if disabling mental and physical limitations would persist if drug or alcohol abuse discontinued.

Once the person's status as a qualified person with a disability is confirmed, the PHA will require that a professional third party competent to make the assessment, provides written verification that the person needs the specific accommodation due to their disability and the change is required for them to have equal access to the housing program.

All PHA mailings will be made available in an accessible format upon request, as a reasonable accommodation.

If the PHA finds that the requested accommodation creates an undue administrative or financial burden, the PHA will either deny the request and/or present an alternate accommodation that will still meet the need of the person. An undue administrative burden is one that requires a fundamental alteration of the essential functions of the PHA (i.e., waiving a family obligation). An undue financial burden is one that when considering the available resources of the agency as a whole, the requested accommodation would pose a severe financial hardship on the PHA.

The PHA will provide a written decision to the person requesting the accommodation **within 10 - 20 working days.** If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request an informal hearing to review the PHA's decision.

Verification of a Request for Accommodation

All requests for accommodation or modification will be verified with a reliable knowledgeable, professional. The PHA will verify disabilities under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and Americans with Disabilities Act. **The Housing Authority utilizes organizations which provide assistance for hearing- and sight-impaired persons when needed.**

E. TRANSLATIONS OF DOCUMENTS

The Housing Authority has bilingual staff to assist Spanish-speaking families and has some documents available that are translated into Spanish.

In determining whether it is feasible to translate documents into other languages, the PHA will consider the following factors:

Number of applicants and participants who do not speak English and speak the other language.

Cost of translation into the other language per client who speaks the language.

Evaluation of the need for translation by the bilingual staff and by agencies that work with the non-English speaking clients.

The availability of organizations to translate documents, letters and forms for non English speaking families.

Availability of bilingual staff to explain untranslated documents to clients.

F. FAMILY OUTREACH

The PHA will publicize and disseminate information to make known the availability of housing assistance and related services for very low income families on a regular basis. When the PHA's waiting list is open, the PHA will publicize the availability and nature of housing assistance for very low income families in a newspaper of general circulation, minority media, and by other suitable means.

The PHA will also utilize public service announcements.

The PHA will communicate the status of housing availability to other service providers in the community, advise them of housing eligibility factors and guidelines in order that they can make proper referrals for housing assistance.

G. OWNER OUTREACH

The PHA encourages owners of decent, safe and sanitary housing units to lease to Housing Choice Voucher families. The PHA maintains a **list of units available, compiled by bedroom size,** for the program and updates this list about **every two weeks.**

The Housing Authority employs a marketing specialist to aid in the recruit of suburban property owners.

The staff of the PHA initiates personal contact with private property owners and managers by conducting formal and informal discussions and meetings, and speaking at local organization meetings.

Printed material is offered to acquaint owners and managers with the opportunities available under the program.

The PHA has active participation with community based organizations, some comprised of private property and apartment owners and managers.

The PHA periodically evaluates the distribution of assisted families to identify areas within the jurisdiction where owner outreach should be targeted.

The PHA conducts informal meetings with participating owners to improve owner relations and to recruit new owners.

H. PRIVACY RIGHTS

Applicants and participants, including all adults in their households, are required to sign the HUD 9886 Authorization for Release of Information. This document incorporates the Federal Privacy Act Statement and describes the conditions under which HUD /PHA will release family information.
The PHA's policy regarding release of information is in accordance with State and local laws which may restrict the release of family information.

In accordance with HUD requirements, the PHA will furnish prospective owners with the family's current address as shown in the PHA's records and, if known to the PHA, the name and address of the landlord at the family's current and prior address.

The PHA will furnish prospective owners with information about the family's rental history (i.e., inspection records, evictions, etc.), or any history of drug trafficking.

A statement of the PHA's policy on release of information to prospective landlords will be included in the briefing packet which is provided to the family.

The PHA's practices and procedures are designed to safeguard the privacy of applicants and program participants. All applicant and participant files will be stored in a secure location which is only accessible by authorized staff.

PHA staff will not discuss family information contained in files unless there is a business reason to do so. Inappropriate discussion of family information, or improper disclosure of family information by staff will result in disciplinary action.

I. EQUAL EMPLOYMENT OPPORTUNITY

The PHA practices affirmative action in hiring, promotion and conditions of employment. Position vacancies are advertised in the **Journal, Chronicle and Plain Dealer.** The PHA's recruitment practices will apply aggressive outreach to community-based racial and ethnic groups so that the composition and culture of the staff reflect the composition and culture of the community, to the extent possible. All PHA job postings will display the affirmative action/equal employment opportunity logo and slogan prominently.

J. RULES AND REGULATIONS

This Administrative Plan is set forth to define the PHA's local policies for operation of the housing programs in the context of Federal laws and Regulations. All issues related to Section 8 not addressed in this document are governed by such Federal regulations, HUD Memos, Notices and guidelines, or other applicable law.

K. MANAGEMENT ASSESSMENT OBJECTIVES

The PHA operates its housing assistance program with efficiency and can demonstrate to HUD auditors that the PHA is using its resources in a manner that reflects its commitment to quality and service. The PHA policies and practices are consistent with the areas of measurement for the following HUD SEMAP indicators:

Selection from the Waiting List
Reasonable Rent
Determination of Adjusted Income
Utility Allowance Schedule
HQS Inspections and Enforcement
Expanding Housing Opportunities
FMR/exception rent & Payment Standards
Annual Reexaminations
Correct Tenant Rent Calculations
Pre-Contract HQS Inspections
Annual HQS Inspections
Lease-up
Family Self-Sufficiency Enrollment and Escrow Account Balances
Bonus Indicator Deconcentration

Supervisory quality control reviews will be performed by a PHA Supervisor or other qualified person other than the person who performed the work, as required by HUD, on the following SEMAP indicators:

Selection from the waiting list
Rent Reasonableness
Determination of adjusted income
HQS Enforcement
HQS Quality Control

The annual sample of files and records will be drawn in an unbiased manner, leaving a clear audit trail. The minimum sample size to be reviewed will relate directly to each factor.

Records for monitoring PHA performance:

In order to demonstrate compliance with HUD and other pertinent regulations, the PHA will maintain records, reports and other documentation for a time that is in accordance with HUD requirements and in a manner that will allow an auditor, housing professional or other interested party to follow, monitor, and/or assess the PHA's operation procedures objectively and with accuracy and in accordance with SEMAP requirements with internal supervisory audits.

L. TERMINOLOGY

Lorain Metropolitan Housing Authority is referred to as "PHA" or "Housing Authority" throughout this document.

"Family" is used interchangeably with "Applicant" or "Participant" and can refer to a single person family.

"Tenant" is used to refer to participants in terms of their relation to landlords.

"Landlord" and "owner" are used interchangeably.

"Disability" is used where "handicap" was formerly used.

"Non-citizens Rule" refers to the regulation effective June 19, 1995, restricting assistance to U.S. citizens and eligible immigrants.
The "Section 8 program" is also known as the "Housing Choice Voucher Program" established by the October 1, 1999, effective date of the merging of the Section 8 certificate and voucher programs.

"HQS" means the Housing Quality Standards required by regulations as enhanced by the PHA.

"Failure to Provide" refers to all requirements in the first Family Obligation.

"Merger date" refers to October 1, 1999, which is the effective date of the merging of the Section 8 Certificate and Voucher program into the Housing Choice Voucher Program.

See Glossary for other terminology.

Chapter 2

ELIGIBILITY FOR ADMISSION

INTRODUCTION

The policy of this PHA is to strive for objectivity and consistency in applying these criteria to evaluate the eligibility of families who apply. The PHA staff will review all information provided by the family carefully. Families will be provided the opportunity to explain their circumstances, to furnish additional information, if needed, and to receive an explanation for the basis of any decision made by the PHA pertaining to their eligibility.

A. ELIGIBILITY FACTORS

The PHA accepts applications only from families whose head or spouse is at least 18 years of age **or emancipated minors under State Law.**

To be eligible for participation, an applicant must meet HUD's criteria, as well as any permissible additional criteria established by the PHA.

The HUD eligibility criteria are:

An applicant must be a "family"

An applicant must be within the appropriate Income Limits

An applicant must furnish Social Security Numbers if one has been assigned or a certification indicating a SSN has not been assigned

An applicant must furnish declaration of Citizenship/Eligible Immigrant Status and verification where required

At least one member of the applicant family must be either a US Citizen or have eligible immigration status before the PHA may provide any financial assistance.

Reasons for denial of admission are addressed in the "Denial or Termination of Assistance" chapter. These reasons for denial constitute additional admission criteria.

The Family's initial eligibility for placement on the waiting list will be made in accordance with the eligibility factors. **Eligibility factors will be verified before the family is placed on the waiting list.**

B. FAMILY COMPOSITION

The applicant must qualify as a Family. A family may be a single person or a group of persons.

A "family" includes a family with a child or children. A group of persons consisting of two or more elderly persons or disabled persons living together, or one or more elderly or disabled persons living with one or more live-in aides is a family. The PHA determines if any other group of persons qualifies as a "family."

A single person family may be:

- An elderly person
- A displaced person
- A person with a disability
  - Individuals may not be considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence.
- Any other single person

A child who is temporarily away from home because of placement in foster care is considered a member of the family. This provision only pertains to the foster child's temporary absence from the home, and is not intended to artificially enlarge the space available for other family members.

A family also includes:
Two or more persons who intend to share residency, whose income and resources are available to meet the family's needs, and who have a history as a family unit or show evidence of a stable family relationship.

Head of Household

The head of household is the **adult** member of the household, who is designated by the family as head, is wholly or partly responsible for paying the rent, and has the legal capacity to enter into a lease under State/local law. **Emancipated 17 year old minors who qualify under State law will be recognized as head of household.**

A family may designate an elderly or disabled family member as head of household solely to qualify the family as an Elderly Household, provided that the person is at least partially responsible for paying the rent.

Spouse of Head
Spouse means the husband or wife of the head.

For proper application of the Non-citizens Rule, the definition of spouse is: the marriage partner who, in order to dissolve the relationship, would have to be divorced. It includes the partner in a common law marriage. The term "spouse" does not apply to boyfriends, girlfriends, significant others, or co-heads.

Co-Head
An individual in the household who is equally responsible for the lease with the Head of Household. A family may have a spouse or co-head, but not both. A co-head never qualifies as a dependent.

Live-In Attendants
A Family may include a live-in aide provided that such live-in aide:

Is determined by the PHA to be essential to the care and well being of an elderly person, a near-elderly person, or a person with disabilities,

Is not obligated for the support of the person(s), and

Would not be living in the unit except to provide care for the person(s).

A live-in aide is treated differently than family members:

Income of the live-in aide will not be counted for purposes of determining eligibility or level of benefits.

Live-in aides are not subject to Non-Citizen Rule requirements.

Live-in aides may not be considered as a remaining member of the tenant's family.

Relatives are not automatically excluded from being live-in aides, but they must meet all of the elements in the live-in aide definition described above.

Family members of a live-in attendant may also reside in the unit providing doing so does not increase the subsidy by the cost of an additional bedroom and that the presence of the live-in's family members does not overcrowd the unit.

A Live-in Aide may only reside in the unit with the approval of the PHA. Written verification will be required from a reliable, knowledgeable professional, such as a doctor, social worker, or case worker. The verification provider must certify that a live-in aide is needed for the care of the family member who is elderly, or disabled.

Verification must include the hours the care will be provided.
At any time, the PHA will refuse to approve a particular person as a live-in aide or may withdraw such approval if:

The person commits fraud, bribery, or any other corrupt or criminal act in connection with any federal housing program;

The person commits drug-related criminal activity or violent criminal activity; or

The person currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act

Split Households Prior to Certificate/Voucher Issuance

When a family on the waiting list splits into two otherwise eligible families due to divorce or legal separation, and the new families both claim the same placement on the waiting list, and there is no court determination, the PHA will make the decision taking into consideration the following factors:

Which family member applied as head of household.
Which family member retains the children or any disabled or elderly members.
Restrictions that were in place at the time the family applied.
Role of domestic violence in the split.
Recommendations of social service agencies or qualified professionals such as children's protective services.

Documentation of these factors is the responsibility of the applicant families. If either or both of the families do not provide the documentation, they may be denied placement on the waiting list for failure to supply information requested by the PHA.

Multiple Families in the Same Household

When families apply which consist of two immediate families living together, (such as a mother and father, and a daughter with her own husband or children), if they apply as a family unit, they will be treated as a family unit.

Joint Custody of Children
Children who are subject to a joint custody agreement, but live with one parent at least 51% of the time, will be considered members of the household. "51% of the time" is defined as 183 days of the year, which do not have to run consecutively.

Legal documentation, school records, or other third-party verification will be requested to prove custody.

When both parents are on the Waiting List and both are trying to claim the child, the parents will be required to provide legal documentation, school records, or other 3rd party verification of custody.

C. INCOME LIMITATIONS

To be eligible for assistance, an applicant must:

Have an Annual Income at the time of admission that does not exceed the very low income limits for occupancy established by HUD.

To be income eligible the applicant must be a family in the very low income category, which is a family whose income does not exceed 50% of the area median income. The PHA will not admit families whose income exceeds 50 percent of the area median income except those families included in 24 CFR 982.201 (b).

To be income eligible the family may be under the low-income limit in any of the following categories:

A very low income family.

A low-income family that is continuously assisted under the 1937 Housing Act. An applicant is continuously assisted if the family has received assistance under any 1937 Housing Act program within [**30**] days of voucher issuance. Programs include any housing federally assisted under the 1937 Housing Act.

A low-income family physically displaced by rental rehabilitation activity under 24 CFR part 511.

A low-income non-purchasing family residing in a HOPE 1 or HOPE 2 project.

A low-income non-purchasing family residing in a project subject to a home ownership program under 24 CFR 248.173.

A low-income family displaced as a result of the prepayment of a mortgage or voluntary termination of a mortgage insurance contract under 24 CFR 248.165.

A low-income family that qualifies for Voucher assistance as a non-purchasing family residing in a project subject to a resident home ownership program.

To determine if the family is income-eligible, the PHA compares the Annual Income of the family to the applicable income limit for the family's size.

Families whose Annual Income exceeds the income limit will be denied admission and offered an informal review.

Portability: For initial lease-up, families who exercise portability must be within the applicable income limit for the jurisdiction of the receiving PHA in which they want to live.

D. MANDATORY SOCIAL SECURITY NUMBERS

The PHA requires all family members to supply social security numbers, regardless of age. Time is given for Social Security Application and the issuance of a number. Persons who have a Social Security number, but cannot locate verification, will be given time to obtain verification from the Social Security Office.

Failure to furnish verification of social security numbers is grounds for denial or termination of assistance.

E. CITIZENSHIP/ELIGIBLE IMMIGRATION STATUS

In order to receive assistance, a family member must be a U.S. citizen or eligible immigrant. Individuals who are neither, may elect not to contend their status. Eligible immigrants are persons who are in one of the immigrant categories as specified by HUD.

For the Citizenship/Eligible Immigration requirement, the status of each member of the family is considered individually before the family's status is defined.

Mixed Families. A family is eligible for assistance as long as at least one member is a citizen or eligible immigrant. Families that include eligible and ineligible individuals are called "mixed." Such applicant families will be given notice that their assistance will be pro-rated and that they may request a hearing if they contest this determination.

No eligible members. Applicant families that include no eligible members will be ineligible for assistance. Such families will be denied admission and offered an opportunity for a hearing.

Non-citizen students defined by HUD in the noncitizen regulations are not eligible for assistance.

Appeals. For this eligibility requirement only, the applicant is entitled to a hearing exactly like those provided for participants.

Verification of Status Before Admission

The PHA will provide assistance to families prior to the verification of eligibility for the individual or at least one member of the family pursuant to this section.

F. OTHER CRITERIA FOR ADMISSION

The PHA may apply the following criteria, in addition to the HUD eligibility criteria, as grounds for denial of admission to the program.

The family must not have violated any family obligations during a previous participation in the Section 8 program or while on the Section 8 waiting list for 3 years prior to final eligibility determination.

The PHA may make an exception, if the family member who violated the family obligation is not a current member of the household on the application.

The family must pay any outstanding debt owed the PHA or another PHA as a result of prior participation in any federal housing program within 30 days of PHA notice to repay or be approved for a repayment agreement.

The family must be in good standing regarding any current payment agreement made with another PHA for a previous debt incurred, before this PHA will allow participation in its Section 8 program.

If any applicant deliberately misrepresents the information on which eligibility or tenant rent is established, the PHA may deny assistance and may refer the family file/record to the proper authorities for appropriate disposition.

The family must not have been involved in violent criminal activity or drug related criminal activity within 3 years prior to final eligibility determination.

The family will be required to show completion of a drug rehabilitation program for prior substance abuse circumstances.

The family committed fraud or was evicted from a HUD subsidized property.

The PHA may check criminal history for all adults when cause is indicated.

G. TENANT SCREENING

The PHA will take into consideration any of the criteria for admission described in the "Denial or Termination of Assistance" chapter.

The PHA **will not** screen family behavior or suitability for tenancy. The PHA will not be liable or responsible to the owner or other persons for the family's behavior or the family's conduct in tenancy.

The owner is responsible for screening and selection of the family to occupy the owner's unit. At or before PHA approval of the tenancy, the PHA will inform the owner that screening and selection for tenancy is the responsibility of the owner.

The owner is responsible for screening families based on their tenancy histories, including such factors as:

Payment of rent and utility bills

Caring for a unit and premises

Respecting the rights of other residents to the peaceful enjoyment of their housing

Drug-related criminal activity or other criminal activity that is a threat to the health, safety or property of others; and

Compliance with other essential conditions of tenancy.

The PHA will advise families how to file a complaint if they have been discriminated against by an owner. The PHA will advise the family to make a Fair Housing complaint. The PHA may also report the owner to HUD Fair Housing/Equal Opportunity or the local Fair Housing Organization.

H. CHANGES IN ELIGIBILITY PRIOR TO EFFECTIVE DATE OF THE CONTRACT

Changes that occur during the period between issuance of a voucher and lease up may affect the family's eligibility or share of the rental payment.

I. INELIGIBLE FAMILIES

Families who are determined to be ineligible will be notified in writing of the reason for denial and given an opportunity to request an informal review, or an informal hearing if they were denied due to noncitizen status. See "Complaints and Appeals" for additional information about reviews and hearings.

J. PROHIBITED ADMISSIONS CRITERIA

Admission to the program may not be based on where the family lives before admission to the program.

Admission to the program may not be based on:

Discrimination because members of the family are unwed parents, recipients of public assistance, or children born out of wedlock.

Discrimination because a family includes children.

Whether a family decides to participate in a family self-sufficiency program; or

Other reasons as listed in the "Statement of Policies and Objectives" chapter under the Fair Housing and Reasonable Accommodations sections.

Chapter 3

APPLYING FOR ADMISSION

INTRODUCTION

The policy of the PHA is to ensure that all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair and consistent manner. This Chapter describes the policies and procedures for completing an initial application for assistance, placement and denial of placement on the waiting list, and limitations on who may apply. The primary purpose of the intake function is to gather information about the family, but the PHA will also utilize this process to provide information to the family so that an accurate and timely decision of eligibility can be made. Applicants will be placed on the waiting list in accordance with this Plan.

A. OVERVIEW OF APPLICATION TAKING PROCESS

Families who wish to apply for the PHA's Voucher program must **complete a written application form when application-taking is open in order to be placed on the waiting list.** Applications will be made available in an accessible format upon request from a person with a disability. **When the waiting list is open, any family asking to be placed on the Section 8 waiting list will be given the opportunity to complete an application.** The PHA may limit application taking to persons with an established number of preferences. (**currently 3 or more preferences 2/13/04**)

Determination of eligibility to be placed on the waiting list occurs when an application form is completed, an interview is conducted, and the PHA ensures that verification of all HUD and PHA eligibility factors is current in order to determine the family's eligibility and placement on the waiting list.

The final determination of eligibility occurs when the PHA conducts the orientation and final interview prior to voucher issuance to ensure verification of all HUD/PHA eligibility factors.

B. OPENING/CLOSING OF APPLICATION TAKING

When the PHA opens the waiting list, the PHA will advertise through public notice in the following newspapers, minority publications and media entities the location(s) and program(s) for which applications are being accepted:

Chronicle Telegram, Lorain Journal, Plain Dealer (Lorain County Edition), local radio, community service spots

Service organizations including, but not limited to, Utility Companies, Lorain County Human Services, Urban League, El Centro, City Halls throughout Lorain County

The notice will contain:

Dates, times and the locations where families may apply.
Program(s) for which applications will be taken.
A brief description of the program.
Limitations, if any, on who may apply.

The notices will be made in an accessible format if requested. They will provide potential applicants with information that includes the PHA address and telephone number, how to submit an application, information on eligibility requirements, and the availability of **Local Preferences.**

If the waiting list is open, the PHA will accept applications from eligible families unless there is good cause for not accepting the application, such as denial of assistance because of action or inaction by members of the family for grounds stated in the "Denial or Termination of Assistance" chapter of this Plan.

Closing the Waiting List

The PHA may stop taking applications if there are enough Local Preference applicants to fill anticipated openings for the next **12 to 24** months. The waiting list may not be closed if it would have a discriminatory effect inconsistent with applicable civil rights laws.

Any time that there are not enough applicants who claim a **Local Preference**, the PHA may reopen the list only to applicants who claim a **Local Preference.**

Closing the waiting list is announced in the same way as opening the waiting list.

The open period will be long enough to achieve a waiting list adequate to cover projected turnover and new allocations over the next **12 to 24** months. The PHA will give at least **5 days** notice prior to closing the list.

Limits on Whom May Apply

When the waiting list is open:

Any family asking to be placed on the waiting list for Section 8 rental assistance will be given the opportunity to complete an application.

Depending upon the composition of the waiting list with regard to family types and preferences and to better serve the needs of the community, at times the PHA may only accept applications from:

Any family claiming a set number of Local Preferences

If there are sufficient applications from elderly families, disabled families, and displaced singles, applications may not be accepted from Other Singles.

When the application is submitted to the PHA:

It establishes the family's date and time of application for placement order on the waiting list.

C. APPLICATION PROCEDURES

The PHA will utilize an application form to be filled out by the applicant whenever possible. To provide specific accommodation to persons with disabilities, the information may be mailed to the applicant, if requested. The purpose of the application is to permit the PHA to preliminarily assess family eligibility or ineligibility and to determine placement on the waiting list. The application will contain questions designed to obtain the following information:

Names and birth dates of all family members

Sex and relationship of all members

Street Address of current residence and phone numbers

Mailing Address (If PO Box or other permanent address)

Amount(s) and source(s) of income received by household members

Information regarding Disabilities relating to program requirements (i.e., deductions)

Information related to qualification for preferences

Social Security Numbers

Race/ethnicity

Citizenship/eligible immigration status

Arrests and/or Convictions for Drug Related or Violent Criminal Activity

Request for Specific Accommodation needed to fully utilize the program and services

Program integrity questions regarding previous participation in HUD programs

Duplicate applications, including applications from a segment of an applicant household, will not be accepted. Ineligible families **will not** be placed on the waiting list.

Applications **will** require an interview. The information on the application **will** be verified before the applicant is placed on the waiting list. Final eligibility will be determined when the full application process is completed and all information is verified.

Failure to provide information or to respond to mailings will result in the applicant being denied placement on the waiting list. See "Denial and Terminations" Chapter.

D. APPLICANT STATUS WHILE ON WAITING LIST

Applicants are required to inform the PHA **in writing within 7 business days** of changes in family composition, income, and address, as well as any changes in their Local Preference status to have their position on the waiting list changed. The PHA will affect changes in a person's file only after the PHA has been notified and verification has been received. Failure to provide information or to respond to mailings will result in the applicant being removed from the waiting list.

If the family is determined to be ineligible based on the information provided in the application, the PHA will notify the family in writing (in an accessible format upon request as a reasonable accommodation), state the reason(s), and inform them of their right to an informal review. Persons with disabilities may request to have an advocate attend the informal review as an accommodation. See Chapter 19, "Complaints and Appeals."

E. TIME OF SELECTION

When funding is available, families will be selected from the waiting list in their preference-determined sequence, regardless of family size.

When there is insufficient funding available for the family at the top of the list, the PHA will not admit any other applicant until funding is available for the first applicant.

Based on the PHA's turnover and the availability of funding, groups of families will be selected from the waiting list to form a final eligibility "pool." Selection from the pool will be based on waiting list sequence/completion of verification.

F. COMPLETION OF A FULL APPLICATION

All Local Preferences claimed on the application or while the family is on the waiting list will be verified:

Upon receipt of the application and prior to placement on the waiting list

After the family is selected from the waiting list, and prior to voucher issuance

Whenever the family reports a change that would affect the preference

The qualification for preference must exist at the time the preference is verified.

All applicants will be required to:

Complete a Personal Declaration Form prior to the full application interview.

Complete a full application in their own handwriting, unless assistance is needed, or a request for accommodation is made by a person with a disability.

Participate in a full application interview with a PHA representative during which the applicant will be required to furnish complete and accurate information as requested by the interviewer. The applicant will sign and certify that all information is complete and accurate.

The full application will be **communicated as requested as an accommodation to a person with a disability.**

Requirement to Attend Interview

The PHA utilizes the full application interview to discuss the family's circumstances in greater detail, to clarify information which has been provided by the family, and to ensure that the information is complete. The interview is also used as a vehicle to meet the informational needs of the family by providing information about the application and verification process, as well as to advise the family of other PHA services or programs which may be available.

The head of household is required to attend the interview.

If the head of household cannot attend the interview, the spouse may attend to complete the application and certify for the family. The head of household, however, will be required to attend an interview within 7 business days to review the information and to certify by signature that all of the information is complete and accurate.

If an applicant fails to appear for a prescheduled appointment, the PHA will automatically schedule a second appointment. If the applicant misses the second appointment without prior approval, the application is denied, unless there is documentation of an emergency that prevented their attendance.

Reasonable accommodation will be made for persons with a disability who requires an advocate or accessible offices. A designee will be allowed to participate in the interview process, but only with permission of the person with a disability.

If an application is denied due to failure to attend the full application interview, the applicant will be notified in writing and offered an opportunity to request an informal review. See "Complaints and Appeals" chapter.

All adult members must sign the HUD Form 9886, Release of Information, **all supplemental forms required by the PHA,** the declarations and consents related to citizenship/immigration status and any other documents required by the PHA. Applicants will be required to sign specific verification forms for information which is not covered by the HUD form 9886. Failure to do so will be cause for denial of the application for failure to provide necessary certifications and release as required by the PHA.

If the PHA determines at or after the interview that additional information or document(s) are needed, the PHA will request the document(s) or information in writing. The family will be given **7 business** days to supply the information. If the information is not supplied in this time period, the PHA will provide the family a notification of denial for assistance. See "Complaints and Appeals" chapter.

G. VERIFICATION

Information provided by the applicant will be verified, using the verification procedures in the "Verification Procedures" chapter. Family composition, income, allowances and deductions, assets, full-time student status, eligibility and rent calculation factors, and other pertinent information will be verified. Verifications may not be more than 60 days old at the time of issuance of the Voucher.

H. FINAL DETERMINATION AND NOTIFICATION OF ELIGIBILITY

Before issuance of a Voucher, the PHA will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by the PHA, and the current eligibility criteria in effect. An appointment for a briefing and final interview will be scheduled to determine the qualifications before a voucher is issued. No voucher will be issued without complete verifications.

Chapter 4

ESTABLISHING PREFERENCES AND MAINTAINING THE WAITING LIST

INTRODUCTION

It is the PHA's objective to ensure that the families are placed in the proper order on the waiting list and selected from the waiting list for admissions in accordance with the policies in the Administrative Plan.

This chapter explains the local preferences that the PHA has adopted to meet local housing needs, defines the eligibility criteria for the preferences and explains the PHA's system of applying them.

By maintaining an accurate waiting list, the PHA will be able to perform the activities which ensure that an adequate pool of a qualified applicant will be available so that program funds are used in a timely manner.

A. WAITING LIST

The PHA uses a single waiting list for admission to its Section 8 tenant-based assistance program.

Except for Special Admissions, applicants will be selected from the PHA waiting list in accordance with policies and preferences defined in the Administrative Plan.

The PHA will maintain information that permits proper selection from the waiting list.

The waiting list contains the following information for each applicant listed:

An applicant name
Family unit size (# of bedrooms family qualifies for under subsidy standards)
Family type (Family, disabled, elderly, single)
Date and time of application
Qualification for any local preference
Racial or ethnic designation of the head of household
Singles preference status

B. SPECIAL ADMISSIONS

If HUD awards a PHA program funding that is targeted for specifically names families, the PH**A** will admit these families under a Special Admission procedure. Special admission's families will be admitted outside of the regular waiting list process. They do not have to qualify for any preferences, nor are they required to be on the program waiting list. The PHA maintains separate records of these admissions.

The following are examples of types of program funding that may be designated by HUD for families living in a specified unit:

A family displaced because of demolition or disposition of a public or Indian housing project;

A family residing in a multifamily rental housing project when HUD sells, Forecloses or demolishes the project;

For housing covered by the Low Income Housing Preservation and Resident Home ownership Act of 1990;

A family residing in a project covered by a project-based Section 8 HAP Contract at or near the end of the HAP Contract term; and

A non-purchasing family residing in a HOPE 1 or HOPE 2 project.

Applicants admitted under targeted funding, who are not identified as a Special Admission, are identified by codes in the automated system.

C. WAITING LIST PREFERENCES

The PHA will apply a system of local preferences.

Applications will be ordered by Local preferences and date and time of application.

If an applicant makes a false statement in order to qualify for a preference, the PHA will deny the Local Preference and may choose to deny admission to the program for the family depending on the deliberate action to commit fraud.

D. LOCAL PREFERENCES

The PHA must inform all applicants about available preferences and must give applicants an opportunity to show that they qualify for available preferences. **The PHA uses the following Local Preference system:**

Veteran Preference **(veteran or surviving spouse of veteran)**

Ohio Code states: Veteran means either of the following:

a person who has served in the *active military* or naval service of the United States and who was discharged or released therefrom under conditions other than dishonorable as proven by a DD214; or

a person who served as a member of the United States merchant marine and to whom either of the following applies:

the person has an honorable report of separation from *active duty* military service form DD214 or DD215; or

the person served in the US merchant marine between 12/7/41 and 12/31/46, and died on active duty while serving in a war zone during that service period.

US Code defines "active military" and "active duty" as:
(recommended for use with Section 8 programs by local HUD representative)

Full time duty in the armed forces other than active duty for training, after completing the basic training period (most often a minimum of 90 days)

This status may be given to a person who sustains a disability or death occurred while serving during the basic training period.

Residency Preference: **Applicants who live or work within Lorain County (10/96)**

Working Preference: **Applicants (head or spouse) who have been employed for a minimum of 90 days (10/96)**
****elderly and disabled are afforded the same status as an applicant employed a minimum of 90 days**

***Rent Burden Preference*: Applicants paying more than 50% of their income for rent and utilities for a minimum of 90 days for a unit leased by the applicant** (1/98)

For purposes of this preference, "income" is Gross Monthly Income as defined in the regulation.

"Rent" is defined as the actual amount paid under a lease or occupancy agreement. The applicant must pay rent directly to the owner or agent.

"Employed" means a regular weekly work schedule set by an employer

"Utilities" are defined as the average monthly payments the family makes for the utilities they are to provide under their current lease agreement for the most recent 12-month period. If information is not obtainable for the entire period, the average of at least the past three months must be submitted.

If an applicant owns a mobile home, but rents the space upon which it is located, then "Rent" must include the monthly payment made to amortize the purchase price of the home.

Involuntarily Displaced by a Government Action Preference **(2003 annual plan)**

Treatment of Single Applicants

Applicants who are elderly, disabled, or displaced families of no more than two person families will be given a selection priority over all "Other Single" applicants regardless of preference status. "Other Singles" denotes a one-person household in which the individual member is not elderly, disabled, or displaced by government action. Such applicants will be placed on the waiting list in accordance with any other preferences to which they are entitled, but they cannot be selected for assistance before any one or two people elderly, disabled or displaced family regardless of local preferences.

E. INCOME TARGETING

In accordance with the Quality Housing and Work Responsibility Act of 1998, each fiscal year the PHA will reserve a minimum of 75 percent of its Section 8 new admissions for families whose income does not exceed 30 percent of the area median income. HUD refers to these families as "extremely low-income families." The PHA will admit families who qualify under the Extremely Low Income limit to meet the income targeting requirement regardless of preference.

The PHA's income targeting requirement does not apply to low income families continuously assisted as provided for under the 1937 Housing Act.

The PHA is also exempted from this requirement where the PHA is providing assistance to low income or moderate income families entitled to preservation assistance under the tenant-based program as a result of a mortgage prepayment or opt-out.

F. INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION

At the time of application, an applicant's entitlement to a Local Preference may be made on the following basis:

> **The PHA will verify all preference claims at the time of initial application, selection from the waiting list, and when changes are reported by the applicant.**

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the Local Preference and given an opportunity for a meeting.

G. TARGETED FUNDING

When HUD awards special funding for certain family types, families who qualify are placed on the regular waiting list. When a specific type of funding becomes available, the waiting list is searched for the first available family meeting the targeted funding criteria. Applicants, admitted under targeted funding, who are not identified as a Special Admissions are **identified by codes in the automated system.**

The PHA has the following "Targeted" Programs:

Mainstream for persons with disabilities
Shelter Plus Care

H. PREFERENCE AND INCOME TARGETING ELIGIBILITY

Change in Circumstances

Changes in an applicant's circumstances while on the waiting list may affect the family's entitlement to a preference. Applicants are required to notify the PHA in writing when their circumstances change.

When an applicant claims an additional preference, the family will be placed on the waiting list in the appropriate order determined by the verification of the newly-claimed preference.

The exception to this is, if at the time the family applied, the waiting list was only open to families who claimed that preference. In such case, the applicant must verify that they were eligible for the first preference before they are returned to the waiting list with the new preference.

If the family's verified annual income, at final eligibility determination, does not fall under the Extremely Low Income limit, and the family was selected for income targeting purposes before families with a higher preference, the family will be returned to the waiting list.

Other Housing Assistance

Other housing assistance means a federal, state, or local housing subsidy as determined by HUD, including public housing. The PHA may not take any of the following actions because an applicant has applied for, received, or refused other housing:

Refuse to list the applicant on the PHA waiting list for tenant-based assistance;

Deny any admission preference for which the applicant is currently qualified;

Change the applicant's place on the waiting list based on preference, date and time of application, or other factors affecting selection under the PHA policy; or

Remove the applicant from the waiting list.

However, the PHA may remove the applicant from the waiting list for tenant-based assistance if the PHA has offered the applicant assistance under the voucher program.

Cross-Listing of Public Housing and Section 8

The PHA will not merge the waiting lists for public housing and Section 8. However, if the Section 8 waiting list is open when the applicant is placed on the public housing list, the PHA must offer to place the family on both lists.

I. ORDER OF SELECTION

The PHA's method for selecting applicants from a preference category leaves a clear audit trail that can be used to verify that each applicant has been selected in accordance with the method specified in the administrative plan.

Local Preferences

Local preferences will be used to select families from the waiting list.

Each preference will be equal to one (1) point. The more preferences an applicant has, the higher the applicant's place on the waiting list.

Among Applicants with Equal Preference Status

Among applicants with equal preference status, the waiting list will be organized by **date and time of application.**

J. FINAL VERIFICATION OF PREFERENCE

Preference information on applications will be updated as applicants are selected from the waiting list. At that time the PHA will:

Obtain necessary verifications of preference at the interview and by third party verification

K. PREFERENCE DENIAL

If the PHA denies a preference, the PHA will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for **a review with the Section 8 manager or Assistant Manager**. If the preference denial is upheld as a result of the meeting, or the applicant does not request, a meeting, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against.

If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be denied that preference and the PHA may choose to remove them from the Waiting List based on the act of fraud.

L. REMOVAL FROM WAITING LIST AND PURGING

The waiting list will be purged no more than **annually** by a mailing to all applicants to ensure that the waiting list is current and accurate. The mailing will ask for current information and confirmation of continued interest.

If an applicant fails to respond to a mailing from the PHA, the applicant will be sent a second written notification and given **7 business** days to contact the PHA. If they still fail to respond, they will be removed from the waiting list. An extension will be considered an accommodation if requested by a person with a disability.

Any second/final mailings to the applicant which require a response will state that failure to respond within a specified time frame will result in the applicant's name being dropped from the waiting list.

If a letter is returned by the Post Office without a forwarding address, the applicant will be removed without further notice, and the envelope and letter will be maintained in the file. If a letter is returned with a forwarding address, it will be re-mailed to the address indicated.

If an applicant is removed from the waiting list for failure to respond, they will not be entitled to reinstatement unless they can provide documentation proving circumstances were beyond the person's control (i.e., a medical emergency).

Chapter 5

SUBSIDY STANDARDS

INTRODUCTION

HUD guidelines require that PHA's establish subsidy standards for the determination of family unit size, and that such standards provide for a minimum commitment of subsidy while avoiding overcrowding. The standards used for the unit size selected by the family must be within the minimum unit size requirements of HUD's Housing Quality Standards. r.

A. DETERMINING FAMILY UNIT (VOUCHER) SIZE

The PHA does not determine who shares a bedroom/sleeping room, but there must be at least one person per bedroom on the Voucher. The PHA's subsidy standards for determining voucher size will be applied in a manner consistent with Fair Housing guidelines.

For subsidy standards, an adult is a person 18 years or older.

All standards in this section relate to the number of bedrooms on the Voucher, not the family's actual living arrangements.

The unit size on the Voucher remains the same as long as the family composition remains the same, regardless of the actual unit size rented.

Generally, the PHA assigns one bedroom to two people within the following guidelines:

Persons of different generations, persons of the opposite sex (other than adults who have a spousal relationship, and children under the age of 5).

Foster children will be included in determining unit size only if they will be in the unit for more than 12 months.

Live-in attendants will generally be provided a separate bedroom. No additional bedrooms are provided for the attendant's family.

Space may be provided for a child who is away at school but who lives with the family during school recesses.

Space will not be provided for a family member who will be absent most of the time, such as a member who is away in the military.

Single person families will be allocated a one bedroom.

GUIDELINES FOR DETERMINING VOUCHER SIZE

Voucher Size	**Persons in Household**	
	(Minimum #)	(Maximum #)
0 Bedroom	1	1
1 Bedroom	1	4
2 Bedrooms	2	6
3 Bedrooms	4	8
4 Bedrooms	6	10
5 Bedrooms	8	12
6 Bedrooms	10	14

B. EXCEPTIONS TO SUBSIDY STANDARDS

The PHA will grant exceptions from the subsidy standards if the family requests and the PHA determines the exceptions are justified by the relationship, age, sex, health or disability of family members, or other individual circumstances.

The PHA will grant an exception upon request as an accommodation for persons with disabilities. Circumstances may dictate a larger size than the subsidy standards permit when persons cannot share a bedroom because of a need, such as a:

Verified medical or health reason; or

Elderly persons or persons with disabilities who may require a live-in attendant

Request for Exception to Subsidy Standards

The family may request a larger sized voucher than indicated by the PHA's subsidy standards. Such request must be made in writing within 7 business days of the PHA's determination of bedroom size. The request must explain the need or justification for a larger bedroom size. Documentation verifying the need or justification will be required as appropriate.

The PHA will not issue a larger voucher due to additions of family members other than by **birth, adoption, marriage, or court-awarded custody.**

Requests based on health related reasons must be verified by a doctor, medical professional, or social service professional.

PHA Error

If the PHA errs in the bedroom size designation, the family will be issued a Voucher of the appropriate size

Changes for Applicants

The voucher size is determined prior to the briefing by comparing the family composition to the PHA subsidy standards. If an applicant requires a change in the voucher size, based on the requirements of the PHA subsidy standards, the above reference's guidelines will apply.

Changes for Participants

The members of the family residing in the unit must be approved by the PHA. The family must obtain approval of any additional family member before the person occupies the unit except for additions by birth, adoption, or court-awarded custody, in which case the family must inform the PHA within **7 business** days.

Underhoused and Overhoused Families

If a unit does not meet HQS space standards due to an increase in family size (unit too small), the PHA will issue a new voucher and assist the family in locating a suitable unit.

The PHA will also notify the family of the circumstances under which an exception will be granted, such as:

If a family with a disability is underhoused in an accessible unit.

If a family requires the additional bedroom because of a health problem which has been verified by the PHA.

C. UNIT SIZE SELECTED

The family may select a different size dwelling unit than that listed on the Voucher. There are three criteria to consider:

Subsidy Limitation: The family unit size as determined for a family under the PHA subsidy standard for a family assisted in the voucher program is based on the PHA's adopted payment standards. The payment standard for a family will be the *lower of:*

The payment standard amount for the family unit size; or

The payment standard amount for the unit size rented by the family.

Utility Allowance: The utility allowance used to calculate the gross rent is based on the actual size of the unit the family selects, regardless of the size authorized on the family's Voucher.

Housing Quality Standards: The standards allow two persons per living/sleeping room and permit maximum occupancy levels (assuming a living room is used as a living/sleeping area) as shown in the table below. The levels may be exceeded if a room in addition to bedrooms and living room is used for sleeping.

HQS GUIDELINES FOR UNIT SIZE SELECTED

Unit Size	**Maximum # In Household**
0 Bedroom	1
1 Bedroom	4
2 Bedrooms	6
3 Bedrooms	8
4 Bedrooms	10
5 Bedrooms	12
6 Bedrooms	14

Chapter 6

FACTORS RELATED TO TOTAL TENANT PAYMENT AND FAMILY SHARE DETERMINATION

INTRODUCTION

The PHA will use the methods as set forth in the Administrative Plan to verify and determine that family income at admission and at annual reexamination is correct. The accurate calculation of Annual Income and Adjusted Income will ensure that families are not paying more or less money for rent than their obligation under the Regulations.

This Chapter defines the allowable expenses and deductions to be subtracted from Annual Income and how the presence or absence of household members may affect the Total Tenant Payment (TTP). Income and TTP are calculated in accordance with 24 CFR Part 5, Subparts E and F, and further instructions set forth in HUD Notices and Memoranda. The formula for the calculation of TTP is specific and not subject to interpretation. The PHA's policies in this Chapter address those areas which allow the PHA discretion to define terms and to develop standards in order to assure consistent application of the various factors that relate to the determination of TTP.

A. INCOME AND ALLOWANCES

Income: Includes all monetary amounts which are received on behalf of the family. For purposes of calculating the Total Tenant Payment (TTP), HUD defines what is to be excluded in the Federal Regulations. In accordance with this definition, all income which is not specifically excluded in the regulations is counted.

Annual Income is defined as the gross amount of income anticipated being received by the family during the 12 months after certification or recertification. Gross income is the amount of income prior to any HUD allowable expenses or deductions, and does not include income which has been excluded by HUD. Annual income is used to determine whether or not applicants are within the applicable income limits.

Adjusted Income is defined as the Annual income minus any HUD allowable expenses and deductions.

HUD has five allowable deductions from Annual Income:

1. Dependent Allowance: $480 each for family members (other than the head or spouse), who are minors, and for family members who are 18 or older and full-time students or who are disabled.

2. Elderly/Disabled allowance: $400 per family whose head or spouse is 62 or over or disabled.

3. Allowable Medical Expenses: Deducted for all family members of an eligible elderly/disabled family.

4. Child Care Expenses: Deducted for the care of children under 13 when child care is necessary to a**llow** an **adult** member to work, attend school, or actively seek employment.

5. Allowable Disability Assistance Expenses: Deducted for attendant care or auxiliary apparatus for persons with disabilities if needed to enable the individual or an **adult** family member to work.

Minimum Rent

The LMHA Board approved (8/20/03) changing **the minimum** rent from $25.00 **to zero.** The Section 8 department will effect this change immediately.

B. DISALLOWANCE OF EARNED INCOME FROM RENT DETERMINATIONS FOR PERSONS WITH DISABILITIES

Between 4/20/01 and 3/15/02, the disallowance was available only to disabled members of disabled families. Technical amendments published 2/13/02 extended the disallowance to all qualifying family members with disabilities effective 3/15/02. Exclusion of income during participation in training programs under 24 CFR 5.609 is still applicable.

The annual income for qualified disabled families may not be increased as a result of increases in earned income of a family member who is a person with disabilities beginning on the date on which the increase in earned income begins and continuing for a cumulative 12-month period. After the disabled family receives 12 cumulative months of the full exclusion, annual income will include a phase-in of half the earned income excluded from annual income.

A family qualified for the earned income exclusion is a family that is receiving tenant-based rental assistance under the Housing Choice Voucher program, and

Whose annual income increases as a result of employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment;

Whose annual income increases as a result of increased earnings by a family member who is a person with disabilities during participation in any economic self-sufficiency or other job training program;

Whose annual income increases, as a result of new employment or increased earnings of a family member who is a person with disabilities, during or within six months after receiving assistance, benefits or services under any State program for TANF provided that the total amount over a six-month period is at least $500. The qualifying TANF assistance may consist of any amount of monthly income maintenance, and/or at least $500 in such TANF benefits and services as one-time payments, wage subsidies and transportation assistance.

The HUD definition of "previously unemployed" includes a person with disabilities who has earned in the previous 12 months no more than the equivalent earnings for working 10 hours per week for 50 weeks at the minimum wage. Minimum wage is the prevailing minimum wage in the State or locality.

The HUD definition of economic self-sufficiency program is any program designed to encourage, assist, train or facilitate economic independence of assisted families or to provide work for such families. Such programs may include job training, employment counseling, work placement, basic skills training, education, English proficiency, workfare, financial or household management, apprenticeship, or any other program necessary to ready a participant to work (such as substance abuse or mental health treatment).

Qualifying increases are any earned income increases of a family member who is a person with disabilities during participation in an economic self-sufficiency or job-training program and not increases that occur after participation, unless the training provides assistance, training or mentoring after employment.

The amount that is subject to the disallowance is the amount of incremental increase in income of a family member who is a person with disabilities. The incremental increase in income is calculated by comparing the amount of the disabled family member's income before the beginning of qualifying employment or increase in earned income to the amount of such income after the beginning of employment or increase in earned income.

Initial Twelve-Month Exclusion

During the cumulative 12-month period beginning on the date a member who is a person with disabilities of a qualified family is first employed or the family first experiences an increase in income of the family member who is a person with disabilities as a result of employment over the prior income of that family member.

Tracking the Earned Income Exclusion

The earned income exclusion will be reported on the HUD 50058 form. The following documentation will be included in the family's file:

Name of the family member whose earned income increased

Reason (new employment, participation in job training program, within 6 months after receiving TANF) for the increase in earned income

Amount of the increase in earned income (amount to be excluded)

Date the increase in earned income was reported by the family

Date the increase in income is first excluded from annual income

Date(s) earned income ended and resumed during the initial cumulative 12-month period of exclusion (if any)

Date the family member has received a total of 12 months of the initial exclusion

Date the 12-month phase-in period began

Date(s) earned income ended and resumed during the second cumulative 12-month period (phase-in) of exclusion (if any)

Date the family member has received a total of 12 months of the phase-in exlusion

Ending date of the maximum 48-month (four year) disallowance period (48 months from the date of the initial earned income disallowance)

C. DEFINITION OF TEMPORARILY/PERMANENTLY ABSENT

The PHA must compute all applicable income of every family member who is on the lease, including those who are temporarily absent. In addition, the PHA must count the income of the spouse or the head of the household if that person is temporarily absent, even if that person is not on the lease.

"Temporarily absent" is defined as away from the unit for more than 90 days.

Income of persons permanently absent will not be counted.

If the spouse is temporarily absent and in the military, all military pay and allowances (except hazardous duty pay when exposed to hostile fire and any other exceptions to military pay HUD may define) is counted as income.

It is the responsibility of the head of household to report changes in family composition. The PHA will evaluate absences from the unit using this policy.

Absence of Entire Family

These policy guidelines address situations when the family is absent from the unit, but has not moved out of the unit. In cases where the family has moved out of the unit, the PHA will terminate assistance in accordance with appropriate termination procedures contained in this Plan.

Families are required both to notify the PHA before they move out of a unit and to give the PHA information about any family absence from the unit.

Families must notify the PHA prior to leaving the unit if they are going to be absent from the unit for more than 14 consecutive days.

If the entire family is absent from the assisted unit for **30** consecutive days **(without prior notice to the PHA)**, the unit will be considered to be vacated and the assistance will be terminated.

If it is determined that the family is absent from the unit longer than the time specified in this Plan, the PHA will not continue assistance payments.

HUD regulations require the PHA to terminate assistance if the entire family is absent from the unit for a period of more than 180 consecutive calendar days.

"Absence" means that no family member is residing in the unit.

In order to determine if the family is absent from the unit, the PHA may:

Write letters to the family at the unit
Telephone the family at the unit
Interview neighbors
Verify if utilities are in service
Contact the landlord
Check with the Post Office

A person with a disability may request an extension of time as an accommodation, provided that the extension does not go beyond the HUD-allowed 180 consecutive calendar days limit.

Absence of Any Member

Any member of the household will be considered permanently absent if s/he is away from the unit for **90 consecutive days** except as otherwise provided in this Chapter.

The family will be required to notify the PHA in writing within 7 business days when a family member moves out. The notice must contain a certification by the family as to whether the member is permanently or temporarily absent.

Absence due to Medical Reasons

If any family member leaves the household to enter a facility such as a hospital, nursing home, or rehabilitation center, the PHA will seek advice from a reliable qualified source as to the likelihood and timing of their return. If the verification indicates that the family member will be permanently confined to a nursing home, the family member will be considered permanently absent. If the verification indicates that the family member will return in less than **90** consecutive days, the family member will not be considered permanently absent.

If the person who is determined to be permanently absent is the sole member of the household, assistance will be terminated in accordance with the PHA's "Absence of Entire Family" policy.

If the person with medical reasons (not drug-related) is absent for more than 90 days and terminated from the program, they may submit a written request to be reinstated to the program within one year of the date they became absent from their unit, should they be able to participate in the program again. An informal review will be held, and if it is established they would qualify for assistance, the person will be placed at the top of the waiting list and receive a Voucher when funding is available.

Absence due to Incarceration

If the sole member is incarcerated for more than 30 consecutive days, s/he will be considered permanently absent. Any member of the household, other than the sole member, will be considered permanently absent if s/he is incarcerated for 30 consecutive days.

The PHA will determine if the reason for incarceration is for drug-related or violent criminal activity. This would constitute termination of assistance.

Absence of Children Due to Placement in Foster Care

If the family includes a child or children temporarily absent from the home due to placement in foster care, the PHA will determine from the appropriate agency when the child/children will be returned to the home.

If the time period is to be greater than **6** months from the date of removal of the child/children, the Voucher size will be reduced. If all children are removed from the home permanently, the voucher size will be reduced in accordance with the PHA's subsidy standards.

The PHA will work with Children's Services Professionals if an exception is requested.

Care Taker For Children

If neither parent remains in the household and the appropriate agency has determined that another adult is to be brought into the assisted unit to care for the children for an indefinite period, the PHA will treat that adult as a visitor for the first **60** days.

If by the end of that period, court-awarded custody or legal guardianship has been awarded to the caretaker, the Voucher will be transferred to the caretaker.

If the appropriate agency cannot confirm the guardianship status of the caretaker, the PHA will review the status at **30 day** intervals.

If custody or legal guardianship has not been awarded by the court, but the action is in process, the PHA will secure verification from social services staff or the attorney as to the status.

The caretaker may be allowed to remain in the unit, as a visitor, until a determination of custody is made.

The PHA may transfer the certificate or voucher to the caretaker, in the absence of a court order, if the caretaker has been in the unit for more than 120 days and it is reasonable to expect that custody will be granted.

When the PHA approves a person to reside in the unit as caretaker for the child/children, the income should be counted pending a final disposition. The PHA will work with the appropriate service agencies and the landlord to provide a smooth transition in these cases.

If a member of the household is subject to a court order that restricts him/her from the home for more than **3** months, the person will be considered permanently absent.

The family will be required to notify the PHA in writing within 7 business days when an adult family member moves out. The notice must contain a certification by the family as to whether the adult is temporarily or permanently absent.

Absence Due to Full-Time Student Status

Full time students who attend school away from the home will be treated in the following manner:

> **A student (other than head of household or spouse) who attends school away from home but lives with the family during school recesses may, at the family's choice, be considered either temporarily or permanently absent. If the family decides that the member is permanently absent, income of that member will not be included in total household income, the member will not be included on the lease, and the member will not be included for determination of Voucher size.**

Visitors

Any adult not included on the HUD 50058, who has been in the unit more than **14** consecutive days or a total of **90** days in a 12-month period, will be considered to be living in the unit as **an unauthorized** household member.

Absence of evidence of any other residency address will be considered verification that the visitor is a family member.

Statements from neighbors and/or the landlord will be considered in making the determination.

Use of the unit address as the visitor's current residence for any purpose that is not explicitly temporary will be construed as permanent residence.

The burden of proof that the individual is a visitor rests on the family. In the absence of such proof, the individual will be considered an unauthorized member of the family and the PHA will terminate assistance since prior approval was not requested for the addition.

Minors and college students who were part of the family but who now live away from home during the school year and are not considered members of the household may visit for up to **120** days per year without being considered a member of the household.

In a joint custody arrangement, if the minor is in the household less than **183** days per year, the minor will be considered to be an eligible visitor and not a family member.

Reporting Additions to Owner and PHA

Reporting changes in household composition to the PHA is both a HUD and a PHA requirement.

The family obligations require the family to request PHA approval to add any other family member as an occupant of the unit and to inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request prior approval of additional household members in writing.

If the family does not obtain prior written approval from the PHA, any person the family has permitted to move in will be considered an unauthorized household member.

In the event that a visitor continues to reside in the unit after the maximum allowable time, the family must report it to the PHA in writing within 7 business days of the maximum allowable time.

Families are required to report any additions to the household in writing to the PHA within 7 days of the move-in date.

An interim reexamination will be conducted for any additions to the household.

In addition, the lease may require the family to obtain prior written approval from the owner when there are changes in family composition.

Reporting Absences to the PHA

Reporting changes in household composition is both a HUD and a PHA requirement.

If a family member leaves the household, the family must report this change to the PHA, in writing, within **7 business** days of the change and certify as to whether the member is temporarily absent or permanently absent.

The PHA will conduct an interim evaluation for changes which affect the TTP in accordance with the interim policy.

D. AVERAGING INCOME

When Annual Income cannot be anticipated for a full twelve months, the PHA may:

Average known sources of income that vary to compute an annual income, or

Annualize current income and conduct an interim reexamination if income changes.

If there are bonuses or overtime which the employer cannot anticipate for the next twelve months, bonuses and overtime received the previous year will be used.

Income from the previous year may be analyzed to determine the amount to anticipate when third-party or check-stub verification is not available.

If, by averaging, an estimate can be made for those families whose income fluctuates from month to month, this estimate will be used so as to reduce the number of interim adjustments.

The method used depends on the regularity, source and type of income.

E. MINIMUM INCOME

There is no minimum income requirement. Families who report zero income are required to complete a written certification **once a quarter.**

Families that report zero income and families with expenses exceeding their known income will be required to provide written information regarding their accessible resources and means of basic subsistence (food, daily personal items, utilities, phone, transportation, cable, etc.) on a quarterly basis.

F. REGULAR CONTRIBUTIONS AND GIFTS

Regular contributions and gifts received from persons outside the household are counted as income for calculation of the Total Tenant Payment. Any contribution or gift received every **3** months or more frequently will be considered a "regular" contribution or gift, unless the amount is less than **$480** per year. This includes rent and utility payments made on behalf of the family and other cash or non-cash contributions provided on a regular basis. It does not include casual contributions or sporadic gifts. (See "Verification Procedures" chapter)

If the family's expenses exceed its known income, the PHA will require the family to provide written information regarding their accessible resources and means of basic subsistence (food, daily personal items, utilities, phone, transportation, cable, etc.) on a quarterly basis.

G. INCOME OF PERSON PERMANENTLY CONFINED TO NURSING HOME

If a family member is permanently confined to a hospital or nursing home, and there is a family member left in the household, the PHA will calculate the income by using the following methodology and use the income figure which would result in a lower payment by the family:

Exclude the income and deductions of the member if his/her income goes directly to the facility.

Include the income and deductions of the member if his/her income goes to a family member. Payments by the family member to the facility may be considered medical deductions, if documented and verified.

H. ALIMONY AND CHILD SUPPORT

Regular alimony and child support payments are counted as income for calculation of Total Tenant Payment.

If the amount of child support or alimony received is less than the amount awarded by the court, the PHA must use the amount awarded by the court unless the family can provide documentation that they are not receiving the full amount.

It is the family's responsibility to supply a certified copy of the divorce decree.

I. LUMP-SUM RECEIPTS

Lump-sum additions to Family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains, and settlement for personal or property losses, are not included in income but may be included in assets.

Lump-sum payments caused by delays in processing periodic payments such as unemployment or welfare assistance are counted as income. Lump-sum payments from Social Security or SSI are excluded from income, but any amount remaining will be considered an asset. Deferred periodic payments, which have accumulated due to a dispute, will be treated the same as periodic payments which are deferred due to delays in processing.

In order to determine the amount of retroactive tenant rent that the family owes as a result of the lump sum receipt:

> **The PHA will calculate prospectively if the family reported the payment within 7 business days and retroactively to date of receipt if the receipt was not reported within that time frame.**

Prospective Calculation Methodology

If the payment is reported on a timely basis, the calculation will be done prospectively and will result in an interim adjustment.

> **The entire lump sum payment will be added to the annual income at the time of the interim.**

Retroactive Calculation Methodology

If the payment is not reported on a timely basis, the PHA will go back to the date the lump-sum payment was received, or to the date of admission, whichever is closer.

The PHA will determine the amount of income for each certification period, including the lump sum, and recalculate the tenant rent for each certification period to determine the amount due the PHA.

The family will be offered a choice of paying this "retroactive" amount to the PHA in a lump sum, or at the PHA's option, the PHA may enter into a Repayment Agreement with the family.
The amount owed by the family is a collectible debt even if the family becomes unassisted.

Attorney Fees

The family's attorney fees may be deducted from lump-sum payments when computing annual income if the attorney's efforts have recovered a lump-sum compensation, and the recovery paid to the family does not include an additional amount in full satisfaction of the attorney fees.

J. CONTRIBUTIONS TO RETIREMENT FUNDS - ASSETS

Contributions to company retirement/pension funds are handled as follows:

While an individual is employed, count as assets only amounts the family can withdraw without retiring or terminating employment.

After retirement or termination of employment, count any amount the employee elects to receive as a lump sum.

K. ASSETS DISPOSED OF FOR LESS THAN FAIR MARKET VALUE

The PHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. The PHA will count the difference between the market value and the actual payment received in calculating total assets.

Assets disposed of as a result of foreclosure or bankruptcy are not considered to be assets disposed of for less than fair market value. Assets disposed of as a result of a divorce or separation are not considered to be assets disposed of for less than fair market value.

The PHA's minimum threshold for counting assets disposed of for less than Fair Market value is $1,000.00. If the total value of assets disposed of within a one-year period is less than $1,000.00, they will not be considered an asset.

L. CHILD CARE EXPENSES

Child care expenses for children under 13 may be deducted from annual income if they enable an adult to work, attend school full time, or actively seek employment (schedules may be requested by the PHA).

In the case of a child attending school, only pre-hours or after-hours care can be counted as child care expenses.

In cases where an adult family member is available to provide child care: Child care expenses will not be allowed as a deduction unless there is a documented reason that the family member is unable to care for the child.

Examples of those adult members who would be considered *unable* to care for the child include:

The abuser in a documented child abuse situation, or

A person with disabilities or older person unable to take care of a small child, as verified by a reliable knowledgeable source.

Allowability of deductions for child care expenses is based on the following guidelines:

Child care to work: The maximum child care expense allowed must be less than the amount earned by the person enabled to work.

The "person enabled to work" will be the adult member of the household who earns the least amount of income from working.

The amount paid for child care is affordable to the family based on their monthly expenses as shown on the Personal Declaration

Child care for school: **The number of hours claimed for child care may not exceed the number of hours the family member is attending school (including one hour travel time to and from school).**

Amount of Expense: **The PHA will survey the local care providers in the community as a guideline. If the hourly rate materially exceeds the guideline, the PHA may calculate the allowance using the guideline.**

M. MEDICAL EXPENSES

When it is unclear in the HUD rules as to whether or not to allow an item as a medical expense, IRS Publication 502 will be used as a guide.

Nonprescription medicines must be doctor-recommended in order to be considered a medical expense and will be counted if the family furnishes legible receipts.

N. PRORATION OF ASSISTANCE FOR "MIXED" FAMILIES

Applicability

Proration of assistance must be offered to any "mixed" applicant or participant family. A "mixed" family is one that includes at least one U.S. citizen or eligible immigrant and any number of ineligible members.

Prorated Assistance Calculation

Prorated assistance is calculated by determining the amount of assistance payable if all family members were eligible and multiplying by the percent of the family members who actually are eligible. Calculations for the housing program are performed on the HUD 50058.

O. INCOME CHANGES RESULTING FROM WELFARE PROGRAM REQUIREMENTS

The PHA will not reduce the rental contribution for families whose welfare assistance is reduced specifically because of:

Fraud by a family member in connection with the welfare program; or

Failure to participate in an economic self-sufficiency program; or

Noncompliance with a work activities requirement

However, the PHA will reduce the rental contribution if the welfare assistance reduction is a result of:

The expiration of a lifetime limit on receiving benefits; or

A situation where a family member has not complied with other welfare agency requirements; or

A situation where a family member has complied with welfare agency economic self-sufficiency or work activities requirements but cannot or has not obtained employment, such as the family member has complied with welfare program requirements, but the durational time limit, such as a cap on the length of time a family can receive benefits, causes the family to lose their welfare benefits.

Imputed welfare income is the amount of annual income not actually received by a family as a result of a specified welfare benefit reduction that is included in the family's income for rental contribution.

Imputed welfare income is not included in annual income if the family was not an assisted resident at the time of the sanction.

The amount of imputed welfare income is offset by the amount of additional income a family receives that begins after the sanction was imposed.

When additional income is at least equal to the imputed welfare income, the imputed welfare income is reduced to zero.

Verification before denying a request to reduce rent

The PHA will obtain written verification from the welfare agency stating that the family's benefits have been reduced for fraud or noncompliance with economic self-sufficiency or work activities requirements *before* denying the family's request for rent reduction.

At the request of the PHA, the Welfare Agency will be asked to provide: the amount and term of the specified welfare benefit reduction for the family, reason for the reduction, and subsequent changes in term or amount of reduction.

The PHA has taken a proactive approach to creating an effective working relationship with the local welfare agency.

P. UTILITY ALLOWANCE AND UTILITY REIMBURSEMENT PAYMENTS

The same Utility Allowance Schedule is used for all tenant-based programs. The Utility allowance is intended to help defray the cost of utilities not included in the rent. The allowance is based on the typical cost of utilities and services paid by energy-conservative household that occupy housing of similar size and type in the same locality. Allowances are not based on an individual family's actual consumption.

The PHA's utility allowance schedule, and the utility allowance for an individual family, must include the utilities and services that are necessary in the locality to provide housing that complies with the housing quality standard.

The PHA may not provide any allowance for nonessential utility costs, such as cable, satellite television, or phone.

The PHA must classify utilities in the utility allowance schedule according to the following general categories: space heating, cooking, water heating, water/sewer, trash collection, other electric, refrigerator (for tenant-supplied refrigerator), range (for tenant-supplied range), and other special services as designated by the PHA.

The PHA will review the utility allowance schedule annually. If the review finds a utility rate has changed by 10 percent or more since the last revision of the utility allowance schedule, the schedule will be revised to reflect the new rate. Revised utility allowances will be applied in a participant family's rent calculation at their next reexamination.

The approved utility allowance schedule is given to families at the briefing. The utility allowance is based on the actual unit size selected.

Where families provide their own range and refrigerator, the PHA will establish an allowance adequate for the family to purchase or rent a range or refrigerator, even if the family already owns either appliance. Allowances for ranges and refrigerators will be based on the lesser of the cost of leasing or purchasing the appropriate appliance over a **36-**month period.

Where the calculation on the HUD 50058 results in a utility reimbursement payment due the family, the PHA will provide a Utility Reimbursement Payment for the family each month. The check will be made out **directly to the tenant.**

Chapter 7

VERIFICATION PROCEDURES

INTRODUCTION

HUD Regulations require that the factors of eligibility and Total Tenant Payment/Family Share be verified by the PHA. PHA staff will obtain written verification from independent sources whenever possible and will document tenant files whenever third party verifications are not possible as to why third party verification was impossible to obtain.

Applicants and program participants must provide true and complete information to the PHA whenever information is requested. The PHA's verification requirements are designed to maintain program integrity. This Chapter explains the PHA's procedures and standards for verification of preferences, income, assets, allowable deductions, family status, and changes in family composition. The PHA will obtain proper authorization from the family before requesting information from independent sources.

A. METHODS OF VERIFICATION AND TIME ALLOWED

The PHA will verify information through the four methods of verification acceptable to HUD in the following order:

Third-Party Written
Third-Party Oral
Review of Documents
Certification/Self-Declaration

The PHA will allow **2 weeks** for return of third-party verifications and **7 business days** to obtain other types of verifications before going to the next method. The PHA will document the file as to why third party written verification was not used.

For applicants, verifications may not be more than 60 days old at the time of Voucher issuance. **For participants, they are valid for up to 120 days from date of receipt.**

Third-Party Written Verification

Third-party verification is used to verify information directly with the source. Third-party written verification forms will be sent and returned via first class mail. The family will be required to sign an authorization for the information source to release the specified information. Verifications received electronically directly from the source **are** considered third party written verifications.

Third party written verification forms will not be hand carried by the family under any circumstances. **The PHA will accept original computerized printout verifications delivered by the family from the following agencies:**

Social Security Administration
Veterans Administration
Welfare Assistance
Unemployment Compensation Board
City or County Courts
Child Support Bureau

Third-Party Oral Verification

Oral third-party verification will be used when written third-party verification is delayed or not possible. When third-party oral verification is used, staff will be required to note with whom they spoke, the date of the conversation, and the facts provided. If oral third party verification is not available, the PHA will compare the information to any documents provided by the Family. If provided by telephone, the PHA must originate the call.

Review of Documents

In the event that third-party written or oral verification is unavailable, or the information has not been verified by the third party within **two (2)** weeks, the PHA will notate the file accordingly and utilize documents provided by the family as the primary source if the documents provide complete information.

All such documents will be photocopied, dated and signed by the person who does the copying and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the document(s) will provide a written certification they viewed the originals with date and signature.

The PHA will accept the following documents from the family provided that the document is such that tampering would be easily noted:

Printed wage stubs
Computer printouts from the employer
Signed letters (provided that the information is confirmed by phone)
Other documents noted in this Chapter as acceptable verification

The PHA will accept faxed documents
If third-party verification is received after documents have been accepted as provisional verification, and there is a discrepancy, the PHA will utilize the third party verification.

The PHA will not delay the processing of an application beyond 30 days because a third party information provider does not return the verification in a timely manner if the family supplies necessary information.

Self-Certification/Self-Declaration

ONLY when verification cannot be made by third-party verification or review of documents, families will be required to submit a self-certification.

Self-certification means **a notarized statement or affidavit or statement under penalty of perjury.**

B. RELEASE OF INFORMATION

Adult family members will be required to sign the HUD 9886 Release of Information/Privacy Act form. In addition, adults will be required to sign specific authorization forms when information is needed that is not covered by the HUD form 9886, Authorization for Release of Information.

Each member requested to consent to the release of information will be provided with a copy of the appropriate forms for their review and signature.

Family refusal to cooperate with the HUD prescribed verification system will result in denial of admission or termination of assistance because it is a family obligation to supply any information and sign consent forms requested by the PHA or HUD.

C. COMPUTER MATCHING

The 1988 McKinney Act legislation authorized State wage record keepers to release to both HUD and PHAs information pertaining to wages and unemployment compensation.

Where allowed by HUD and/or other State or local agencies, computer matching will be done. The PHA will utilize the HUD established computer-based Tenant Eligibility Verification System (TEVS) tool for obtaining Social Security benefits, Supplemental Security Income, benefit history, and tenant income discrepancy reports from the Social Security Administration.

If computer matching results in a discrepancy with information in the PHA records, the PHA will follow up with the family and verification sources to resolve this discrepancy. When the family has unreported or under reported income, the PHA will follow the procedures in the Program Integrity Addendum of the Administrative Plan.

D. ITEMS TO BE VERIFIED

All income not specifically excluded by the regulations.

Zero-income status of household.

Full-time student status including High School students who are 18 or over.

Current assets including assets disposed of for less than fair market value in preceding two years.

Child care expense where it allows an **adult** family member to be employed or to further his/her education.

Total medical expenses of all family members in households whose head or spouse is elderly or disabled.

Disability assistance expenses to include only those costs associated with attendant care or auxiliary apparatus which allow an **adult** family member to be employed.

Identity

U.S. citizenship/eligible immigrant status.

Social Security Numbers **for all family members.**

"Preference" status.

Familial/Marital status when needed for head or spouse definition.

Disability for determination of preferences, allowances or deductions.

Verification of Reduction in Benefits for Noncompliance:

The PHA will obtain written verification from the welfare agency stating that the family's benefits have been reduced for fraud or noncompliance *before* denying the family's request for rent reduction.

E. VERIFICATION OF INCOME

This section defines the methods the PHA will use to verify various types of income.

Employment Income

Verification forms request the employer to specify the:

Dates of employment

Amount and frequency of pay

Date of the last pay increase

Likelihood of change of employment status and effective date of any known salary increase during the next 12 months

Year-to-date earnings

Estimated income from overtime, tips, bonus expected during next 12 months

Acceptable methods of verification include, in this order:

Employment verification form completed by the employer.

Check stubs or earning statements which indicate the employee's gross pay, frequency of pay or year to date earnings.

W-2 forms plus income tax return forms.

Ledgers or income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities.

Applicants and program participants may be requested to sign an authorization for release of information from the I. R. S. for further verification of income.

In cases where there are questions about the validity of information provided by the family, the PHA will require the most recent federal income tax statements.

Where doubt regarding income exists, a referral to IRS for confirmation will be made on a case-by-case basis.

Social Security, Pensions, Supplementary Security Income (SSI), Disability Income

Acceptable methods of verification include, in this order:

Benefit verification form completed by agency providing the benefits.

Award or benefit notification letters prepared and signed by the providing agency.

Computer report, electronically obtained or in hard copy.

Bank statements for direct deposits.

Unemployment Compensation

Acceptable methods of verification include, in this order:

Verification form completed by the unemployment compensation agency

Computer printouts from unemployment office stating payment dates and amounts

Payment stubs.

Welfare Payments or General Assistance

Acceptable methods of verification include, in this order:

Computer-generated statement from payment provider indicating the amount of grant/payment, family members, start date of payments, and anticipated changes in payment in the next 12 months.

Computer-generated Notice of Action.

PHA verification form completed by payment provider.

Computer-generated list of recipients from Welfare Department.

Alimony or Child Support Payments

Acceptable methods of verification include, in this order:

Copy of a separation or settlement agreement or a divorce decree stating amount and type of support and payment schedules.

Computer-generated payment printout by the Child Support Bureau.

A (notarized) letter from the person paying the support (when payment does not go through Bureau or Court).

Copy of latest check and/or payment stubs from Court Trustee. PHA must record the date, amount, and number of the check.

Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.

If payments are irregular, the family must provide:

A copy of the separation or settlement agreement, or a divorce decree stating the amount and type of support and payment schedules.

A statement from the agency responsible for enforcing payments to show that the family has filed for enforcement.

A notarized affidavit from the family indicating the amount(s) received.

A welfare notice of action showing amounts received by the welfare agency for child support.

A written statement from an attorney certifying that a collection or enforcement action has been filed.

Net Income from a Business

In order to verify the net income from a business, the PHA will view IRS and financial documents from prior years and use this information to anticipate the income for the next 12 months. Acceptable methods of verification include:

IRS Form 1040, including:
- Schedule C (Small Business)
- Schedule E (Rental Property Income)
- Schedule F (Farm Income)

If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense, computed using straight-line depreciation rules.

Audited or unaudited financial statement(s) of the business.

Documents such as manifests, appointment books, cash books, bank statements, and receipts will be used as a guide for the prior six months (or lesser period if not in business for six months) to project income for the next 12 months. The family will be advised to maintain these documents in the future if they are not available.

Family's self-certification as to net income realized from the business during previous years.

Credit report or loan application.

Child Care Business

If an applicant/participant is operating a licensed day care business, income will be verified as with any other business. Tax return **may be requested.**

If the applicant/participant is operating a "cash and carry" operation (which may or may not be licensed), the PHA may require that the applicant/participant complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid, and signature of person. Tax return may be requested.

If child care services were terminated, a third-party verification may be sent to the parent whose child was cared for.

Recurring Gifts

The family must furnish a self-certification which contains the following information:

The person who provides the gifts
The value of the gifts
The regularity (dates) of the gifts
The purpose of the gifts

Zero Income Status

Families claiming to have no income will be required to execute verification forms to determine that income, such as unemployment benefits, TANF, SSI, etc., is not being received by the household.

The PHA may request information from the State Employment Development Department, IRS, or check records of other departments in the PHA jurisdiction that have information about income sources of customers.

The PHA may run a credit report if information is received that indicates the family has an unreported income source. The PHA may question neighbors if complaints are received accusing fraud.

The family will be required to complete a notarized no-income affidavit/letter of certification monthly. The family may be required to provide written information regarding their accessible resources and means of basic subsistence (food, utilities, transportation, phone, cable, etc.) no more than quarterly to the PHA.

Full-Time Student Status

Only the first $480 of the earned income of full time students, other than head, spouse, or co-head will be counted toward family income.

Financial aid, scholarships and grants received by full time students are not counted toward family income.

Verification of full time student status includes:

Written verification from the registrar's office or other school official.

School records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

F. INCOME FROM ASSETS

Acceptable methods of verification include, in this order:

Savings Account Interest Income and Dividends

Account statements, passbooks, certificates of deposit, or PHA verification forms completed by the financial institution.

Broker's statements showing value of stocks or bonds and the earnings credited the family. Earnings can be obtained from current newspaper quotations or oral broker's verification.

IRS Form 1099 from the financial institution, provided that the PHA must adjust the information to project earnings expected for the next 12 months.

Interest Income from Mortgages or Similar Arrangements

A letter from an accountant, attorney, real estate broker, the buyer, or a financial institution stating interest due for next 12 months. (A copy of the check paid by the buyer to the family is not sufficient unless a breakdown of interest and principal is shown.)

Amortization schedule showing interest for the 12 months following the effective date of the certification or recertification.

Net Rental Income from Property Owned by Family

IRS Form 1040 with Schedule E (Rental Income).

Copies of latest rent receipts, leases, or other documentation of rent amounts.

Documentation of allowable operating expenses of the property: tax statements, insurance invoices, bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.

Lessee's written statement verifying rent payments to the family and family's self-certification as to net income realized.

G. VERIFICATION OF ASSETS

Family Assets

The PHA will require the necessary information to determine the current cash value of the family's assets (the net amount the family would receive if the asset were converted to cash).

Verification forms, letters, or documents from a financial institution or broker.

Passbooks, checking account statements, certificates of deposit, bonds, or financial statements completed by a financial institution or broker.

Quotes from a stock broker or realty agent as to net amount family would receive if they liquidated securities or real estate.

Real estate tax statements if the approximate current market value can be deduced from assessment.

Financial statements for business assets.

Copies of closing documents showing the selling price and the distribution of the sales proceeds.

Appraisals of personal property held as an investment.

Family's self-certification describing assets or cash held at the family's home or in safe deposit boxes.

Assets Disposed of for Less than Fair Market Value (FMV) During Two Years Preceding Effective Date of Certification or Recertification

For all Certifications and Recertifications, the PHA will obtain the Family's certification as to whether any member has disposed of assets for less than fair market value during the two years preceding the effective date of the certification or recertification.

If the family certifies that they have disposed of assets for less than fair market value, verification/certification is required that shows: (a) all assets disposed of for less than FMV, (b) the date they were disposed of, (c) the amount the family received, and (d) the market value of the assets at the time of disposition. Third party verification will be obtained wherever possible.

H. VERIFICATION OF ALLOWABLE DEDUCTIONS FROM INCOME

Child Care Expenses

Written verification from the person who receives the payments is required. If the child care provider is an individual, s/he must provide a statement of the amount they are charging the family for their services.

Verifications must specify the child care provider's name, address, telephone number, **Social Security Number,** the names of the children cared for, the number of hours the child care occurs, the rate of pay, and the typical yearly amount paid, including school and vacation periods.

Family's certification as to whether any of those payments have been or will be paid or reimbursed by outside sources.

Medical Expenses

Families who claim medical expenses will be required to submit a certification as to whether or not any expense payments have been, or will be, reimbursed by an outside source. All expense claims will be verified by any/all of the methods listed below:

Written verification by a doctor, hospital or clinic personnel, dentist, pharmacist, of (a) the anticipated medical costs to be incurred by the family and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.

Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.

Written confirmation from the Social Security Administration's of Medicare premiums to be paid by the family over the next 12 months. A computer printout will be accepted.

For attendant care:

A reliable, knowledgeable professional's certification that the assistance of an attendant is necessary as a medical expense and a projection of the number of hours the care is needed for calculation purposes.

Attendant's written confirmation of hours of care provided and amount andfrequencypayments received from the family or agency (or copies of canceled checks the family used to make those payments) or stubs from the agency providing the services.

Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.

Copies of payment agreements or most recent invoices that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.

Receipts or other records of medical expenses, incurred during the past 12 months, that can be used to anticipate future medical expenses. PHA may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one-time, nonrecurring expenses from the previous year.

The PHA will use mileage at the **IRS** rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

Assistance to Persons with Disabilities

In All Cases:

Written certification from a reliable, knowledgeable professional, that the person with disabilities requires the services of an attendant and/or the use of auxiliary apparatus to permit him/her to be employed or to function sufficiently independently to enable another family member to be employed.

Family's certification as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

Attendant Care:

Attendant's written certification of amount received from the family, frequency of receipt, and hours of care provided.

Certification of family and attendant and/or copies of canceled checks family used to make payments.

Auxiliary Apparatus:

Receipts for purchases or proof of monthly payments and maintenance expenses for auxiliary apparatus.

In the case where the person with disabilities is employed, a statement from the employer that the auxiliary apparatus is necessary for employment.

I. VERIFYING NON-FINANCIAL FACTORS

Verification of Legal Identity

In order to prevent program abuse, the PHA will require applicants to furnish verification of legal identity for all family members. The documents listed below will be considered acceptable verification of legal identity for adults. If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required.

* Certificates of Birth, naturalization papers
* Church issued baptismal certificates
* Current, valid Driver's license
* State Picture I.D.
* U.S. military discharge (DD 214)
* U.S. passports
* Voter's registration
* Company/agency Identification Card
* Department of Motor Vehicles Identification Card
* Hospital records

Documents considered acceptable for the verification of legal identity for minors may be one or more of the following:

* Certificates of Birth
* Adoption papers
* Custody agreement
* Health and Human Services ID
* School records

If Certificate of Birth cannot be obtained (non exists), a notarized certification must be provided.

Verification of Marital Status *Will be used to determine spouse for income, deduction and noncitizen purposes.*

Verification of divorce status will be a certified copy of the divorce decree, signed by a Court Officer.

Verification of a separation may be a copy of court-ordered maintenance, other records, or notarized affidavit.

Verification of marriage status is a marriage certificate.

Familial Relationships

Certification will normally be considered sufficient verification of family relationships. In cases where reasonable doubt exists, the family may be asked to provide verification.

The following verifications will always be required if applicable:

Verification of relationship:
- Official identification showing names
- Birth Certificates
- Baptismal certificates

Verification of guardianship is:
- Court-ordered assignment
- Affidavit of parent
- Verification from social services agency
- School records

Evidence of a stable family relationship:
- Joint bank accounts or other shared financial transactions
- Leases or other evidence of prior cohabitation
- Credit reports showing relationship

Verification of Permanent Absence of Adult Member

An adult member who was formerly in the household and is reported permanently absent by the family, the PHA will consider any of the following as verification:

Husband or wife institutes divorce action. Husband or wife institutes legal separation. An order of protection/restraining order exists against the other.

Proof of another home address, such as utility bills, canceled checks for rent, drivers license, or lease or rental agreement, if available.

Statements from other agencies such as social services or a written statement from the landlord or manager that the adult family member is no longer living at that location.

If the adult family member is incarcerated, a document from the Court or correction facility should be obtained stating how long they will be incarcerated.

If no other proof can be provided, the PHA may accept a self-certification from the family.

Verification of Change in Family Composition

The PHA may verify changes in family composition (either reported or unreported) **through letters, telephone calls, utility records, inspections, landlords, neighbors, credit data, school or DMV records, and other sources.**

Verification of Disability

Verification of disability must be receipt of SSI or SSA disability payments under Section 223 of the Social Security Act or 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act 42 U.S.C. 6001(7) or verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehab specialist, or licensed social worker, using the HUD language as the verification format.

Verification of Citizenship/Eligible Immigrant Status

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Individuals who are neither may elect not to contend their status. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare their status once. Assistance cannot be delayed, denied, or terminated while verification of status is pending except that assistance to applicants may be delayed while the PHA hearing is pending.

Citizens or Nationals of the United States are required to sign a declaration under penalty of perjury.

The PHA will require citizens to provide documentation of citizenship with at least one of the following original documents:

United States birth certificate
United States passport
Resident alien/registration card
Social Security card
or other appropriate documentation

Eligible Immigrants who were Participants and 62 or over on June 19, 1995, are required to sign a declaration of eligible immigration status and provide proof of age.

Noncitizens with eligible immigration status must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The PHA verifies the status through the INS SAVE system. If this primary verification fails to verify status, the PHA must request within ten days that the INS conduct a manual search.

Ineligible family members who do not claim to be citizens or eligible immigrants must be listed on a statement of ineligible family members signed by the head of household or spouse.

Noncitizen students on student visas are ineligible members even though they are in the country lawfully. They must provide their student visa but their status will not be verified and they do not sign a declaration but are listed on the statement of ineligible members.

Failure to Provide. If an applicant or participant family member fails to sign required declarations and consent forms or provide documents, as required, they must be listed as an ineligible member. If the entire family fails to provide and sign as required, the family may be denied or terminated for failure to provide required information.

Time of Verification

For applicants, verification of U.S. citizenship/eligible immigrant status occurs at the time of initial application.

The PHA will not provide assistance to any family prior to the affirmative establishment and verification of the eligibility of the individual or at least one member of the family.

The PHA will verify the U.S. citizenship/eligible immigration status of all participants no later than the date of the family's first annual reexamination following the enactment of the Quality Housing and Work Responsibility Act of 1998.

For family members added after other members have been verified, the verification occurs with the interim adding that member to the household.

Once verification has been completed for any covered program, it need not be repeated except that, in the case of port-in families, if the initial PHA does not supply the documents, the PHA must conduct the determination.

Extensions of Time to Provide Documents

The PHA **will** grant an extension of up to **30 days** for families to submit evidence of eligible immigrant status.

Acceptable Documents of Eligible Immigration

The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register.

Resident Alien Card (I-551)
Alien Registration Receipt Card (I-151)
Arrival-Departure Record (I-94)
Temporary Resident Card (I-688)
Employment Authorization Card (I-688B)
Receipt issued by the INS for issuance of replacement of any of the above documents that shows individual's entitlement has been verified

A birth certificate is not acceptable verification of status. All documents in connection with U.S. citizenship/eligible immigrant status must be kept five years.

The PHA will verify the eligibility of a family member at any time such eligibility is in question, without regard to the position of the family on the waiting list.

If the PHA determines that a family member has knowingly permitted another individual who is not eligible for assistance to reside permanently in the family's unit, the family's assistance will be terminated for **not less than 24 months**, unless the ineligible individual has already been considered in prorating the family's assistance.

Verification of Social Security Numbers

Social security numbers must be provided as a condition of eligibility **for all family members** if they have been issued a number. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration. If a family member cannot produce a Social Security Card, only the documents listed below showing his or her SS Number may be used for **temporary** verification:

Printout from Social Security Office showing person's SS number
A driver's license
Identification card issued by a Federal, State or local agency
Identification card issued by a medical insurance company or provider (including Medicare and Medicaid)
An identification card issued by an employer or trade union
An identification card issued by a medical insurance company
Earnings statements or payroll stubs
Bank Statements
IRS Form 1099
Benefit award letters from government agencies
Retirement benefit letter
Life insurance policies

Court records such as real estate, tax notices, marriage and divorce, judgment or bankruptcy records
Verification of benefits or SS Number from Social Security Administration

New family members will be required to produce their Social Security Card or provide the substitute documentation described above together with their certification that the substitute information provided is complete and accurate. This information is to be provided at the time the change in family composition is reported to the PHA.

If an applicant or participant is able to disclose the Social Security Number but cannot meet the documentation requirements, the applicant or participant must sign a certification to that effect provided by the PHA. The applicant/participant or family member will have an additional **60** days to provide proof of the Social Security Number. If they fail to provide this documentation, the family's assistance will be terminated.

In the case of an individual at least 62 years of age, the PHA may grant an extension for up to a total of 120 days. If, at the end of this time, the elderly individual has not provided documentation, the family's assistance will be terminated.

If the family member states they have not been issued a number, the family member will be required to sign a certification with reason to this effect.

Medical Need for Larger Unit

A written certification that a larger unit is necessary must be obtained from a reliable, knowledgeable medical professional.

J. VERIFICATION OF WAITING LIST PREFERENCES

LMHA has adopted the following local preferences:

Veteran's preference:

Must be current member of the U. S. Military/Naval Forces, veteran, or surviving spouse of a veteran.

The PHA will require U. S. Government documents which indicate that the applicant qualifies under the above definition.

Live/work within Lorain County (jurisdiction of the PHA) preference:

The PHA will accept any of the following verification: rent receipts, lease, utility bills, employer or agency records, school records, recently issued driver's license, business mail.

To verify the amount due to amortize the purchase price of a manufactured home, copies of the most recent payment receipts and purchase agreement.

Employed a minimum of 90 days preference:**

Families whose head and/or spouse is employed.

The PHA will require verification from the employer of start date.

****Elderly/disabled afforded this preference**

Disabled: Award letter or other proof of eligibility for Social Security Disability or Supplemental Security Income will be acceptable

Pay more than 50% of gross income toward rent and utilities

The PHA will require lease or 6 months rent receipts and utility payment printout from the utility company

Displace by government action

The PHA will require documentation from the source

Chapter 8

CERTIFICATE/VOUCHER ISSUANCE AND BRIEFINGS

INTRODUCTION

The PHA's goals and objectives are designed to assure that families selected to participate are equipped with the tools necessary to locate an acceptable housing unit. When families have been determined to be eligible, the PHA will conduct a mandatory briefing to ensure that families know how the program works. The briefing will provide a broad description of owner and family responsibilities, PHA procedures, and how to lease a unit. The family will also receive a briefing packet which provides more detailed information about the program including the benefits of moving outside areas of poverty and minority concerntration.

A. ISSUANCE OF VOUCHERS

When funding is available, the PHA will issue Vouchers to applicants whose eligibility has been determined. The number of Vouchers issued must ensure that the PHA stays as close as possible to 100% lease-up. The PHA performs a **monthly assessment** to determine whether applications can be processed, the number of Vouchers that can be issued, and to what extent the PHA can over issue (issue more Vouchers than the budget allows to achieve lease-up).

The PHA may over issue Vouchers only to the extent necessary to meet leasing goals. All Vouchers which are over issued must be honored. If the PHA finds it is over leased, it must adjust future issuance of Vouchers in order not to exceed the ACC. budget limitations over the fiscal year.

B. BRIEFING TYPES AND REQUIRED ATTENDANCE

Initial Applicant Briefing

A full HUD-required briefing will be conducted for applicant families who are determined to be eligible for assistance. The briefings will be conducted in **group meetings.** Families who attend group briefings and still have the need for individual assistance will be referred **to a member of the Section 8 Staff.**

Briefings will be conducted in English.

The purpose of the briefing is to explain how the program works and the documents in the Voucher holder's packet to families so that they are fully informed about the program. This will enable them to utilize the program to their advantage, and it will prepare them to discuss it with potential owners and property managers.

The PHA will not issue a Voucher to a family unless the household representative has attended a briefing and signed the Voucher. Applicants who provide prior notice of inability to attend a briefing will automatically be scheduled for the next briefing. Applicants who fail to attend **two (2)** scheduled briefings, without prior notification and approval of the PHA, may be denied admission based on failure to supply information needed for certification. The PHA will conduct individual briefings for families with disabilities at their home (when they are the only adult family member capable of attending the briefing), upon request by the family and, if required medical verification is submitted to prove this is a reasonable accommodation request.

Briefing Packet

The documents and information provided in the briefing packet for the Voucher program will comply with all HUD requirements. The family is provided with the following information and materials:

The term of the voucher, and the PHA policy for requesting extensions or suspensions (referred to as tolling) to the term of the voucher.

A description of the method used to calculate the housing assistance payment for family, including how the PHA determines the payment standard for a family; how the PHA determines total tenant payment for a family and information on the payment standard and utility allowance schedule. How the PHA determines the maximum allowable rent for an assisted unit including rent reasonableness.

Where the family may lease a unit.

For family that qualifies to lease a unit outside the PHA jurisdiction under portability procedures, the information must include an explanation of how portability works including a list of neighboring housing agencies, addresses & phone numbers.

The HUD required tenancy addendum, which must be included in the lease

The Request for Approval of Tenancy form and a description of the procedure for requesting approval of a unit.

A statement of the PHA policy on providing information about families to prospective owners.

The PHA subsidy standards including when and how exceptions are made **and how the voucher size relates to the unit size selected.**

The HUD brochure, **"A Good Place to Live" on how to select a unit that complies with HQS.**

The HUD brochure on lead-based paint entitled **"Protect Your Family from Lead in Your Home"**

Information on Federal, State, and Local equal opportunity laws and a copy of the housing discrimination complaint form. **The PHA will also include the pamphlet "Fair Housing: It's Your Right."**

A list of landlords **and known units available** for the voucher issued. **The list includes landlords and units available throughout Lorain County as LMHA is advised of availability and updated every 2 to 3 weeks.**

If the family includes a person with disabilities, notice that the PHA will help in referring the family to agencies and landlords who may assist in locating accessible units.

The Family Obligations under the program.

The grounds on which the PHA may terminate assistance for a participant because of family action or failure to act.

PHA informal hearing procedures, when the PHA is required to offer the opportunity for informal hearing to participants, and how to request such.

Owner's responsibilities.

Procedures for notifying the PHA of program abuses such as side payments, extra charges, violations of tenant rights, and owner failure to repair.

Requirements for reporting changes between certifications.

Information regarding security deposits and legal referral services.

Information regarding the PHA's outreach program to assist families who are interested in or experiencing difficulty in obtaining available units in areas outside of minority concentrated locations

Information to be Provided at the Briefing

The person conducting the briefing will describe how the program works and emphasize the following:

Relationships between the family and the owner, the family and the PHA, and the PHA and the owner.

Family responsibilities as a program participant

Where a family may lease a unit inside and outside its jurisdiction

How portability works for families eligible to exercise portability

Advantages to moving to area with low concentration of poor families if family is living in a high poverty census tract in the PHA's jurisdiction

Exercising choice in residency

Choosing a unit carefully and only after due consideration.

The Family Self Sufficiency program and its advantages.

If the family includes a person with disabilities, the PHA will ensure compliance with CFR 8.6 to ensure effective communication.

Move Briefing

For a participant who wishes to be reissued a Voucher to move, the family will be required to complete recertification forms, sign a 30-day notice of intent to move, and have income re-verified. The Occupancy Specialist assigned to the family's part of the alphabet will conduct the one-on-one briefing.

Owner Briefing

To assure successful owner participation in the program, new owners are encouraged to attend a one-on-one briefing prior to signing the HAP Contract. The Section 8 Manager speaks annually at the local landlords' association meeting with open invitation to new, existing, and prospective landlords. Section 8 staff is versed on how to give prospective and new landlords information to create interest and participation in the program.

Owners are encouraged to come to the Section 8 office to sign documents so information may be discussed. When owners insist on contracts being mailed, they are informed to contact us with any questions or concerns before returning the signed contract.

Interested owners who request to sit in on scheduled family briefings to obtain information about the Voucher program will be allowed to do so.

C. ENCOURAGING PARTICIPATION IN AREAS WITHOUT LOW INCOME OR MINORITY CONCENTRATION

At the briefing, families are encouraged to search for housing in non-impacted areas and the PHA will provide assistance to families who wish to do so.

The assistance provided to such families may include:

Counseling with the family on "how-to"
Direct contact with known landlords
Search record form to gather and record information
Providing information about services in various non-impacted areas
Outreach to city and town hall personnel to promote understanding
Informal discussions with landlord groups
Informal discussions with social service agencies
Meeting with rental referral companies or agencies
Meeting with fair housing groups or agencies

D. ASSISTANCE TO FAMILIES WHO CLAIM DISCRIMINATION

Fair Housing Laws

The PHA provides the family with the HUD discrimination complaint form. The family will also be directed to the Lorain County Urban League to file complaints.

E. SECURITY DEPOSIT REQUIREMENTS

The owner is not required to but may collect a security deposit from the tenant. Security deposits charged to families may be any amount the owner wishes to charge, **subject to the following conditions:**

> **Security deposits charged by owners may not exceed those charged to unassisted tenants (nor the maximum prescribed by State or local law.)**
>
> **The majority of Lorain County homeowners require 1 month's rent or less**

Responsibility for first and last month's rent is not considered a security deposit issue.

F. TERM OF VOUCHER

During the briefing session, each household will be issued a voucher which represents a contractual agreement between the PHA and the Family specifying the rights and responsibilities of each party. It does not constitute admission to the program which occurs when the lease and contract become effective.

Expirations

The Voucher is valid for a period of sixty calendar days from the date of issuance. The family must submit a Request for Lease Approval within the sixty-day period unless an extension has been granted by the PHA.

If the Voucher has expired, and has not been extended by the PHA or expires after an extension, the family will be denied assistance. The family will not be entitled to a review or hearing. If the family is currently assisted, they may remain as a participant in their unit if there is an assisted lease/contract in effect.

Extensions

A family may request an extension of the Voucher time period up to a maximum of 120 days. All requests for extensions must be received prior to the expiration date of the Voucher. Extensions are permissible at the discretion of the PHA primarily for these reasons:

Extenuating circumstances such as hospitalization or a family emergency, for an extended period of time, which has affected the family's ability to find a unit within the initial sixty-day period. Verification is required.

The PHA is satisfied that the family has made a reasonable effort to locate a unit, including seeking the assistance of the PHA, throughout the initial sixty-day period. A completed search record may be required.

The family was prevented from finding a unit due to disability accessibility requirements or large size (4-5 bedrooms) unit requirement. The search record may be part of the required verification.

Suspensions (tolling)

When the PHA has granted the maximum 120-day term to a Voucher holder, and the last received Request for Lease Approval has failed to produce a HAP Contract:
due to the OWNER'S noncompliance with:
requirements by the PHA
refusal to bring the unit up to HQS standards,or
the owner's decision to not rent to the holder,
the PHA may deduct the number of days required to process the request from the 120-day term.

This does not apply to situations caused because the tenant changes their mind.

Assistance to Voucher Holders

Families who require additional assistance during their search may call the PHA Office to request assistance. Voucher holders will be notified at their briefing session that the PHA periodically updates the listing of available units and how the updated list may be obtained.

The PHA will assist families with negotiations with owners and provide other assistance related to the families' search for housing.

After the first 60 days of the search, the family may be required to maintain a search record and report to the PHA every 15 to 30 days.

G. VOUCHER ISSUANCE DETERMINATION FOR SPLIT HOUSEHOLDS

In those instances when a family assisted under the Section 8 program becomes divided into two otherwise eligible families due to divorce, legal separation, or the division of the family, and the new families cannot agree as to which new family unit should continue to receive the assistance, and there is no determination by a court, the PHA will consider the following factors to determine which of the families will continue to be assisted:

Which of the two new family units has custody of dependent children.

Which of the two new family units has elderly or disabled members.

Whether domestic violence was involved in the breakup.

Which family members remain in the unit.

Recommendations of social service professionals.

Head of household when the Voucher was initially issued.

Documentation of these factors will be the responsibility of the requesting parties.
If documentation is not provided, the PHA will terminate assistance on the basis of failure to provide information necessary for a final application or recertification.

A reduction in family size may require a reduction in the voucher family unit size.

H. REMAINING MEMBER OF FAMILY TO RETAIN VOUCHER

To be considered the remaining member of the tenant family, the person must have been previously approved by the PHA to be living in the unit.

A live-in attendant, by definition, is not a member of the family and will not be considered a remaining member of the Family.

In order for a minor child to continue to receive assistance as a remaining family member:

The court has to have awarded emancipated minor status to the minor, OR

The PHA has to have verified that social services and/or the Juvenile Court hs arranged for another adult to be brought into the assisted unit to care for the child(ren) for an indefinite period.

A reduction in family size may require a reduction in the voucher family size.

Chapter 9

REQUEST FOR LEASE APPROVAL AND CONTRACT EXECUTION

INTRODUCTION

The PHA's program operations are designed to utilize available resources in a manner that is efficient and provides eligible families timely assistance based on the number of units that have been budgeted. The PHA's objectives include maximizing HUD funds by providing assistance to as many eligible families and for as many eligible units as the budget will allow.

After families are issued a Voucher, they may search for a unit anywhere within the jurisdiction of the PHA, or outside of the PHA's jurisdiction if they qualify for portability. The family must find an eligible unit under the program rules, with an owner/landlord who is willing to enter into a Housing Assistance Payments Contract with the PHA. This Chapter defines the types of eligible housing, the PHA's policies which pertain to initial inspections, lease requirements, owner disapproval, and the processing of Requests For Tenancy Approval (RFTA), previously known as RFLA.

A. REQUEST FOR APPROVAL OF TENANCY

The Request for Tenancy Approval (RFTA) *and a copy of the proposed Lease* must be submitted by the family during the term of the voucher. The family must submit the Request for Tenancy Approval in the form and manner required by the PHA.

The Request for Tenancy Approval must be signed by both the owner and Voucher holder. **The PHA will not permit the family to submit more than one RFTA at a time.** The PHA will review the document(s) to determine whether or not they are approvable. The Request will be approved if:

The unit is an eligible type of housing.

The unit meets HUD's Housing Quality Standards (and any additional criteria as identified in this Administrative Plan).

The rent is reasonable.

The security deposit is approvable in accordance with this plan.

The proposed lease complies with HUD and PHA requirements

The owner is approvable, and there are no conflicts of interest.

In addition to the above, at the time a family initially receives assistance in a unit (new admissions and moves), the family share of the rent may not exceed 40 percent of the family monthly adjusted income. (See "Owner Rents, Rent Reasonableness and Payment Standards" chapter of this Plan)

Disapproval of RFTA

If the PHA determines that the Request cannot be approved for any reason, the PHA will contact the landlord/family to advise of the steps that are necessary for approval (by phone or in writing) so as to proceed with the process.

When, for any reason, an RFTA is not approved, the PHA will send a written notice of disapproval to the owner and family. If time remains on the family's Voucher, the family will be issued another RFTA form to continue their search for eligible housing.

B. ELIGIBLE TYPES OF HOUSING

The PHA will approve any of the following types of housing in the Voucher program:

All structure types can be utilized.

Manufactured homes where the tenant leases the mobile home and the pad.

Manufactured homes where the tenant owns the home and leases the pad

Independent Group Residences.
Units owned (but not subsidized) by the PHA (following HUD-prescribed requirements).

A family can own a rental unit but cannot reside in it while being assisted, except in the case when the tenant owns the mobile home and leases the pad. A family may lease in and have an interest in a cooperative housing development.

The PHA may not permit a Voucher holder to lease a unit which is receiving Project-Based Section 8 assistance or any duplicative rental subsidies.

C. LEASE REVIEW

The PHA offers a standard lease, attached tenancy addendum, and the Lead Warning Statement form. The PHA will review any other submitted lease, particularly noting the approvability of optional charges and compliance with regulations and state and local law. Responsibility for utilities, appliances and optional services must correspond to those provided on the Request for Tenancy Approval.

The family and owner must submit a blank standard form of lease used in the locality by the owner and that is generally used for other unassisted tenants in the premises. The terms and conditions of the lease must be consistent with state and local law. This lease must be submitted with the RFTA.

The lease must have areas to specify:

The names of the owner and tenant

The address of the unit rented (including apartment number, if any)

The amount of the monthly rent to owner

The utilities to be paid for by the owner

The appliances to be supplied by the owner

The utilities to be paid for by the tenant

The appliances to be supplied by the tenant

The HUD prescribed tenancy addendum must be included in the lease, word-for-word, before the lease is executed.

Effective September 15, 2000, the owner's lease must include the Lead Warning Statement and disclosure information required by the Code of Federal Regulations.

The lease must provide that drug-related criminal activity engaged in by the tenant, any household member, or any guest on or near the premises, or any person under the tenant's control on the premises is grounds to terminate the tenancy.

The lease must also provide that the owner may evict the family when the owner determines that:

Any household member is illegally using a drug; or

A pattern of illegal use of drugs by any household member interferes with the health, safety or right to peaceful enjoyment of the premises by other residents.

The lease must provide that the following types of criminal activity by a "covered person" are grounds to terminate tenancy when there is any:

criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises by other residents; or

criminal activity that threatens the health, safety or right to peaceful enjoyment of their residences by persons residing in the immediate vicinity of the premises; or

violent criminal activity on/near the premises by a tenant, family member, or guest; or

violent criminal activity by any other person under the tenant's control.

The lease must provide that the owner may terminate tenancy if a tenant is:

Fleeing to avoid prosecution or custody or confinement after conviction for a crime, or attempt to commit a crime that is a felony under the laws of the place from which the individual flees; or

Violating a condition of probation or parole imposed under Federal or State law.

House Rules of the owner may be attached to the lease as an addendum, provided they are approved, IN ADVANCE, by the PHA to ensure they do not violate any fair housing provisions and do not conflict with the tenancy addendum.

Actions Before Lease Term

All of the following must always be completed **before the beginning of the initial term of the lease for a unit:**

The PHA has inspected the unit and has determined that the unit meets HQS;

The PHA has determined that the rent charged by the owner is reasonable;

The landlord and the tenant execute the lease including the HUD-prescribed tenancy addendum;

The PHA has approved leasing of the unit in accordance with program requirements;

When the gross rent exceeds the applicable payment standard for the family, the PHA must determine that the family share (total family contribution) will not be more than 40% of the family's monthly adjusted income;

The owner and tenant agree they may not and will not make any additional side agreements without the prior consent of the PHA.

D, SEPARATE AGREEMENTS

Separate agreements are not necessarily illegal side agreements. Families and owners will be advised of the prohibition of illegal side payments for additional rent, or for items normally included in the rent of unassisted families, or for items not shown on the approved lease.

The family is not liable under the lease for unpaid charges for items covered by separate agreements, and nonpayment of these agreements cannot be cause for eviction.

Owners and families may execute separate agreements for services, appliances (other than range and refrigerator) and other items that are not included in the lease if the agreement is in writing and approved by the PHA.

Any appliances, services or other items which are routinely provided to unassisted families as part of the lease (such as air conditioning, dishwasher or garage) or are permanently installed in the unit, cannot be put under separate agreement and must be included in the lease. For there to be a separate agreement, the family must have the option of not utilizing the service, appliance or other item.

If the family and owner have come to a written agreement on the amount of allowable charges for a specific item, so long as those charges are reasonable, and not a substitute for higher rent, they will be allowed.

All agreements for special items or services must be attached to the lease approved by the PHA. If agreements are entered into at a later date, they must be approved by the PHA and attached to the lease.

The PHA will not approve separate agreements for modifications to the unit for persons with disabilities. The modifications are usually with the dwelling and are critical to the use of the dwelling.

E. INITIAL INSPECTIONS

See "Housing Quality Standards and Inspections" chapter

F. RENT LIMITATIONS

The PHA will make a determination as to the reasonableness of the proposed rent in relation to comparable units available for lease on the private unassisted market, and the rent charged by the owner for a comparable unassisted unit in the building or premises.

By accepting each monthly housing assistance payment from the PHA, the owner certifies that the rent to owner is not more than rent charged by the owner for comparable unassisted units in the premises or elsewhere. The owner is required to provide the PHA with information requested on rents charged by the owner on the premises or elsewhere.

At all times during the tenancy, the rent to owner may not be more than the most current reasonable rent as determined by the PHA.

G. DISAPPROVAL OF PROPOSED RENT

In any of the programs, if the proposed Gross Rent is not reasonable, at the family's request, the PHA will negotiate with the owner to reduce the rent to a reasonable rent.

If the rent is not affordable because the family share would be more than 40% of the family's monthly adjusted income, the PHA will negotiate with the owner to reduce the rent to an affordable rent for the family.

At the family's request, the PHA will negotiate with the owner to reduce the rent or include some or all of the utilities in the rent to the owner.

If the rent can be approved after negotiations with the owner, the PHA will continue processing the Request for Teancy Approval and Lease. If the revised rent involves a change in the provision of utilities, a new Request for Tenancy Approval must be submitted by the owner and tenant.

If the owner does not agree on the Rent to Owner after the PHA has tried and failed to negotiate a revised rent, the PHA will inform the family and owner that the lease is disapproved.

H. INFORMATION TO OWNERS

In accordance with HUD requirements, the PHA will furnish prospective owners with the family's current address as shown in the PHA's records, and if known to the PHA, the name and address of the landlord at the family's current and prior address.

The PHA will make an exception to this requirement if the family's whereabouts must be protected due to domestic abuse or witness protection.

The PHA will inform owners that it is the responsibility of the landlord to determine the suitability of prospective tenants. Owners **will be** encouraged to screen applicants for rent payment history, payment of utility bills, eviction history, damage to units, respecting the rights of other residents, drug-related criminal activity or other criminal activity that is a threat to the health, safety, or property of others, and compliance with other essential conditions of tenancy.

A statement of the PHA's policy on release of information to prospective landlords will be included in the briefing packet which is provided to the family.

The PHA will provide prospective owners the following information based on documentation in its possession IF THE OWNER SUBMITS A SIGNED CONSENT FORM FROM THE TENANT:

Eviction history
HQS violations by family
Drug Trafficking by family members

The information will be provided for the last three (3) years, if available. The information will be provided orally. Only the Section 8 Occupancy Specialists, Assistant Managers, Section 8 Manager, or Executive Staff may provide this information.

I. OWNER DISAPPROVAL

See chapter on "Owner Disapproval and Restriction."

J. CHANGE IN TOTAL TENANT PAYMENT (TTP) PRIOR TO HAP EFFECTIVE DATE

When the family reports any changes in factors that will affect the Total Family Share prior to the effective date of the HAP contract at admission, the information will be verified and the Total Family Share will be recalculated. If the family does not report any change, the PHA need not obtain new verifications before signing the HAP Contract, even if verifications are more than 60 days old.

K. CONTRACT EXECUTION PROCESS

The PHA prepares the Housing Assistance Contract and lease for execution. The family and the owner will execute the Lease agreement, and the owner and the PHA will execute the HAP Contract. **The Section 8 Manager or Assistant Manager will execute the contract on behalf of the PHA.** Copies of the documents will be furnished to the parties who signed the respective documents. The PHA will retain a copy of all signed documents.

The HAP Contract **may not** be executed more than 60 days after commencement of the lease term and no payments will be made until the contract is executed.

Owners must provide the current address of their residence. (Post Office Box, for mailing purposes only, is in addition to the residence address). The owner must provide a business or home telephone number.

Owners must provide an Employer Identification Number or Social Security Number.

Owners must also submit proof of ownership of the property, such as a Grant Deed or Tax Bill, and a copy of the Management Agreement if the property is managed by a management agent, upon request by the PHA.

Unless the lease was effective prior to June 17, 1998, a family may not lease properties owned by a parent, child, grandparent, grandchild, sister or brother **of any family member**. The PHA will waive this restriction as a reasonable accommodation for a family member who is a person with a disability, providing the home is such that it would best meet the needs for the disability requirements over other private market units. Under no circumstances may the owner reside in the unit.

Allowances by the Quality Housing and Work Responsibility Act (QHWRA)

The QHWRA made permanent the 90-day owner termination and endless lease requirements. PHAs are no longer limited to the use of the endless lease, exclusively. Owners can now choose from the following options, **but the initial term must still be at least 12 months:**

Elect to have an indefinite extension of the initial term (the endless lease). This option allows that the owner can only terminate tenancy during the term of the lease by instituting a court action; or

They can elect fixed, definite extensions of the initial term, such as month-to-month or year-to-year. This option allows that the owner can terminate tenancy without cause at the end of the initial term or any subsequent term.

HOWEVER, this legislation permits the PHA to approve a shorter initial lease term, if the PHA determines that:

Such shorter term would improve housing opportunities for the tenant, AND

Such shorter term is the prevailing local market practice.

L. CHANGE IN OWNERSHIP

See "Owner Disapproval and Restriction" chapter.

Chapter 10

HOUSING QUALITY STANDARDS AND INSPECTIONS

INTRODUCTION

Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. HQS standards are required both at initial occupancy and during the term of the lease. HQS standards apply to the building and premises, as well as the unit. Newly leased units must pass the HQS inspection before the beginning date of the assisted lease and HAP contract.

The PHA will inspect each unit under contract at least annually. The PHA will also have an inspection supervisor perform quality control inspections on the number of files required for file sampling by SEMAP annually to maintain the PHA's required standards and to assure consistency in the PHA's program. This Chapter describes the PHA's procedures for performing HQS and other types of inspections, and standards for the timeliness of repairs. It also explains the responsibilities of the owner and family, and the consequences of noncompliance with HQS requirements for both families and owners. The use of the term HQS in this Administrative Plan refers to the combination of both HUD and PHA requirements. (See additions to the HQS under "Acceptability Criteria and Exceptions to HQS" later in this chapter.)

A. GUIDELINES/TYPES OF INSPECTIONS

The PHA has adopted local requirements of acceptability in addition to those mandated by the HUD Regulations.

Efforts will be made at all times to encourage owners to provide housing above HQS minimum standards. The PHA will not promote any additional acceptability criterion which is likely to adversely affect the health or safety of participant families, or severely restrict housing choice.

All utilities must be in service prior to the inspection. If the utilities are not in service at the time of inspection, the owner/tenant will be notified to have utilities turned on and that the unit cannot pass inspection until service is connected and the unit reinspected.

If the tenant is responsible for supplying the stove and/or refrigerator, the PHA will allow the stove and refrigerator to be placed in the unit after the unit has passed all other HQS. The family must have the appliances in place within 2 weeks of the inconclusive pass date or the lease effective date. Failure to supply the appliances is a violation of the family obligations and could result in termination. Extensions may be given to work with social service agencies giving assistance to obtain the appliance(s). The PHA will conduct a reinspection.

There are four types of inspections the PHA will perform:

1. Initial/Move-in: Conducted upon receipt of Request For Tenancy Approval
2. Annual: Must be conducted within 12 months of the **of last annual inspection**
3. Special/Complaint: At request of family, owner, an agency, or third-party
4. Quality Control

B. INITIAL HQS INSPECTION

Timely Initial HQS Inspection

The PHA will inspect the unit, determine whether the unit satisfies the HQS and notify the family and owner of the determination within **15 days** after the family and the owner have submitted a request for tenancy approval. The same **15**-day clock will be suspended during any period when the unit is not available for inspection.

The PHA will **contact the owner or tenant to obtain an inspection date when the RFAT is received and note this "date unit available for inspection" on the inspection book.** This date will determine whether the PHA will be able to meet the 15-day standard, or whether a suspension is required.

The PHA will make every reasonable effort to conduct initial HQS inspections for the family and owner in a manner that is time efficient and indicative of good customer service. The PHA will periodically review the average time required for a family and owner to have a unit inspected from the time the RFTA is submitted by the family and owner to the PHA. If the PHA determines that the average time is longer than 15 days, the PHA will review staffing needs relevant to HQS inspections.

The Initial Inspection will be conducted to:

Determine if the unit and property meet the HQS defined in this Plan.

Document the current condition of the unit as to assist in future evaluations whether the condition of the unit exceeds normal wear and tear.

Document the information to be used for determination of rent reasonableness.

If the unit fails the initial Housing Quality Standards inspection, the owner and family will be advised to notify the PHA once repairs are completed.

On an initial inspection, the owner will be given up to 14 days to correct the items noted as Fail. Depending on the amount and complexity of the work to be done, the owner will be allowed up to 30 days for repair work to be completed if an extension is requested.

If the time period given to correct the repairs has elapsed, a void letter will be sent to the owner and family. The family will be issued another RFTA.

C. ANNUAL HQS INSPECTIONS

The PHA conducts an inspection in accordance with Housing Quality Standards at least annually. **The PHA schedules annual inspections 60 - 90 days prior to the annual review date,** so that the inspections are conducted at least annually as required by SEMAP. **The tenant's annual review date is the initial date of the HAP contract.**

HQS deficiencies which cause a unit to fail must be corrected by the landlord unless it is a fail for which the tenant is responsible.

The family must allow the PHA to inspect the unit at reasonable times with reasonable notice. [24 CFR 982.51]

Inspections will be conducted on business days only. Reasonable hours to conduct an inspection are between 8:00 a.m. to 4:00 p.m.

The PHA will notify the family in writing 10 days prior to the inspection. If the family is unable to be present, they must reschedule the appointment so that the inspection is completed within 7 business days.

If the family does not contact the PHA to reschedule the inspection, or if the family misses two inspection appointments, the PHA will consider the family to have violated family obligations and their assistance will be terminated in accordance with the termination procedures of this Plan.

Reinspection: **When the PHA is notified repairs are completed, the family is provided a re-inspection appointment either by phone or mail.** If the family is not at home for the reinspection appointment, a card will be left at the unit to contact the PHA for another appointment. Two missed appointments is cause for termination of participation. A final notice letter will be sent to the owner and tenant advising of abatement (owner repairs) or termination (tenant repairs).

Time Standards for Repairs

Emergency items which endanger the family's health or safety must be corrected within 24 hours of notification. (See Emergency Repair Items section in this chapter.)

For non-emergency items, repairs must be made within 30 days.

For major repairs, the Section 8 Manager or Assistant Manager must approve an extension beyond 30 days.

Rent Increases

Rent to owner increases may not be approved if the unit is in a failed condition.

D. SPECIAL/COMPLAINT INSPECTIONS

If at any time the family or owner notifies the PHA that the unit does not meet Housing Quality Standards, the PHA will conduct an inspection. **The PHA may also conduct a special inspection based on information from third parties such as neighbors or public officials.**

The PHA will inspect only the items which were reported, but if the Inspector notices additional deficiencies that would cause the unit to fail HQS, the responsible party will be required to make the necessary repairs.

E. QUALITY CONTROL INSPECTIONS

Quality Control inspections will be performed by the **Section 8 manager or other supervisory personnel** on the number of files required by SEMAP. The purpose of Quality Control inspections is to ascertain that each inspector is conducting accurate and complete inspections, and to ensure that there is consistency among inspectors in application of the HQS.

The sampling of files will include recently completed inspections (within the prior 3 months), a cross-section of neighborhoods, and a cross-section of inspectors.

SEMAP RATE: published in the Federal Register 1/26/99

Universe	Minimum number of sampled files
50 or less	5
51 - 600	5 + 1 for each 50 or part of 50 over 50
601-2000	16 plus 1 for each 100 or part of 100 over 600
over 2000	30 plus 1 for each 200 or part of 200 over 2000

F. ACCEPTABILITY CRITERIA AND EXCEPTIONS TO HQS

The PHA adheres to the acceptability criteria in the program regulations, **local codes and the additions described below.**

Additions to HQS: (additional criteria established to strengthen the HQS requirements)

Walls:

In areas where plaster or drywall is sagging, severely cracked or otherwise damaged, it must be repaired or replaced.

Any exterior or interior surfaces with peeling or chipping paint over the deminimus requirements under the lead based paint regulations, must be scraped and painted with two coats of unleaded paint or other suitable material in units built prior to 1978.

All walls in a tub or shower area must be covered with ceramic tile or other material that is impervious to water to prevent water damage.

Windows:

All window sashes must be in good condition, solid and intact, and fit properly in the window frame. Damaged or deteriorated sashes must be replaced. Windows must be weatherstripped as needed to ensure a watertight seal.

There must be one properly fitting screen in good condition per habitable room with openable window(s) (HUD approved 9/9/83).

Doors:

All exterior doors must be weather tight to avoid any air or water infiltration, have no holes, have all trim intact, and have a threshold.

All interior doors must have no large holes, have all trim intact, and operable door knobs.

Floors:

All floors must be in a finished state (no plywood). All wood floors having loose or warped boards, must be re-secured and made level. All floors should have some type of base shoe, trim or sealing for a "finished look."

Bathrooms:

All worn or cracked toilet seats and tank lids must be replaced and fit properly.

All sinks must have proper p traps, functioning stoppers and faucets.

Security:

If window security bars or security screens are present on an emergency exit window, they must be equipped with a quick release system. The owner is responsible for ensuring that the family is instructed on the use of the quick release system.

Smoke Detectors:

Owners are responsible for providing, replacing, and maintaining smoke detectors.

Tenants are responsible for replacing batteries within the smoke detectors and are instructed not to remove batteries. Tenants are also responsible for replacing smoke detectors when damage has occurred by tampering.

Bedrooms:

A bedroom must have a floor area of not less than 70 square feet, and every room occupied for sleeping purposes by more than one person will contain at least 50 square feet of floor area for each additional occupant thereof.

In cases where a slope ceiling exists over all or part of the room, with a clear ceiling height of at least 7 feet over not less than one-third of the required minimum floor area. In calculating the floor area of such rooms, only those portions of the floor area with a clear ceiling height of 5 feet or more will be included.

Bedrooms in basements or lower levels:

The ceilings of such rooms will be in every part at least 3'6" above the surface of the street or ground outside of or adjoining the same.

There will be appurtenant to such room the use of a toilet compartment, which is properly vented to outside air.

Such room will have one or more window openings of not less than 10% of floor area, exclusive of sash frames, and will open readily to the street or yard for purposes of ventilation. (ex: a 10 x 12 room = 120 sq. ft. and requires window glass to measure at least 12 sq. ft.)

The floors and walls will be waterproof and damp-proof in accordance with an approved method if in contact with earth. Such waterproofing will be between the floor and wall finish and the ground.

No dwelling or dwelling unit containing two or more bedrooms - sleeping rooms will have such rooms arranged that access to a bathroom or toilet compartment, intended for use by occupants of more than one sleeping room, can be had only by going through another sleeping room.

Nor will room arrangements be such that access to a sleeping room can be had only by going through another sleeping room, bathroom or toilet compartment.

Modifications for a person with a disability

Modifications or adaptations to a unit due to a disability must meet all applicable HQS and building codes.

Extension for repair items not required by HQS will be granted for modifications/adaptations to the unit if agreed to by the tenant and landlord. The PHA will allow execution of the HAP contract if unit meets all requirements and the modifications do not affect the livability of the unit.

G. EMERGENCY REPAIR

The following items are considered of an emergency nature and corrective action must be pursued the owner or tenant (whoever is responsible) within 24 hours of notice by the PHA:

Lack of security for the unit
Waterlogged ceiling in imminent danger of falling
Major plumbing leaks or flooding
Natural gas leak or fumes
Electrical problem which could result in shock or fire
No heat
Utilities not in service
No running hot water
Broken glass where someone could be injured
Obstacle which prevents tenant's entrance or exit
Lack of functioning toilet

The PHA must be contacted on receipt of the notice and apprised of the action that will be taken. Repairs are expected to be completed within 24 hours. If the repair requires a service company or parts which would extend the time needed, the owner or tenant must contact the PHA immediately to receive an extension of time to repair.

In those cases where there is leaking gas or potential of fire or other threat to public safety, and the responsible party cannot be notified or it is impossible to effect the repair, the tenant will be instructed to contact proper agencies (fire department, gas company, etc.)

If the emergency repair item(s) is/are not corrected in the time period required by the PHA, and the owner is responsible, the housing assistance payment will be abated and the HAP contract will be terminated.

If the emergency repair item(s) is/are not corrected in the time period required by the PHA, and it is an HQS breach which is a family obligation, the PHA will terminate the assistance to the family.

Smoke detectors

If the PHA determines that the family has purposely disconnected the smoke detector (by removing batteries or other means), the PHA will hold the tenant responsible for the HQS violation. Future violations will constitute termination from the program.

H. CONSEQUENCES IF OWNER IS RESPONSIBLE (NON-EMERGENCY ITEMS

When it has been determined that a unit on the program fails to meet Housing Quality Standards, and the owner is responsible for completing the necessary repair(s) in the time period specified by the PHA, the assistance payment to the owner will be **abated**.

Abatement

A Notice of Abatement will be sent to the owner, and the abatement will be effective on the first day of the next month following the month the repairs were to be completed. The notice is generally for **30** days, depending on the nature of the repair(s) needed.

The PHA will make an effort to reinspect abated units within **7 business** days of the owner's or tenant's notification that the work has been completed.

If the owner makes repairs after the abatement effective date, but during the abatement period (30 days), payment will resume on the day the unit passes inspection.

The family will be notified of the reinspection date. The participant may be terminated from the program for failure to allow the repairs to be made by the owner or the owner's representative(s) or failure to allow the reinspection of the unit in a timely manner.

No retroactive payments will be made to the owner for the period of time the rent was abated and the unit did not comply with HQS. **The notice of abatement states that the tenant is not responsible for the PHA's portion of rent that is abated.**

Extensions in lieu of abatement

The PHA will grant an extension in lieu of abatement in the following cases:

The owner has a good history of HQS compliance.

The failed items are minor in nature.

There is an unavoidable delay in completing repairs due to difficulties in obtaining parts or contracting for services.

The owner makes a good faith effort to make the repairs.

The repairs are expensive (such as exterior painting or roof repair) and the owner needs time to obtain the funds.

The repairs must be delayed due to climate conditions.

The owner provides receipts from business or contractor showing the work is to be completed with an anticipated date of completion.

The extension may be made for a period of time considered reasonable for completion, usually 30 days beyond the original 30 days given. At the end of that time, at the PHA's discretion, if the work is not completed or substantially completed, the PHA will begin the abatement.

The PHA may grant an extension for exterior scraping and painting during winter months or to work with contractors schedules providing there is no hazard existing for family.

Termination of Contract

If the owner is responsible for repairs, and fails to correct all the deficiencies cited prior to the end of the abatement period, the owner will be sent a notice of impending HAP Contract termination. Prior to the effective date of the termination, the abatement will remain in effect.

If repairs are completed before the effective termination date, the termination **will** be rescinded by the PHA if the tenant chooses to remain in the unit. Only **one** Housing Quality Standards inspection will be conducted after the termination notice is issued.

I. DETERMINATION OF RESPONSIBILITY

Certain HQS deficiencies are considered the responsibility of the family:

Tenant-paid utilities not in service.

Failure to provide or maintain family-supplied appliances.

Damage to the unit or premises caused by a household member or guest beyond normal wear and tear.

"Normal wear and tear" is defined as items which could be charged against the tenant's security deposit under state law or court practice.

The owner is responsible for all other HQS violations.

The owner is responsible for vermin infestation even if caused by the family's living habits. However, if such infestation is serious and repeated, it may be considered a lease violation and the owner may evict for serious or repeated violation of the lease. The PHA may terminate the family's assistance on that basis.

The inspector will make a determination of owner or family responsibility during the inspection. The owner or tenant may appeal this determination to the PHA within 7 business days of the inspection.

If the family is responsible but the owner carries out the repairs, the owner will be encouraged to bill the family for the cost of the repairs and submit a copy to the PHA for the family's file.

J. CONSEQUENCES IF FAMILY IS RESPONSIBLE

If emergency or non-emergency violations of HQS are determined to be the responsibility of the family, the PHA will require the family make any repair(s) or corrections within **24 hours for emergency and 30** days for non-emergency violations (same as for owners). If the repair(s) or correction(s) is/are not made in this time period, the PHA will terminate assistance to the family. Extensions in these cases must be approved by **PHA** prior to the deadline for completion of repairs. The owner's rent will not be abated for items which are the family's responsibility.

If the tenant is responsible and corrections are not made, the HAP Contract will terminate when assistance is terminated.

Chapter 11

OWNER RENTS, RENT REASONABLENESS, AND PAYMENT STANDARDS

INTRODUCTION

The PHA will determine rent reasonableness in accordance with the 24 CFR and HUD notices. It is the PHA's responsibility to ensure that the rents charged by owners are reasonable based upon unassisted comparables in the rental market.

This Chapter explains the PHA's procedures for determination of rent reasonableness, payments to owners, adjustments to the Payment Standards, and rent adjustments.

A. RENT TO OWNER IN THE HOUSING CHOICE VOUCHER PROGRAM (EVO

The rent to owner is limited only by rent reasonableness. The PHA must demonstrate that the rent to owner is reasonable in comparison to rent for other comparable unassisted units.

The only other limitation on rent to owner is the maximum rent standard at initial occupancy. At the time a family initially receives tenant-based assistance for occupancy of a dwelling unit, whether it is a new admission or a move to a different unit, the family share may not exceed 40 percent of the family's monthly adjusted income.

During the initial term of the lease, the owner may not raise the rent to owner.

B. MAKING PAYMENTS TO OWNERS

Once the HAP Contract is executed, the PHA begins processing payments to the landlord. The effective date and the amount of the PHA payment are **entered into the computer HAP processing.** A HAP Register will be used as a basis for monitoring the accuracy and timeliness of payments. Changes are made **automatically** to the HAP Register for the following month. Checks are disbursed by the **Accounting Department** to the owner each month. Checks that are not received will not be replaced until a written request has been received from the payee and a stop payment has been put on the check.

Excess Payments

The total of rent paid by the tenant plus the PHA housing assistance payment to the owner may not be more than the rent to owner. The owner must immediately return any excess payment to the PHA. Owners who do not return excess payments will be subject to penalties as outlined in the "Owner or Family Debts to the PHA" chapter of this Plan.

Late Payments to Owners

It is a local business practice in Lorain County for property managers and owners to charge tenants a reasonable late fee for rents not received by the owner or property manager by the due date, not withstanding any grace period which is typically 7 - 10 days past the first of the month.

Therefore, in keeping with generally accepted practices in the local housing market, the PHA must make housing assistance payments to the owner promptly and in accordance with the HAP contract.

The PHA's practice is to mail checks on the 1st of the month, or the 1st business day of a month in which the 1st falls on a weekend or holiday providing the monies have been transferred from the United States Treasury.

The owner may submit a request for payment of a late fee to the PHA. The amount charged must be equivalent to that charged and collected from tenants. Proof of collections may be required. Late fees will not be made for initial contracts where HAP payments were delayed due to owner/tenant timeliness resulting in the PHA to not be able to complete processes prior to the month's cut off for HAP payments. Proof of "Mailed to" date will be (a) the payment listed on the HAP Register, and (b) date the checks were posted. PHA will not be held responsible for delays caused by the Post Office.

The PHA will not be obligated to pay any late payment penalty if HUD determines that late payment is due to factors beyond the PHA's control, such as a delay in the receipt of program funds from HUD. The PHA will use administrative fee income or the administrative fee reserve as its only source for a late payment penalty. The PHA will not use any program funds for the payment of late fee penalties to the owner.

C. RENT REASONABLENESS DETERMINATIONS

The PHA will determine and document on a case-by-case basis that the approved rent is reasonable in comparison to rent for other comparable unassisted units in the market. This applies to all programs.

The PHA will not approve a lease until the PHA determines that the initial rent to owner is a reasonable rent. The PHA must redetermine the reasonable rent before any increase in the rent to owner, and if there is a five percent decrease in the published FMR in effect 60 days before the contract anniversary (for the unit size rented by the family) as compared with the FMR in effect one year before the contract anniversary.

The PHA must redetermine rent reasonableness if directed by HUD and based on a need identified by the PHA's auditing system. The PHA may elect to redetermine rent reasonableness at any other time. At all time during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined or redetermined by the PHA.

The owner will be advised that by accepting each monthly housing assistance payment, s/he will be certifying that the rent to owner is not more than rent charged by the owner for comparable unassisted units in the premises.

If requested, the owner must give the PHA information on rents charged by the owner for other units in the premises or elsewhere. **The PHA will only request information on the owner's units elsewhere if the PHA has cause to demonstrate that the owner has a tendency to charge higher rents to program participants, or if needed for rent reasonableness comparable.**

The date for other unassisted units will be gathered from **newspapers, realty company magazines, inquiries of owners, market surveys, other available sources.**

The market areas for rent reasonableness are **neighborhoods, zip codes, census tracts** within the PHA jurisdiction. Subject units within a defined housing market area will be compared to similar units within the same area.

The following items will be used for rent reasonableness documentation:

Size (# of Bedrooms/sq. ft.)	Age of unit
Location (neighborhood)	Unit type
Maintenance/upkeep	Quality
Utilities provided by owner	Housing services

Amenities (extra bathrooms, dishwasher, central air conditioning, garage, new windows, new doors, quality remodeling, etc.)

Rent Reasonable Methodology

The PHA maintains **files** which include data on unassisted units for use by staff in making rent reasonableness determinations. The data is updated on an ongoing basis and purged when it is more than five **years old. The PHA uses an "appraisal" method and tests the subject unit against selected units in the same area with similar characteristics. Adjustments are made for favorable and unfavorable differences between the subject unit and the comparables. Amenities, services, and facilities are given consideration.**

D. PAYMENT STANDARDS FOR THE VOUCHER PROGRAM

The Payment Standard is used to calculate the housing assistance payment for a family. In accordance with HUD regulation, and at the PHA discretion, the Voucher Payment Standard amount is set by the PHA between 90 - 110 percent of the HUD published FMR. This is considered the basic range. The PHA reviews the appropriateness of the Payment Standard annually when the FMR is published. In determining whether a change is needed, the PHA will ensure that the Payment Standard is always within the range of 90 - 110 percent of the new FMR, unless an exception payment standard has been approved by HUD.

The PHA may approve a higher payment standard within the basic range, if required as a reasonable accommodation for a family that includes a person with disabilities.

E. ADJUSTMENTS TO PAYMENT STANDARDS

Payment Standards may be adjusted, within HUD regulatory limitations, to increase Housing Assistance Payments in order to keep families' rents affordable. The PHA will not raise the Payment Standards solely to make "high end" units available to Voucher holders. The PHA may use some or all of the measures below in making its determination whether an adjustment should be made to the Payment Standard.

Assisted Families' Rent Burdens

The PHA will maintain the Payment Standard at 100% of the published FMR. The payment standard will be adjusted annually, implementing the payment standard effective date to be the first of the month following the 60 days after the published effective date of the FMR.

If it is determined that particular unit sizes in the PHA's jurisdiction have payment standard amounts that are creating rent burdens for families, the PHA will modify its payment standards for those particular unit sizes.

The PHA may establish a separate voucher payment standard, within the basic range, for designated parts of its jurisdiction if it determines that a higher payment standard is needed in these designated areas to provide families with quality housing choices and to give families an opportunity to move outside areas of high poverty and low income.

Quality of Units Selected

The PHA will review the quality of units selected, by participant families, when making a determination of the percent of income the families are paying for housing. This will help ensure that Payment Standard increases are only made when needed to reach the mid-range of the market.

PHA Decision Point

The PHA will review the average percent of income that families on the program are paying for rent. If **more than 40%** of families are **paying more than 30%** of their monthly adjusted income for a particular unit size, the PHA will determine whether families are renting units larger than their voucher size, and whether families are renting units which exceed HUD's HQS and any additional standards added by the PHA in this Administrative Plan.

If families are paying more than 30% of their income for rent due to the selection of larger bedroom size units or luxury units, the PHA may decline to increase the payment standard. **If these are not the primary factors for families paying higher rents, the PHA will continue increasing the payment standard.**

Rent to Owner Increases

The PHA may review a sample of the units to determine how often owners are increasing rents and the average percent of increase by bedroom size.

Time to Locate Housing

The PHA may consider the average time period for families to lease up under the Voucher program. If Voucher holders are unable to locate suitable housing within the term of the voucher, and the PHA determines that this is due to rents in the jurisdiction being unaffordable for families even with the presence of a voucher, the Payment Standard may be adjusted.

Lowering of the Payment Standard

Lowering of the FMR may require an adjustment of the Payment Standard. Additionally, the statistical analysis may reveal that the Payment Standard should be lowered. In any case, the Payment Standard will not be set below 90 percent of the FMR without authorization from HUD.

Financial Feasibility

Before increasing the Payment Standard, the PHA may review the budget to determine the impact projected subsidy increases would have on funding available for the program and number of families served.

For this purpose, the PHA will compare the number of families who could be served under a higher Payment Standard with the number assisted under current Payment Standards.

File Documentation

A file will be retained by the PHA for at least three years to document the analysis and findings to justify whether or not the Payment Standard was changed.

F. EXCEPTION PAYMENT STANDARDS

LMHA has not requested an exception from HUD.

Chapter 12

RECERTIFICATIONS

INTRODUCTION

HUD requires that the PHA reexamine the income and household composition of all families at least annually. Families will be provided accurate annual and interim rent adjustments. Recertifications and interim examinations will be processed in a manner that ensures families are given reasonable notice of rent increases. All annual activities will be coordinated in accordance with HUD regulation. It is a HUD requirement that families report all changes in household composition. This Chapter defines the PHA's policy for conducting annual recertifications and coordinating annual activities. It also explains the interim reporting requirements for families, and the standards for timely reporting.

A. ANNUAL ACTIVITIES

There are two activities the PHA must conduct on an annual basis. These activities will be coordinated whenever possible:

1. Recertification of Income and Family Composition

2. HQS Inspection

The PHA produces a monthly listing of units under contract to ensure that timely reviews of rent to owner, housing quality, and factors related to Total Tenant Payment can be made. Requests for rent adjustments and other monetary changes will be **completed by the Section 8 Occupancy Specialists.**

Reexamination of the family's income and composition must be conducted at least annually.

Annual inspections: See Chapter 10, "Housing Quality Standards and Inspections"

Rent Adjustments: See Chapter 11, "Owner Rents, Rent Reasonableness and Payment Standards"

B. ANNUAL RECERTIFICATION/REEXAMINATION

Families are required to be recertified at least annually. At the first interim or annual certification on or after June 19, 1995, family members must report and verify their U.S. citizenship/eligible immigrant status.

Moves Between Reexamination

When families move to another dwelling unit:

An annual recertification will be scheduled (unless a recertification has occurred in the last 60 days) and the anniversary date will be changed.

Income limits are not used as a test for continued eligibility at recertification.

Reexamination Notice to the Family

The PHA will maintain a reexamination tracking system and the household will be notified by mail of the date and time for their interview at least **90** days in advance of the anniversary date. If requested as an accommodation by a person with a disability, the PHA will provide the notice in an accessible format. The PHA will also mail the notice to a third party, if requested as reasonable accommodation for a person with disabilities. These accommodations will be granted upon verification that they meet the need presented by the disability.

Procedure

The PHA's procedure for conducting annual recertifications will be:

Schedule the date and time of appointments and mail a notification to the family.

Persons with Disabilities

Persons with disabilities, who are unable to come to the PHA's office will be granted an accommodation of conducting the interview **by mail** upon verification that the accommodation requested meets the need presented by the disability. A member of the PHA staff may conduct an interview at the participant's unit, hospital or nursing facility.

Completion of Annual Recertification

The PHA will have all recertifications for families completed before the anniversary date. This includes notifying the family of any changes in rent at least 10 days before the scheduled date of the change in family rent.

Collection of Information

The PHA has established appropriate decertification procedures necessary to ensure that the income data provided by families is complete and accurate.

The PHA will require the family to complete a Personal Declaration Form prior to all recertification interviews.

The PHA representative will interview the family and enter the information provided by the family on the recertification form, review the information with the family, and have them sign the form.

Requirements to Attend

The following family members will be required to attend the recertification interview:

All adult members

If the head of household is unable to attend the interview:

If requested, the appointment will be rescheduled

The spouse, co-head, or other adult may recertify for the family with a provision that other adult member(s) must come to the office within 7 working days to be interviewed and sign forms

Failure to Respond to Notification to Recertify

The written notification must state which family members are required to attend the interview. The family may call to request another appointment prior to the interview.

If the family does not appear for the recertification interview, and has not rescheduled or made prior arrangements with the PHA, the PHA **will** reschedule a second appointment.

If the family fails to appear for the second appointment, and has not rescheduled or made prior arrangements, the PHA will:

Send family notice of termination and offer them an informal hearing.

Exceptions to these policies may be made by the Section 8 Staff if the family is able to document an emergency situation that prevented them from canceling or attending the appointment.

Documents Required From the Family

In the notification letter to the family, the PHA will include instructions for the family to bring the following:

Documentation of income for all family members
Documentation of assets
Documentation of any deductions/allowances
Personal Declaration Form completed by head of household and signed by all adult members

Verification of Information

The PHA will follow the verification procedures and guidelines described in this Plan. Verifications for reexaminations must be less than 120 days old.

C. REPORTING INTERIM CHANGES

Program participants must report all changes in household composition to the PHA between annual reexaminations. This includes additions due to birth, adoption and court-awarded custody. The family must obtain PHA approval prior to all other additions to the household.

If any new family member is added, family income must include any income of the new family member. The PHA will conduct a reexamination to determine such additional income and will make the appropriate adjustments in the housing assistance payment and family unit size.

The U.S. citizenship/eligible immigrant status of additional family members must be declared and verified as required at the first interim or regular recertification after moving into the unit.

Increases in Income

Families will be required to report all increases in income/assets of all household members to the HA in writing within 7 business days. The Section 8 staff will make the determination if an interim change will be completed.

Quarterly reviews may be required for persons with unstable income (frequent increase and decrease reports)

Change notification 6/12/03 – begin using on all files computed as of 9/1/03 with effective dates of 10/01/03:

The PHA will review and certify the reported information. Interim reviews shall be done for:

Changes in source of income and/or adding other sources of income
Reduction in income
Income increases within the same source in excess of $1,000 gross income per month
Any change in family composition
Quarterly agreements

Decreases in Income

Participants may report a decrease in income and other changes which would reduce the amount of tenant rent, such as an increase in allowances or deductions. The PHA must calculate the change if a decrease in income is reported.

HA Errors

If the PHA makes a calculation error at admission to the program or at an annual reexamination, an interim reexamination will be conducted to correct the error, but the family will not be charged retroactively. Families will be given decreases, when applicable, retroactive to when the decrease for the change would have been effective if calculated correctly.

D. OTHER INTERIM REPORTING ISSUES

An interim reexamination does not affect the date of the annual recertification.

An interim reexamination will be scheduled for families with unstable income every **90 days (quarterly).**

Zero (0) income families will be required to report quarterly.

In the following circumstances, the PHA may conduct the interim recertification by mail:

Changes that will not result in a change in tenant rent or voucher size.

Changes in income that are normal for the family, such as seasonal employment.

As a reasonable accommodation when requested.

E. INCOME CHANGES RESULTING FROM WELFARE PROGRAM REQUIREMENTS

The QHWRA establishes new requirements for the treatment of income changes resulting from welfare program requirements. These requirements are effective immediately. However, before implementation of the new requirements, the PHA must revise operating procedure to effectuate these provisions.

The PHA will not reduce the family share of rent for families whose welfare assistance is reduced specifically because of:

Fraud in connection with the welfare program;

Failure to participate in an economic self-sufficiency program; or

Noncompliance with a work activities requirement by the welfare agency.

However, the PHA will reduce the rent if the welfare assistance reduction is a result of:

The expiration of a lifetime time limit on receiving benefits, or

A situation where the family has complied with welfare program requirements but cannot or has not obtained employment

The PHA will notify affected families that they have the right to an informal hearing regarding these requirements. (See "Verification Procedures" chapter.)

Definition of "Imputed Welfare Income"

The amount of annual income, not actually received by a family, as a result of a specified welfare benefit reduction, that is included in the family's income for purposes of determining rent.

The amount of imputed welfare income is determined by the PHA, based on written information supplied to the PHA by the welfare agency, including:

The amount of the benefit reduction
The term of the benefit reduction
The reason for the reduction
Subsequent changes in the term or amount of the benefit reduction

The family's annual income will include the imputed welfare income, as determined at the family's annual or interim reexamination, during the term of the welfare benefits reduction (as specified by the welfare agency).

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

If the family was not an assisted resident when the welfare sanction began, imputed welfare income will not be included in annual income.

If the family claims the amount of imputed welfare income has been calculated incorrectly, the Occupancy Specialist and Assistant Manager will review the calculation for accuracy. If the imputed welfare income amount is correct, the PHA will provide a written notice to the family that includes:

A brief explanation of how the amount of imputed welfare income was determined;

A statement that the family may request an informal hearing if they do not agree with the PHA determination.

Verification Before Denying a Request to Reduce Rent

The PHA will obtain written verification from the welfare agency stating that the family's benefits have been reduced due to fraud or noncompliance with welfare agency economic self-sufficiency or work activities requirements *before* denying the family's request for rent reduction.

Cooperation Agreements

The PHA has taken a proactive approach to culminating an effective working relationship between the PHA and the local welfare agency for the purpose of targeting economic self-sufficiency programs through the community that are available to Section 8 tenant-based assistance families.

The PHA and the local welfare agency have mutually agreed to exchange information regarding any programs or services that would benefit Housing Choice Voucher holders.

Family Dispute of Amount of Imputed Welfare Income

If the family disputes the amount of imputed income, and the PHA denies the family's request to modify the amount, the PHA will provide the tenant with a notice of denial, which will include:

An explanation for the PHA's determination of the amount of imputed welfare income

A statement that the tenant may request an informal hearing

The informal hearing is only to dispute the PHA's determination of the amount of imputed welfare income – not the welfare agency's determination to sanction the welfare benefits.

F. NOTIFICATION OF RESULTS OF RECERTIFICATIONS

The HUD form 50058 will be completed and transmitted as required by HUD.

The Notice of Rent Change is mailed to the owner and the tenant. Tenant signatures **are** required by the PHA. If the family disagrees with the rent adjustment they may request an informal hearing.

G. TIMELY REPORTING OF CHANGES IN INCOME (AND ASSETS

Standard for Timely Reporting of Changes

The PHA requires that families report interim changes to the PHA within **7 business** days of when the change occurs. Any information, document or signature needed from the family which is needed to verify the change must be provided within **7 business** days of the change.

If the change is not reported within the required time period, or if the family fails to provide documentation or signatures, it will be considered untimely reporting.

Procedures when the Change is Reported in a Timely Manner

The PHA will notify the family and the owner of any change in the Housing Assistance Payment to be effective according to the following guidelines:

> Increases in the Tenant Rent **are effective on the first day of the second month in which the increase occurred provided the family complied with PHA requirements in reporting on a timely basis.**
>
> Decreases in the Tenant Rent are effective the first of the month following that in which the change was reported. **However, no rent reductions will be processed until all the facts have been verified, even if a retroactive adjustment results.**

The change may be implemented based on documentation provided by the family, pending third-party written verification.

Procedures When the Change is Not Reported in a Timely Manner

If the family does not report the change as described under Timely Reporting, the family will have caused an unreasonable delay in the interim reexamination processing and the following guidelines will apply:

Increase in Tenant Rent will be effective retroactive to the first of the month following that in which the change occurred. The family will be liable for any overpaid housing assistance and **will** be required to **sign a Repayment Agreement or make a lump sum payment.** Failure to enter into a repayment agreement will result in termination.

Decrease in Tenant Rent will be effective on the first of the month following the month the change was reported to the PHA.

Procedures when the Change is Not Processed by the PHA in a Timely Manner

"Processed in a timely manner" means that the change goes into effect on the date it should when the family reports the change in a timely manner. If the change cannot be made effective on that date, the PHA did not process in a timely manner.

In this case, an increase will be effective the first of the month after completion of processing by the PHA. If the change resulted in a decrease, the overpayment by the family will be calculated retroactively to the date it should have been effective, and the family will be credited for the amount.

H. REPORTING OF CHANGES IN FAMILY COMPOSITION

All changes in family composition must be reported within **7 business** days of the occurrence. Increases other than by birth, adoption or court-awarded custody must have the prior approval of the PHA and the owner.

Increases in Family Size

If an addition would result in overcrowding according to HQS maximum occupancy standards (see chapter 5):

The PHA will issue a larger Voucher for the family to locate a suitable unit.

I. CONTINUANCE OF ASSISTANCE FOR "MIXED" FAMILIES

Under the Noncitizens Rule, "Mixed" families are families that include at least one citizen or eligible immigrant and any number of ineligible members.

The Noncitizens Rule was implemented prior to November 29, 1996, and "mixed" families who were participants as of June 19, 1995, shall continue receiving full assistance if they meet all the following criteria:

1. The head of household or spouse is a U.S. citizen or has eligible immigrant status; AND

2. All members of the family other than the head, the spouse, parents of the head, parents of the spouse, and children of the head or spouse are citizens or eligible immigrants. The family may change the head of household to qualify under this provision.

J. MISREPRESENTATION OF FAMILY CIRCUMSTANCES

If any participant deliberately misrepresents the information on which eligibility or tenant rent is established, the PHA may terminate assistance and may refer the family file/record to the proper authorities for appropriate disposition. (See Program Integrity Addendum.)

Chapter 13

MOVES WITH CONTINUED ASSISTANCE/PORTABILITY

INTRODUCTION

HUD regulations permit families to move with continued assistance to another unit within the PHA's jurisdiction, or to a unit outside of the PHA's jurisdiction under Portability procedures. The regulations also allow the PHA the discretion to develop policies which define any limitations or restrictions on moves.

A. ALLOWABLE MOVES

A family may move to a new unit with continued assistance if:

1. The assisted lease for the old unit has terminated because the PHA has terminated the HAP contract for owner breach, or the lease was terminated by mutual agreement of the owner and the family.

2. The owner has given the family a notice to vacate, or has commenced an action to evict the tenant, or has obtained a court judgment or other process allowing the owner to evict the family (unless assistance to the family will be terminated).

3. The family has given proper notice of lease termination (if the family has a right to terminate the lease on notice to owner).

B. RESTRICTIONS ON MOVES

Families will not be permitted to move within the PHA's jurisdiction during the initial year of assisted occupancy unless the owner has cause or willfully wishes to terminate the lease.

Families will not be permitted to move outside the PHA's jurisdiction under portability procedures during the initial year of assisted occupancy.

Families will not be permitted to move more than once in a 12-month period.

The PHA will deny permission to move if there is insufficient funding for continued assistance. The PHA will deny permission to move to if:

The family has violated a Family Obligation.
The family owes the PHA money.
The family has moved or been issued a Voucher within the last 12 months.

The PHA may make exceptions to these restrictions if there is an emergency reason for the move over which the participant has no control.

C. PROCEDURE FOR MOVES

Issuance of Voucher

Subject to the restrictions on moves, if the family has not been recertified within the last 120 days, the PHA will issue the voucher to move **after conducting the recertification** interview.

If the family does not locate a new unit, they may remain in the current unit so long as the owner permits.

The annual recertification date will be changed to coincide with the new lease-up date.

Notice Requirements

Briefing sessions emphasize the family's responsibility to give the owner and the PHA proper written notice of any intent to move.

The family must give the owner the required number of days written notice of intent to vacate specified in the lease and must give a copy to the PHA simultaneously.

Time of Contract Change

A move within the same building or development, or between buildings owned by the same owner, will be processed like any other move **except that there will be no overlapping assistance**.

In a move, assistance stops at the old unit at the end of the month in which the tenant ceased to occupy, unless proper notice was given to end a lease midmonth. Assistance will start on the new unit on the effective date of the lease and contract. Assistance payments may overlap for the month in which the family moves.

D. PORTABILITY

Portability applies to families moving out of or into the PHA's jurisdiction within the United States and its territories.

E. OUTGOING PORTABILITY

Within the limitations of the regulations and this policy, a participant family has the right to receive tenant-based voucher assistance to lease a unit outside the PHA's jurisdiction, anywhere in the United States, in the jurisdiction of a PHA with a tenant-based program. When a family requests to move outside of the PHA's jurisdiction, the request must specify the area to which the family wants to move.

If there is more than one PHA in the area in which the family has selected a unit, the PHA will choose the receiving PHA.

Restrictions on Portability

Applicants

If neither the head nor spouse had a domicile (legal residence) in the PHA's jurisdiction at the date of their initial application for assistance, the family **will not** be permitted to exercise portability upon initial issuance of a voucher, unless the PHA approves such move. (NOTE: Legal domicile is defined by local government.)

Upon initial issuance of a voucher the family must be income eligible under the receiving PHA income limits during the initial 12-month period after admission to the program.

Participants

After an applicant has leased up in the jurisdiction of the initial housing agency, they cannot exercise portability during the first year of assisted occupancy, except in the following circumstances:

The receiving and initial PHA agree to allow the move
The lease is terminated between the tenant and owner

The PHA may deny families the right to exercise portability if:
The family is in violation of a family obligation
The family owes money to the PHA
The family has moved out of its assisted unit in violation of the lease

F. NCOMING PORTABILITY

Absorption or Administration

The PHA will accept a family with a valid Voucher from another jurisdiction and administer or absorb the Voucher. If administering, the family will be issued a "Portable" Voucher by the PHA. The term of the voucher will not expire before the expiration date of any initial PHA voucher. The family must submit a request for approval of tenancy for an eligible unit to the receiving PHA during the term of the receiving PHA Voucher. The receiving PHA may grant extensions in accordance with this Administrative Plan. However, if the Family decides not to lease up in the PHA's jurisdiction, they must contact the initial PHA to request an extension.

The PHA may absorb Vouchers if such absorption does not exceed **10 percent** of households assisted.

The PHA will absorb all incoming portable families provided that there is funding available.

When the PHA does not absorb the incoming Voucher, it will administer the Initial PHA's Voucher and the receiving PHA's policies will prevail.

For admission to the program a family must be income eligible in the area where the family initially leases a unit with assistance under the program.

The receiving PHA does not redetermine eligibility for a portable family that was already receiving assistance in the initial PHA Section 8 tenant-based program.

The PHA will issue a "Portability Voucher" according to its own Subsidy Standards. If the Family has a change in family composition which would change the Voucher size, the PHA will change to the proper size based on its own Subsidy Standards.

Income and TTP of Incoming Portables

As Receiving PHA, the PHA will conduct a recertification interview but only verify the information provided if the documents are missing or are over 120 days old, whichever is applicable, or there has been a change in the family's circumstances.

If the family's income exceeds the income limit of the PHA, the family will not be denied assistance unless the family is an applicant (and over the Very-Low Income Limit).

If the family's income is such that a $0 subsidy amount is determined prior to lease-up in the PHA's jurisdiction, the PHA will refuse to enter into a contract on behalf of the family at $0 assistance.

Requests for Approval of Tenancy

A briefing will be mandatory for all portability families when the Voucher is issued.

When the Family submits a Request for Tenancy Approval, it will be processed using the PHA's policies. If the Family does not submit a Request for Tenancy Approval or does not execute a lease, the Initial PHA will be notified within **10 business days** by the PHA.

If the Family leases up successfully, the PHA will notify the Initial PHA within **10 business** days, and the billing process will commence.

The PHA will notify the initial PHA if the family fails to submit a request for approval of tenancy for an eligible unit within the term of the Voucher.

If the PHA denies assistance to the family, the PHA will notify the Initial PHA within **10 business days** and the family will be offered a review or hearing.

The PHA will notify the Family of its responsibility to contact the Initial PHA if the Family wishes to move outside the PHA's jurisdiction under continued portability.

Regular Program Functions

The PHA will perform all program functions applicable to the tenant-based program such as:

Annual reexam of family income and composition
Annual inspection of the unit
Interim Examinations when requested or deemed necessary

Terminations

The PHA will notify the Initial PHA in writing of any termination of assistance within **10 business** days of the termination. If an Informal Hearing is required and requested by the Family, the hearing will be conducted by the PHA, using the regular hearing procedures included in this Plan. A copy of the hearing decision will be furnished to the Initial PHA.

The Initial PHA will be responsible for collecting amounts owed by the Family for claims paid and for monitoring repayment. If the Initial PHA notifies the PHA that the Family is in arrears or the Family has refused to sign a Repayment Agreement, the PHA will terminate assistance to the family.

Required Documents

As Receiving PHA, the PHA will require the following documents from the Initial PHA:

A copy of the family's Voucher, with issue and expiration dates, formally acknowledging the family's ability to move under portability.

The most recent HUD 50058 form and verifications.

The Portability Form-52665, with Part 1 completed.

Billing Procedures

As Receiving PHA, the PHA will bill the Initial PHA **monthly** for Housing Assistance Payments. The billing cycle for other amounts, including Administrative Fees and Special Claims will be **monthly** unless requested otherwise by the Initial PHA.

The PHA will bill 100% of the Housing Assistance Payment, 100% of Special Claims and 80% of the Administrative Fee (at the Initial PHA's rate) and any other HUD-approved fees, for each "Portability" Voucher leased as of the first day of the month.

The PHA will notify the Initial PHA of changes in subsidy amounts and will expect the Initial PHA to notify the PHA of changes in the Administrative Fee amount to be billed.

Chapter 14

CONTRACT TERMINATIONS

INTRODUCTION

The Housing Assistance Payments (HAP) Contract is the contract between the owner and the PHA which defines the responsibilities of both parties. This Chapter describes the circumstances under which the contract can be terminated by the PHA and the owner, and the policies and procedures for such terminations.

A. CONTRACT TERMINATION

The term of the HAP Contract is the same as the term of the lease. The Contract between the owner and the PHA may be terminated by the PHA, or by the owner or tenant terminating the lease.

No future subsidy payments on behalf of the family will be made by the PHA to the owner after the month in which the Contract is terminated. The owner must reimburse the PHA for any subsidies paid by the PHA for any period after the contract termination date.

If the family continues to occupy the unit after the Section 8 contract is terminated, the family is responsible for the total amount of rent due to the owner. The owner will have no right to claim compensation from the PHA for vacancy loss under the provisions of Certificate contracts effective on or after October 2, 1995.

After a contract termination, if the family meets the criteria for a move with continued assistance, the family may be lease-up in another unit. The contract for the new unit may begin during the month in which the family moved from the old unit.

B. TERMINATION BY THE FAMILY MOVES

Family termination of the lease must be in accordance with the terms of the lease.

C. TERMINATION BY THE OWNER: EVICTIONS

If the owner wishes to terminate the lease, the owner is required under the lease, to provide proper notice as stated in the lease. During the term of the lease, the owner may not terminate the tenancy except for the grounds stated in the HUD regulations.

During the term of the lease the owner may only evict for:

Serious or repeated violation of the lease, including but not limited to failure to pay rent or other amounts due under the lease, or repeated violation of the terms and conditions of the lease

Violation of Federal, State, or local law that imposes obligations on the tenant in connection with the occupancy or use of the premises; or Criminal activity by the tenant, any member of the household, a guest or another person under the tenant's control that threatens the health, safety, or right to peaceful enjoyment of the premises by the other residents, or persons residing in immediate vicinity of the premises or any drug related criminal activity on or near the premises

Other good cause

Evidence of Criminal Activity

The owner may terminate tenancy and evict by judicial action a family for criminal activity by a covered person if the owner determines they have engaged in the criminal activity:

Regardless of arrest or conviction

Without satisfying the standard of proof used for criminal conviction

Termination of Tenancy Decisions

If the law and regulation permit the owner to take an action but do not require action to be taken, the owner can decide whether to take action. Relevant circumstances include:

The seriousness of the offense
The effect on the community
The extent of participation by household members
The effect on uninvolved household members
The demand for assisted housing by families who will adhere to responsibilities
The effect on the integrity of the program
The extent to which leaseholder has shown personal responsibility and taken all reasonable steps to prevent

Exclusion of culpable household member

The owner may require a tenant to exclude a household member in order to continue to reside in the assisted unit.

Consideration of Rehabilitation

When determining whether to terminate the tenancy for illegal drug use or alcohol abuse, the owner may consider whether the member:

Is no longer participating
Has successfully completed a supervised drug or alcohol rehab program
Has otherwise been successfully rehabilitated

The owner may require the tenant to submit evidence of any of the above three.

Actions of termination by the owner must be consistent with the fair housing and equal opportunities as stated in 24 CFR.

The owner must provide the tenant and the PHA a written notice specifying the grounds for termination of tenancy, at or before the commencement of the eviction action. The notice may be included in, or may be combined with, any owner eviction notice to the tenant.

The owner eviction notice means a notice to vacate, or a complaint, or other initial pleading used under State or Local law to commence an eviction action.

Housing Assistance Payments are paid to the owner under the terms of the HAP Contract. If the owner has begun eviction and the family continues to reside in the unit, the PHA must continue to make housing assistance payments to the owner until the owner has obtained a court judgment or other process allowing the owner to evict the tenant.

If the action is finalized in court, the owner must provide the PHA with the documentation, including notice of the lock-out date.

The PHA must continue making housing assistance payments to the owner in accordance with the contract as long as the tenant continues to occupy the unit and the contract is not violated.

By endorsing the monthly check from the PHA, the owner certifies that the tenant is still in the unit, the rent is reasonable, and the family is in compliance with the contract.

If the eviction is not due to a serious or repeated violation of the lease, and if the PHA has no other grounds for termination of assistance, the PHA may issue a new voucher so that the family can move with continued assistance.

D. TERMINATION OF THE CONTRACT BY PHA

The term of the HAP contract terminates when the lease terminates, when the PHA terminates program assistance for the family, and when the owner has breached the HAP contract. (See "Owner Disapproval and Restriction" chapter).

The PHA may also terminate the contract if:

The PHA terminates assistance to the family.

The family is required to move from a unit when the unit does not meet the HQ space standards because of an increase in family size (overcrowded unit).

Funding is no longer available under the ACC.

The contract will terminate automatically if 180 days have passed since the last housing assistance payment to the owner.

Notice of Termination

When the PHA terminates the HAP contract under the violation of HQ space standards, the PHA will provide the owner and family written notice of termination of the contract, and the HAP contract terminates at the end of the calendar month that follows the calendar month in which the PHA gives such notice to the owner.

Chapter 15

DENIAL OR TERMINATION OF ASSISTANCE

INTRODUCTION

The PHA may deny or terminate assistance for a family because of the family's action or failure to act. The PHA will provide families with a written description of the Family Obligations under the program, the grounds under which the PHA can deny or terminate assistance, and the PHA's informal hearing procedures. This Chapter describes when the PHA is required to deny or terminate assistance, and the PHA's policies for the denial of a new commitment of assistance and the grounds for termination of assistance under an outstanding HAP contract.

A. GROUNDS FOR DENIAL/TERMINATION

If denial or termination is based upon behavior resulting from a disability, the PHA will delay the denial or termination in order to determine if there is an accommodation which would negate the behavior resulting from the disability.

Form of Denial/Termination

Denial of assistance for an applicant may include any or all of the following:

Denial for placement on the PHA waiting list

Denying a voucher, or withdrawing a certificate or voucher

Refusing to enter into a HAP contract or approve a lease

Refusing to process or provide assistance under portability procedures

Termination of assistance for a participant may include any or all of the following:

Refusing to enter into a HAP contract or approve a lease

Terminating housing assistance payments under an outstanding HAP contract

Refusing to process or provide assistance under portability procedures

Mandatory Denial and Termination

The PHA must deny assistance to applicants, and terminate assistance for participants:

If any member of the family fails to sign and submit HUD or PHA required consent forms for obtaining information.

If no member of the family is a U.S. citizen or eligible immigrant (Section D).

If the family is under contract and 180 days have elapsed since the PHA's last housing assistance payment was made (see "Contract Terminations" chapter).

The PHA must permanently deny assistance to applicants and terminate the assistance of persons convicted of manufacturing or producing methamphetamine in violation of any Federal or State law.

If any member of the family has been evicted from federally assisted housing for a serious violation of the lease, the PHA must deny admission for three (3) years after the eviction occurred.

The PHA must terminate program assistance for a family evicted from housing assisted under the program for serious violation of the lease.

The PHA must deny admission or terminate assistance when required under the regulations to establish citizenship or eligible immigration status.

Grounds for Denial or Termination of Assistance

The PHA will deny program assistance for an applicant, or terminate program assistance for a participant, for any of the following reasons:

The family violates any family obligation under the program as listed in 24 CFR 982.551.

Any member of the family has ever been evicted from public housing.

If any PHA has ever terminated assistance under the program for any member of the family.

If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.

The Housing Authority may prohibit readmission to the program for a minimum period of three years for a person that has committed fraud in connection with the Section 8 program or waiting list.

If any member of the family is a convicted sexual offender under the state sex offender registration program.

The family currently owes rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

Solely at LMHA's discretion, an individual may enter the Section 8 program owing LMHA money if LMHA determines the applicant merits another chance to participate in the Section 8 Program. An applicant owing money must provide documentation to the Housing Authority which the Housing Authority shall use to determine if the applicant merits receiving rental assistance prior to payment of the balance to LMHA. The applicant shall be required to sign a repayment agreement indicating payment on the balance will begin the month following admission into the Section 8 rental assistance program. Failure to comply with the agreement shall result in immediate termination of Section 8 rental assistance. (1/03)

The family has not reimbursed any PHA for amounts paid to an owner under a HAP contract for rent or other amounts owed by the family under the lease.

The family breaches an agreement with a PHA to pay amounts owed to a PHA, or amounts paid to an owner by a PHA.

The family has engaged in or threatened abusive or violent behavior toward PHA personnel.

> "Abusive or violent behavior toward PHA personnel" includes verbal as well as physical abuse or violence. Use of expletives that are generally considered insulting, racial epithets, or other language, written or oral, that is customarily used to insult or intimidate, may be cause for termination or denial.
>
> "Threatening" refers to oral or written threats or physical gestures that communicate an intent to abuse or commit violence.
>
> Actual physical abuse or violence will always be cause for termination.
>
> If any member of the family engages in or permits drug-related criminal activity or violent criminal activity, or whose drug or alcohol abuse interferes with the health, safety, or peaceful enjoyment of other residents.

B. SCREENING AND TERMINATION FOR DRUG ABUSE AND OTHER CRIMINAL ACTIVITY

Purpose

All federally assisted housing is intended to provide a place to live and raise families, not a place to commit crime, to use or sell drugs or terrorize neighbors. It is the intention of LMHA to fully endorse and implement a policy designed to:

Help create and maintain a safe and drug-free community

Keep our program participants free from threats to their personal and family safety

Support parental efforts to instill values of personal responsibility and hard work

Help maintain an environment where children can live safely, learn and grow up to be productive citizens

Assist families in their vocation/education goals in the pursuit of self-sufficiency

Administration

All screening and termination of assistance procedures will be administered fairly and in such a way as not to violate rights to privacy or discriminate on the basis of race, color, nationality, religion, familial status, disability, or other legally protected groups.

To the maximum extent possible, the PHA will involve other community and governmental entities in the promotion and enforcement of this policy.

Screening of Applicants

In an effort to prevent future drug-related and other criminal activity, as well as other patterns of behavior that pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents, and as required by the Regulation, the PHA will endeavor to screen applicants as thoroughly and fairly as possible for drug-related and violent criminal behavior/activity.

HUD Definitions

Covered person means a tenant, any member of the tenant's household, a guest or another person under the tenant's control.

Drug means a controlled substance as defined in section 102 of the Controlled Substances Act (21 U.S.C. 802)

Drug-related criminal activity means the illegal manufacture, sale, distribution, or use of a drug, or possession of a drug, or possession of a drug with intent to manufacture, sell, distribute or use a drug. Drug related criminal activity by a family member means *on or off* the premises not just *on or near.*

Guest means a person temporarily staying in the unit with the consent of a tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant. The requirements of part 982 apply to a guest as so defined.

Household means the family including foster-care members and PHA-approved live-in aide.

Other person under the tenant's control for the purposes of "covered person" means that person, although not staying as a guest in the unit, is, or was at the time of the activity in question, on the premises because of an invitation from the tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant. Absent evidence to the contrary, a person temporarily and infrequently on the premises solely for legitimate commercial purposes is not under the tenant's control.

Violent criminal activity includes any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against a person or property, and the activity is being engaged in by any family member.

Standard for Violation

The PHA will deny participation in the program to applicants and terminate assistance to participants in cases where the PHA determines there is reasonable cause to believe that the person is illegally using a controlled substance or if the person abuses alcohol in a way that may interfere with the health, safety or right to peaceful enjoyment of the premises by other residents, including cases where the PHA determines that there is a pattern of illegal use of a controlled substance or pattern of alcohol abuse.

The PHA will consider the use of a controlled substance or alcohol to be a pattern if there is more than one incident during the previous three months.

"Engaged in or engaging in" violent criminal activity means any act within the past three years by applicants or participants, household members or guests which involved criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person of another, which did or did not result in the arrest and/or conviction of the applicant or participant, household members, or guests.

The activity is being engaged in by any family member.

The existence of the above-referenced behavior by any household member or guest, regardless of the applicant or participant's knowledge of the behavior, will be grounds for denial or termination of assistance.

In evaluating evidence of negative past behavior, the PHA will give fair consideration to the seriousness of the activity with respect to how it would affect other residents, and/or likelihood of favorable conduct in the future which could be supported by evidence of rehabilitation.

Drug Related and Violent Criminal Activity

Ineligibility for admission if evicted for drug-related activity

Persons evicted from federally assisted housing because of drug-related criminal activity are ineligible for admission to the Section 8 program for a **minimum three-year** period beginning on the date of such eviction.

Applicants will be denied assistance if they have been:

> **Arrested, convicted, evicted from a unit assisted under the Housing Act of 1937 due to violent criminal activity within the last three years prior to the date of the application interview.**

Termination of Assistance for Participants for Drug-related or violent criminal activity

Participants will be terminated who have been:

Arrested, convicted, evicted from a unit assisted under any Federally assisted housing program for drug-related or violent criminal activity during participation in the program, and within the last three years prior to the date of the notice to terminate assistance.

If any member of the household violates the family obligations by engaging in drug-related or violent criminal activity, the PHA will terminate assistance.
In appropriate cases, the PHA may permit the family to continue receiving assistance provided that family members determined to have engaged in the proscribed activities will not reside in the unit. If the violating member is a minor, the PHA may consider individual circumstances with the advice of Juvenile Court officials.

The PHA may also waive the requirement regarding drug-related criminal activity if the person demonstrates successful completion of a credible rehabilitation program approved by the PHA since the most recent occurrence.

Denial of Assistance for Sex Offenders

The PHA will deny admission if any member of the household is a reported sexual offender under a State sex offender registration program. The PHA will compare names to the most current offender list available.

Terminating Assistance for Alcohol Abuse by Household Members

Under the family obligations listed at 24 CFR 982.551, the members of the household must not abuse alcohol in a way that threatens the health, safety, or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises. Assistance will be terminated due to violation of a family obligation if the PHA determines that a member of the household has demonstrated a pattern of alcohol abuse that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

In appropriate cases, the PHA may permit the family to continue assistance if the household members determined to have engaged in the proscribed activities will not reside in the unit. If the violating member is a minor, the PHA may consider individual circumstances with the advice of Juvenile Court officials.

Notice of Termination of Assistance

In any case where the PHA decides to terminate assistance to the family, the PHA must give family written notice which states:

The reason(s) for the proposed termination,

The effective date of the proposed termination,

The family's right to request an Informal Hearing,

The date by which a request for an informal hearing must be received.

The PHA will simultaneously provide written notice of the contract termination to the owner so that it will coincide with the Termination of Assistance. The Notice to the owner will not include any details regarding the reason for termination of assistance.

Required Evidence

Preponderance of evidence is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. The intent is not to prove criminal liability, but to establish that the act(s) occurred. Preponderance of evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

Credible evidence may be obtained from police and/or court records. Testimony from neighbors, when combined with other factual evidence can be considered credible evidence. Other credible evidence includes documentation of drug raids or arrest warrants.

The PHA will pursue fact-finding efforts as needed to obtain credible evidence.

The PHA will terminate assistance for criminal activity by a household member under this section if the PHA has determined that the household member has engaged in the criminal activity, regardless of whether the household member has been arrested or convicted for such activity.

Confidentiality of Criminal Records

The PHA will ensure that any criminal record received is maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose for which it was requested is accomplished.

Misuse of the above information by any employee will be grounds for termination of employment. Legal penalties for misuses are contained in the state code.

C. FAMILY OBLIGATIONS

The family must supply any information that the PHA or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. "Information" includes any requested certification, release or other documentation.

The family must supply any information requested by the PHA or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

The family must disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information in accordance with 24 CFR 5.230.

All information supplied by the family must be true and complete.

The family is responsible for an HQS breach caused by the family.

The family must allow the PHA to inspect the unit at reasonable times and after reasonable notice.

The family may not commit any serious or repeated violation of the lease.

The family must notify the owner and, at the same time, notify the PHA before the family moves out of the unit or terminates the lease on notice to the owner.

The family must promptly give the PHA a copy of any owner eviction notice.

The family must use the assisted unit for residence by the PHA approved family. The unit must be the family's only residence.

The composition of the assisted family residing in the unit must be approved by the PHA. The family must promptly inform the PHA of the birth, adoption or court-awarded custody of a child. The family must request PHA approval to add any other family member as an occupant of the unit.

The family must promptly notify the PHA if any family member no longer resides in the unit.

If the PHA has given approval, a foster child or a live-in aide may reside in the unit. If the family does not request approval or PHA approval is denied, the family may not allow a foster child or live-in aide to reside with the assisted family.

Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit as a residence by members of the family.

The family must not sublease or let the unit.

The family must not assign the lease or transfer the unit.

The family must supply any information or certification requested by the PHA to verify that the family is living in the unit, or relating to family absence from the unit, including any PHA-requested information or certification on the purposes of family absences. The family must cooperate with the PHA for this purpose. The family must promptly notify the PHA of absence from the unit.

The family must not own or have any interest in the unit.

The members of the family must not commit fraud, bribery or any other corrupt or criminal act in connection with the programs.

The members of the family may not engage in drug-related criminal activity or violent criminal activity or other criminal activity that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

The members of the household must not abuse alcohol in a way that threatens the health, safety or right to peaceful enjoyment of other residents and persons residing in the immediate vicinity of the premises.

An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State, or local housing assistance program.

Housing Authority Discretion

In deciding whether to deny or terminate assistance because of action or failure to act by members of the family, the PHA has discretion to consider all of the circumstances in each case, including the seriousness of the case. The PHA will use its discretion in reviewing the extent of participation or culpability of individual family members and the length of time since the violation occurred. The PHA may also review the family's history and records of compliance, and the effects that denial or termination of assistance may have on other family members who were not involved in the action or failure to act.

The PHA may impose, as a condition of continued assistance for other family members, a requirement those family members who participated in, or were culpable for the action or failure to act, will not reside in the unit. The PHA may permit the other members of a family to continue in the program.

Enforcing Family Obligations

Explanations and Terms

The term "Promptly" when used with the Family Obligations always means "within 7 business days." Denial or termination of assistance is always optional except where this Plan or the regulations state otherwise.

HQS Breach:

The **inspector** will determine if a HQS breach as identified in 24 CFR 982.404 (b) is the responsibility of the family. Families may request and may be approved for an extension to cure HQS breaches by the Section 8 Manager or Assistant Manager. Requests must be made prior to the date repairs are due.

Lease Violations:

The following criteria will be used to decide if a serious or repeated violation of the lease will result in termination of assistance:

If the owner terminates tenancy through court action for serious or repeated violation of the lease.

If the owner notifies the family of termination of assistance for serious or repeated lease violations, and the family moves from the unit prior to the completion of court action, and the PHA determines that the cause is a serious or repeated violation of the lease based on available evidence.

If the owner notifies the family of termination of assistance for serious or repeated lease violations, and the family moves from the unit prior to the completion of court action.

If there are police reports, neighborhood complaints or other third-party information, and the PHA has verified the information.

Nonpayment of rent is considered a serious lease violation when the owner has submitted on a regular basis evidence of his attempt to collect the rent and notification to the tenant for their failure to pay.

Notification of Eviction:

If the family requests assistance to move and they did not notify the PHA of an eviction within 7 business days of receiving the Notice of Lease Termination, the move may be denied.

Proposed Additions to the Family:

The PHA will deny a family's request to add additional family members who are:

Persons who have been evicted from public housing.

Persons who have previously violated a family obligation listed in 24 CFR 982.551 of the HUD regulations.

Persons who have been part of a family whose assistance has been terminated under the Certificate or Voucher program.

Persons who commit drug-related criminal activity or violent criminal activity.

Persons who do not meet the PHA's definition of family.

Persons who commit fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.

Persons who currently owe rent or other amounts to the PHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

Persons who have engaged in or threatened abusive or violent behavior toward PHA personnel.

Family Member Moves Out:

Families are required to notify the PHA if any family member leaves the assisted household. When the family notifies the PHA, they must complete an "out-of-household" affidavit certifying:

The date the family member moved out,

The new address of the family member,

A statement as to whether the member is temporarily or permanently absent.

Limitation on Profit-making Activity in Unit:

If the business activity area results in the inability of the family to use any of the critical living areas, such as a bedroom utilized for a business which is not available for sleeping, it will be considered a violation.

If the PHA determines that the use of the unit as a business is not incidental to its use as a dwelling unit, it will be considered a program violation.

If the PHA determines that the business is not legal, it will be considered a program violation.

Interest in Unit:

The owner may not reside in the assisted unit regardless of whether (s)he is a member of the assisted family, unless the family owns the mobile home and rents the pad.

Fraud:

In each case, the PHA will consider which family members were involved, the circumstances, and any hardship that might be caused to innocent members.

In the event of false citizenship claims, see Section below.

D. PROCEDURES FOR NON-CITIZENS

Denial or Termination Due to Ineligible Immigrant Status

Applicant or participant families in which all members are neither U. S. citizens nor eligible immigrants are not eligible for assistance and must have their assistance terminated. The PHA must offer the family an opportunity for a hearing. (See "Eligibility for Admission" chapter, section on Citizenship/Eligible Immigration Status.)

Assistance may not be terminated while verification of the participant family's eligible immigration status is pending.

False or Incomplete Information

When the PHA has clear, concrete, or substantial documentation (such as a permanent resident card or information from another agency) that contradicts the declaration of citizenship made by an applicant or participant, an investigation will be conducted and the individual will be given an opportunity to present relevant information.

If the individual is unable to verify their citizenship, the PHA will give him/her an opportunity to provide a new declaration as an eligible immigrant or an opportunity to elect not to contend their status.

The PHA will then verify eligible status, deny, terminate, or prorate as applicable.

The PHA will deny or terminate assistance based on the submission of false information or misrepresentation.

Procedure for Denial or Termination

If the family (or any member) claimed eligible immigrant status and the INS primary and secondary verifications failed to document the status, the family may make an appeal to the INS and request a hearing with the PHA either after the INS appeal or in lieu of the INS appeal.

After the PHA has made a determination of ineligibility, the family will be notified of the determination and the reasons and informed of the option for prorated assistance (if applicable).

E. ZERO ($-0-) ASSISTANCE TENANCIES

The family may remain in the unit at $0 assistance for up to 180 days after the last HAP payment. If the family is still in the unit after 180 days, the assistance will be terminated. If, within the 180 day timeframe, an owner rent increase or a decrease in the Total Tenant Payment causes the family to be eligible for a housing assistance payment, the PHA will resume assistance payments for the family.

F. OPTION NOT TO TERMINATE FOR MISREPRESENTATION

If the family has misrepresented any facts that caused the PHA to overpay assistance, the PHA may choose not to terminate and may offer to continue assistance provided that the family **executes a Repayment Agreement and makes payments in accordance with the agreement, or reimburses the PHA in full.**

G. MISREPRESENTATION IN COLLUSION WITH OWNER

If the family intentionally, willingly, and/or knowingly commits fraud or is involved in any other illegal scheme with the owner, the PHA will deny or terminate assistance.

In making this determination, the PHA will carefully consider the possibility of overt or implied intimidation of the family by the owner and the family's understanding of the events.

H. MISSED APPOINTMENTS AND DEADLINES

It is a Family Obligation to supply information, documentation, and certification as needed for the PHA to fulfill its responsibilities. The PHA schedules appointments and sets deadlines in order to obtain the required information. The Obligations also require that the family allow the PHA to inspect the unit and appointments are made for this purpose.

An applicant or participant who fails to keep an appointment or to supply information required by a deadline, without notifying the PHA, may be sent a Notice of Denial or Termination of Assistance for failure to provide required information, or for failure to allow the PHA to inspect the unit.

The family will be given information about the requirement to keep appointments, and the number of times appointments will be rescheduled as specified in this Plan.

Appointments will be scheduled and time requirements will be imposed for the following events and circumstances:

Eligibility for Admissions

Verification Procedures

Certificate/Voucher Issuance and Briefings

Housing Quality Standards and Inspections

Recertifications

Appeals

Acceptable reasons for missing appointments or failing to provide information by deadlines are:

Medical emergency

Family emergency

Procedure when Appointments are Missed or Information is not Provided

For most purposes in this Plan, the family will be given two opportunities before being issued a notice of termination or denial for breach of a family obligation.

After issuance of the termination notice, if the family offers to correct the breach within the time allowed to request a hearing:

The termination may be rescinded after the family cures the breach.

The notice may be rescinded if the family offers to cure and the family does not have a history of noncompliance.

Chapter 16

OWNER DISAPPROVAL AND RESTRICTION

INTRODUCTION

It is the policy of the PHA to recruit owners to participate in the voucher program. The PHA will provide owners with prompt and professional service in order to maintain an adequate supply of available housing throughout the jurisdiction of the PHA. The regulations define when the PHA must disallow an owner participation in the program, and they provide the PHA discretion to disapprove or otherwise restrict the participation of owners in certain categories. This Chapter describes the criteria for owner disapproval, and the various penalties for owner violations.

A. DISAPPROVAL OF OWNER

The owner does not have a right to participate in the program. For purposes of this section, "owner" includes a principal or other interested party.

The PHA will disapprove the owner for the following reasons:

HUD or **other agency directly related** has informed the PHA that the owner has been disbarred, suspended, or subject to a limited denial of participation under 24 CFR part 24.

HUD has informed the PHA that the federal government has instituted an administrative or judicial action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements and such action is pending.

HUD has informed the PHA that a court or administrative agency has determined that the owner has violated the Fair Housing Act or other federal equal opportunity requirements.

Unless their lease was effective prior to June 17, 1998, the owner may not be a parent, child, grandparent, grandchild, sister or brother of any family member. The PHA may waive this restriction if proven the arrangement is necessary as a reasonable accommodation for a family member who is a person with a disability.

In cases where the owner and tenant bear the same last name, the PHA may, at its discretion, require the family and/or owner to certify whether they are related to each other in any way.

The owner has violated obligations under a housing assistance payment's contract under Section 8 of the 1937 Act (42 U.S.C. 1437f).

The owner has committed fraud, bribery or any other corrupt act in connection with any federal housing program.

The owner has engaged in drug-related criminal activity or violent criminal activity.

The owner has a history or practice of noncompliance with the HQS for units leased under the tenant-based programs or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other federal housing program.

The owner has a history or practice of renting units that fail to meet State or local housing codes.

The owner has a history or practice of failing to terminate tenancy of tenants of units assisted under Section 8 or any other federally assisted housing program for activity by the tenant, any member of the household, a guest or another person under the control of any member of the household that:

Threatens the right to peaceful enjoyment of the premises by other residents;

Threatens the health or safety of other residents, of employees of the PHA, or of owner employees or other persons engaged in management of the housing;

Threatens the health or safety of, or the right to peaceful enjoyment of their residences, by persons residing in the immediate vicinity of the premises; or Is drug-related criminal activity or violent criminal activity.

The owner has failed to comply with regulations, the mortgage or note, or the regulatory agreement for projects with mortgages insured by HUD or loans made by HUD.

B. OWNER RESTRICTIONS AND PENALTIES

If an owner commits fraud or abuse or is guilty of frequent or serious contract violations, the PHA will restrict the owner from future participation in the program for a period of time commensurate with the seriousness of the offense. The PHA may also terminate some or all contracts with the owner.

Before imposing any penalty against an owner the PHA will review all relevant factors pertaining to the case, and will consider such factors as the owner's record of compliance and the number of violations.

See Program Integrity Addendum for guidance as to how owner fraud will be handled.

C. CHANGE IN OWNERSHIP

The current owner (seller) must notify the PHA advising the anticipated sale of a property.

When there is a purchase agreement, and settlement looks promising, the seller must contact PHA and advise the the new owner to contact the PHA also.

The PHA will process a change of ownership only upon the request of the new owner and only if accompanied by a copy of the document showing the purchase agreement, transfer of title, or recorded deed. The new owner must also provide Social Security number or Federal ID for tax reporting.

Upon approval of the documents, the PHA will prepare a contract assignment for the balance of the existing term of the HAP Contract. When the Contract term is due to expire, the new owner will be given opportunity to enter into a new lease and contract. The family may elect to enter into the new lease, or move to another unit.

Chapter 17

OWNER OR FAMILY DEBTS TO THE PHA

INTRODUCTION

This Chapter describes the PHA's policies for the recovery of monies which have been overpaid for families, and to owners. It describes the methods that will be utilized for collection of monies and the guidelines for different types of debts. It is the PHA's policy to meet the informational needs of owners and families, and to communicate the program rules in order to avoid owner and family debts. Before a debt is assessed against a family or owner, the file must contain documentation to support the PHA's claim that the debt is owed. The file must further contain written documentation of the method of calculation, in a clear format for review by the owner, the family or other interested parties.

When families or owners owe money to the PHA, the PHA will make every effort to collect it. The PHA will use a variety of collection tools to recover debts including, but not limited to:

Requests for lump sum payments

Civil suits

Repayment agreements

Abatements

Reductions in HAP to owners

Collection agencies

Credit bureaus

Income Tax set-off programs

A. REPAYMENT AGREEMENT FOR FAMILIES

A Repayment Agreement as used in this Plan is a document entered into between the PHA and a person who owes a debt to the PHA. It is similar to a promissory note, but contains more details regarding the nature of the debt, the terms of repayment, any special provisions of the agreement, and the remedies available to the PHA upon default of the agreement.

The PHA will prescribe the terms of the payment agreement, including determining whether to enter into a payment agreement with the family based on the circumstances surrounding the debt to the PHA.

A family who has been terminated from a program of the PHA may enter into a repayment agreement, but will not be eligible for application of future assistance until the debt is paid in full unless:

The debt was less than $100 and it has been more than 3 years since the debt occurred or the last payment was made

The debt was more than $100 and it has been 7 years ince the debt occurred or the last payment was made

Per Legal Counsel 9/21/99 (re bankruptcy write-offs): Merely because the Section 8 debt has been written off, the person is not cleared to participate in a Section 8 program in the future. Obviously, they have violated the terms and conditions of the Section 8 program, and LMHA has the right to deny Section 8 participation of that person. The participant may very well sign a reaffirmation agreement which would reaffirm the debt and set up some type of payment obligations.

Repayment Schedule for Monies Owed to the PHA

Initial Payment Due (% of Total Amount)	Amount Owed	Maximum Term
0 down	0 - $500	3 - 6 months
0 down	$501 - $1,000	12 months
1/4 down	$1,001 - $2500	12 – 18 months

LMHA reserves the right and has the sole discretion to vary from the above-mentioned repayment schedule.

Agreements requested beyond 18 months must be submitted to the Executive Director for approval.

Circumstances in which the PHA would terminate assistance and not enter into an agreement are:

The family has caused 3 previous agreements by failure to report.

The PHA determines that the family committed program fraud.

The PHA determines that the debt amount is larger than can be paid back within the required timeframe.

B. DEBTS DUE TO MISREPRESENTATIONS (FRAUD) OR NON-REPORTING OF INFORMATION

HUD's definition of program fraud and abuse is a single act or pattern of actions that:

> Constitutes false statement, omission, or concealment of a substantive fact, made with intent to deceive or mislead, and that results in payment of Section 8 program funds in violation of Section 8 program requirements.

Family Error/Late Reporting

Families who owe money to the PHA due to the family's failure to report increases in income will be required to repay in accordance with the guidelines in the Repayment Agreement Section of this Chapter.

More than three occurrences will be considered repetitive violation and cause for termination.

Program Fraud

Families who owe money to the PHA, due to program fraud, will be required to repay in accordance with the guidelines in the Repayment Section of this Chapter. Termination may occur depending on circumstances such as length of time, amount owed, willful intent.

When a person who owes the PHA money is terminated from the Housing Choice Voucher Program the following steps will be taken:

> **If the debt is between $1 to $4000, monthly statements will be sent as long as the PHA has a current address and regular payments have been made.**
>
> **If the debt is between $5000 and $9999, statements will be sent as long as the PHA has a current address and regular payments have been made.**
>
> **All debts over $5000 will be reported to a Credit Bureau.**
>
> **Debts over $10,000 will be sent to LMHA Legal Counsel to determine means of pursuing collection.**
>
> **Debts over $20,000 will be sent to the HUD Inspector General's Office.**

When a debt is referred to LMHA Legal Counsel or the HUD IG Office:

A memo will be put in the file showing to whom and the date the pertinent information was sent, as well as the LMHA personnel who completed the process

The file will be maintained in a special drawer marked "Legal"

After 12 months, a reminder letter will be sent to Legal or HUD IG to ascertain their status, if the PHA has not received any prior information

C. DEBTS DUE TO MINIMUM RENT TEMPORARY HARDSHIP

The PHA does not have an established minimum rent

D. GUIDELINES FOR REPAYMENT AGREEMENTS

Repayment Agreements will be executed between the PHA and the head of household, spouse and co-head. Other adults may also be held responsible if they were part of the cause of the repayment agreement.

LMHA will send monthly statements showing the amount due and payable at the LMHA-DESIGNATED bank (currently Lorain National Bank). All payments must be received no later than the 8th of the month for accounts to be considered current.

Monthly payments may be decreased in cases of family hardship and if requested with reasonable notice by the family. The family must provide verification of the hardship and receive approval of the Section 8 Manager or LMHA executive.

No move will be approved until the debt is paid in full unless the move is the result of the following causes, and the Repayment Agreement is current:

Family size exceeds the HQS maximum occupancy standards.

The HAP contract is terminated due to owner noncompliance.

A natural disaster.

Additional Monies Owed

If the family has a Repayment Agreement in place and incurs an additional debt to the PHA:

The PHA will not enter into more than three Repayment Agreements with the same family. A fourth occurrence will be cause for termination from the program for repeated violation of family obligations.

Additional amounts owed by the family will be added to the existing repayment agreement and the family will be required to sign a new repayment agreement in accordance with the Repayment Agreement Section of this Chapter.

If a Repayment Agreement is in arrears more than sixty (60) days, any new debts must be paid in full.

Late Payments

A payment will be considered to be in arrears if:

The payment is not received by the close of the business day seven (7) days after the due date. If the due date is on a weekend or holiday, the due date will be at the close of the next business day.

If the family's repayment agreement is in arrears, and the family has not contacted or made arrangements with the PHA, the PHA will:

Require the family to pay the balance in full;

Pursue civil collection of the balance due;

Terminate the housing assistance;

Grant an extension of no more than thirty (30) days.

If the family requests a move to another unit and has a repayment agreement in place:

The family will be required to pay the balance in full prior to the issuance of a voucher.

If the family must move through no fault of their own (owner is forcing move), a voucher may be offered to locate another unit if all payments are current.

E. OWNER DEBTS TO THE PHA

If the PHA determines that the owner has retained Housing Assistance or Claim Payments the owner is not entitled to, the PHA may reclaim the amounts from future Housing Assistance or Claim Payments owed the owner for any units under contract.

If future Housing Assistance or Claim Payments are insufficient to reclaim the amounts owed, the PHA will:

Require the owner to pay the amount in full within 30 days.

Pursue collections through the local court system.

Restrict the owner from future participation.

Offer a repayment agreement to the owner for the amount owed.

F. WRITING OFF DEBTS

Debts will be written off if:

The debtor is deceased.

The amount is less than $25.00 and the debtor cannot be located.

A determination is made that the debtor is judgment proof.

The debtor is no longer a participant in a LMHA program and the debt is more than 60 days in arrears.

Files in which the family owes $1 - $100, will be put in a three (3) year holding pattern. If a participant attempts to re-enter the program during the three years, they will have to pay the debt. After three years, they do not have to repay the debt and the file will be shredded.

Files in which the family owes more than $100, will be put in a seven (7) year holding pattern. If a participant attempts to re-enter the program during the seven years, they will have to pay the debt. After seven years, they do not have to repay the debt and the file will be shredded.

Chapter 18

COMPLAINTS AND APPEALS

INTRODUCTION

The Informal Hearing requirements defined in HUD regulation are applicable to participating families who disagree with an action, decision, or inaction of the PHA. This Chapter describes the policies, procedures and standards to be used when families disagree with a PHA decision. The procedures and requirements are explained for preference denial meetings, Informal Reviews and Hearings. It is the policy of the PHA to ensure that all families have the benefit of all protections due to them under the law.

A. COMPLAINTS TO THE PHA

The PHA will respond promptly to complaints from families, owners, employees, and members of the public. All complaints will be documented. The PHA **may** require that complaints other than HQS violations be put in writing. HQS complaints may be reported by telephone. **All complaints will be referred to the Section 8 department to arrange meetings, informal hearings, informal reviews, special inspections, investigations.**

Categories of Complaints

Complaints from families: If a family disagrees with an action or inaction of the PHA or owner

Complaints from owners: If an owner disagrees with an action or inaction of the PHA or a family

Complaints from staff: If a staff person reports an owner or family either violating or not complying with program rules

Complaints from the general public: Complaints or referrals from persons in the community in regard to the PHA, a family or an owner

B. PREFERENCE DENIALS

When the PHA denies a preference to an applicant, the family will be notified in writing of the specific reason for the denial and offered the opportunity for a meeting (not an Informal Review or Hearing) with PHA staff (person who made the decision or any other PHA representative may conduct the meeting) to discuss the reasons for the denial and to dispute the PHA's decision.

C. INFORMAL REVIEW PROCEDURES FOR APPLICANTS

Reviews are provided for applicants who are denied assistance before the effective date of the HAP Contract. The exception is that when an applicant is denied assistance for citizen or eligible immigrant status, the applicant is entitled to an Informal Hearing.

When the PHA determines that an applicant is ineligible for the program, the family must be notified of their ineligibility in writing. The notice must contain:

The reason(s) they are ineligible,

The procedure for requesting a review, and

The time limit for requesting a review.

The PHA must provide applicants with the opportunity for an Informal Review of decisions denying:

Listing on the PHA's waiting list

Issuance of a Voucher

Participation in the program

Informal Reviews are not required for established policies and procedures and PHA determinations such as:

Discretionary administrative determinations by the PHA

General policy issues or class grievances

A determination of the family unit size under the PHA subsidy standards

Refusal to extend or suspend a Voucher

PHA determination not to grant approval of tenancy

Determination that unit is not in compliance with HQS

Determination that unit is not in accordance with HQS due to family size or composition

Procedure for Review

A request for an Informal Review must be received **in writing** by the close of the business day, no later than **10 business** days from the date of the PHA's notification of denial of assistance. The informal review will be scheduled within **10 business** days from the date the request is received.

The Informal Review may not be conducted by the person who made or approved the decision under review, nor a subordinate of such person.

The Review may be conducted by:

> **Any person or persons designated by the PHA Executive Director, other than a person who made or approved the decision under review or a subordinate of this person.**

The applicant will be given the option of presenting oral or written objections to the decision. Both the PHA and the family may present evidence and witnesses. The family may use an attorney or other representative to assist them at their own expense.

When denying admission for criminal activity as shown by a criminal record, the PHA will provide the subject of the record and the applicant may be given a copy of the criminal record upon which the decision to deny was based.

A Notice of the Review findings will be provided in writing to the applicant within **ten** to fifteen days after the review. It will include the decision of the review officer, and an explanation of the reasons for the decision.

All requests for a review, supporting documentation, and a copy of the final decision will be retained in the family's file.

D. INFORMAL HEARING PROCEDURES

The PHA will provide a copy of the hearing procedures in the family briefing packet.

When the PHA makes a decision regarding the eligibility and/or the amount of assistance, applicants and participants must be notified in writing. The PHA will give the family prompt notice of such determinations which will include:

The proposed action or decision of the PHA;

The date the proposed action or decision will take place;

The family's right to an explanation of the basis for the PHA's decision;

The procedures for requesting a hearing if the family disputes the action or decision; and

The time limit for requesting the hearing.

The PHA must provide participants with the opportunity for an Informal Hearing for decisions related to any of the following PHA determinations:

Determination of the family's annual or adjusted income and the computation of the housing assistance payment

Appropriate utility allowance used from schedule

Family unit size determination under PHA subsidy standards

Family breach of HQS that is a family obligation determination

Determination that premerger Certificate program family is under occupied in their current unit and a request for exception is denied

Determination to terminate assistance for any reason

Determination to terminate a family's FSS Contract, withhold supportive services, or propose forfeiture of the family's escrow account

Determination to terminate based on a criminal activity as shown by a criminal record

The PHA must always provide the opportunity for an Informal Hearing before termination of assistance.

Informal Hearings **are not required** for established policies and procedures and PHA determinations such as:

Discretionary administrative determinations by the PHA

General policy issues or class grievances

Establishment of the PHA schedule of utility allowances for families in the program

A PHA determination not to approve an extension or suspension of a voucher term

A PHA determination not to approve a unit or lease

A PHA determination that an assisted unit is not in compliance with HQS (PHA must provide hearing for family breach of HQS because that is a family obligation determination)

A PHA determination that the unit is not in accordance with HQS because of the family size

A PHA determination to exercise or not exercise any right or remedy against the owner under a HAP contract

Notification of Hearing

It is the PHA's objective to resolve disputes at the lowest level possible, and to make every effort to avoid the most severe remedies. However, if this is not possible, the PHA will ensure that applicants and participants will receive all of the protections and rights afforded by the law and the regulations.

When the PHA receives a request for an informal hearing, a hearing will be scheduled within **10 business days**. The notification of hearing will contain:

The date, time, and location of the hearing.

The family's right to bring evidence, witnesses, legal or other representation at the family's expense.

The right to view any documents or evidence in the possession of the PHA upon which the PHA based the proposed action and, at the family's expense, to obtain a copy of such documents prior to the hearing.

The right to have a copy of any criminal record used in the determination

The PHA's Hearing Procedures

After a hearing date is scheduled, the family may request to reschedule only upon showing "good cause," which is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.

If a family does not appear at a scheduled hearing and has not rescheduled the hearing in advance, the family will not be rescheduled unless the family can show "good cause."

Families have the right to:

Present written or oral objections to the PHA's determination;

Examine the documents in the file which are the basis for the PHA's action, and all documents submitted to the Hearing Officer;

Request copies of any relevant documents at their expense;

Present any information or witnesses pertinent to the issue of the hearing;

Request that PHA staff be available or present at the hearing to answer questions pertinent to the case; and

Be represented by legal counsel, advocate, or other designated representative at their own expense.

If the family requests copies of documents relevant to the hearing, the PHA will make the copies for the family. The family has the right to have these documents prior to the informal hearing should they request such. The PHA has the right to assess the family a per copy charge. In no case will the family be allowed to remove the file from the PHA's office.

If family/landlord is more than 15 minutes late for the scheduled appointment, the hearing will be ruled in favor of the PHA. No further hearing will be granted.

In addition to other rights contained in this Chapter, the PHA has a right to:

Present evidence and any information pertinent to the issue of the hearing;

Be notified if the family intends to be represented by legal counsel, advocate, or another party;

Examine and copy any documents to be used by the family prior to the hearing;

Have its attorney present; and

Have staff persons and other witnesses familiar with the case present.

The Informal Hearing will be conducted by the Hearing Officer appointed by the PHA who is neither the person who made nor approved the decision, nor a subordinate of that person. The PHA Executive Director appoints a LMHA employee from a department other than Section 8 as the hearing officer.

The hearing will concern only the issues for which the family has received the opportunity for hearing. Evidence presented at the hearing may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

No documents may be presented which have not been provided to the other party before the hearing, if requested by the other party. "Documents" includes records and regulations.

The hearing officer will tape the proceedings and swear in all persons testifying or submitting information at the hearing. The tape is used for assistance in preparing the final decision and would be used for further legal proceedings.

The Hearing Officer may ask the family for additional information and/or might adjourn the Hearing in order to reconvene at a later date, before reaching a decision.

If the family misses an appointment or deadline ordered by the Hearing Officer, the action of the PHA will take effect and another hearing will not be granted.

The Hearing Officer will determine whether the action, inaction or decision of the PHA is legal in accordance with HUD regulations and this Administrative Plan based upon the evidence and testimony provided at the hearing. Factual determinations relating to the individual circumstances of the family will be based on a preponderance of the evidence presented at the hearing.

A notice of the Hearing Findings will be provided in writing to the Section 8 Manager and the family within 15 – 20 **business** days and will include:

A clear summary of the decision and reasons for the decision;

If the decision involves money owed, the amount owed; and

The date the decision goes into effect.

The PHA is not bound by hearing decisions:

Which concern matters in which the PHA is not required to provide an opportunity for a hearing;

Which conflict with or contradict HUD regulations or requirements;

Which conflict with or contradict Federal, State or local laws; or

Which exceed the authority of the person conducting the hearing.

The PHA will send a letter to the participant if it determines the PHA is not bound by the Hearing Officer's determination within **ten business** days. The letter will include the PHA's reasons for the decision.

All requests for a hearing, supporting documentation, and a copy of the final decision will be retained in the family's file.

E. HEARING AND APPEAL PROVISIONS FOR "RESTRICTIONS ON ASSISTANCE TO NON-CITIZENS"

Assistance to the family may not be delayed, denied or terminated on the basis of immigration status at any time prior to the receipt of the decision on the INS appeal.

Assistance to a family may not be terminated or denied while the PHA hearing is pending, but assistance to an applicant may be delayed pending the PHA hearing.

INS Determination of Ineligibility

If a family member claims to be an eligible immigrant and the INS SAVE system and manual search do not verify the claim, the PHA notifies the applicant or participant within ten days of their right to appeal to the INS within thirty days or to request an informal hearing with the PHA, either in lieu of or subsequent to the INS appeal.

If the family appeals to the INS, they must give the PHA a copy of the appeal and proof of mailing or the PHA may proceed to deny or terminate. The time period to request an appeal may be extended by the PHA for good cause.

The request for a PHA hearing must be made within fourteen days of receipt of the notice offering the hearing or, if an appeal was made to the INS, within fourteen days of receipt of that notice.

After receipt of a request for an informal hearing, the hearing is conducted as described in this chapter for both applicants and participants. If the hearing officer decides that the individual is not eligible, and there are no other eligible family members the PHA will:

Deny the applicant family,

Defer termination if the family is a participant and qualifies for deferral, or

Terminate the participant if the family does not qualify for deferral.

If there are eligible members in the family, the PHA will offer to prorate assistance or give the family the option to remove the ineligible members.

All other complaints related to eligible citizen/immigrant status:

If any family member fails to provide documentation or certification as required by the regulation, that member is treated as ineligible. If all family members fail to provide, the family will be denied or terminated for failure to provide.

Participants whose termination is carried out after temporary deferral may not request a hearing since they had an opportunity for a hearing prior to the termination.

Participants whose assistance is prorated (either based on their statement that some members are ineligible or due to failure to verify eligible immigration status for some members after exercising their appeal and hearing rights described above) are entitled to a hearing based on the right to a hearing regarding determinations of Tenant Rent and Total Tenant Payment.

Families denied or terminated for fraud in connection with the non-citizens rule are entitled to a review or hearing in the same way as terminations for any other type of fraud.

F. MITIGATING CIRCUMSTANCES FOR APPLICANTS/PARTICIPANTS WITH DISABILITIES

When applicants are denied placement on the waiting list, or the PHA is terminating assistance, the family will be informed that presence of a disability may be considered as a mitigating circumstance during the informal review process.

Examples of mitigating circumstances are:

a) A person with a cognitive disorder may not have understood the requirement to report increases in income,

b) A person may not understand the need to make regular repayments on a promissory note,

c) Minor criminal records for public drunkenness may be due to medication,

d) Prior incarcerations for being disorderly may be emotional disorder.

Chapter 19

SPECIAL HOUSING TYPES

INTRODUCTION

The PHA permits the use of Manufactured Home Space in its program. Other special housing will only be permitted when requested and needed as a reasonable accommodation for persons with disabilities. The PHA will not set aside any program funding for special housing types.

The PHA has not found a demand for Single Room Occupancy, Congregate Housing, Group Home, Shared Housing or Cooperative Housing in the PHA jurisdiction.

Verification of Need for Reasonable Accommodation

Acceptable documentation as verification of the need for reasonable accommodation would be a written letter to the PHA describing how the special housing type requested provides the accommodation of which the person is in need from one or more knowledgeable professionals who are familiar with the applicant/participant and/or the type of special housing requested. The request and documentation will be reviewed and a written response stating approval or disapproval will be sent to the applicant/participant within 10 days of receipt of the request.

A copy of the PHA's response with supporting documentation will be maintained in the applicant/participant's file. The requested housing type must be approvable by all other HUD standards and HQS requirements in accordance with 24 CFR 982 Section M - Special Housing Types.

A. MANUFACTURED HOMES

The PHA will permit a family to lease a manufactured home and space with assistance under the program. The PHA will provide assistance for a family that owns the manufactured home and leases only the space if it meets the regulations.

The PHA may approve a live-in aide to reside with a family to care for a person with disabilities if needed as a reasonable accommodation so that the program is accessible to and usable by persons with disabilities. If the PHA approves a live-in aide, the live-in aide must be counted when determining the family unit size.

A manufactured home must meet all the HQS requirements outlined in the "Housing Quality Standards and Inspections" chapter and regulated by 24 CFR 982.401. In addition the manufactured home also must meet the following requirements:

A manufactured home must be placed on the site in a stable manner, and must be free from hazards such as sliding or wind damage.

A manufactured home must be securely anchored by a tie-down device that distributes and transfers the loads imposed by the unit to appropriate ground anchors to resist wind overturning and sliding.

Rent to owner for a manufactured home space will include payment for maintenance services that the owner must provide to the tenant under the lease.

Rent to owner does not include the cost of utilities and trash collection for the manufactured home. However, the owner may charge the family a separate fee for the cost of utilities or trash collection provided by the owner.

During the assisted tenancy, the rent to owner for the manufactured home space may not exceed a reasonable rent as determined by the PHA. The PHA will not approve a lease until the PHA has determined that the initial rent to owner for the space is reasonable rent. The PHA will redetermine that the rent is reasonable annually.

The PHA will determine whether the rent to owner for a manufactured home space is a reasonable rent in comparison to rents for other comparable manufactured home spaces. The PHA will consider the size and location of the space and any services and maintenance provided by the owner in accordance with the lease.

By accepting each monthly housing assistance payment from the PHA, the owner of the manufactured home space certifies that the rent to owner for the space is not more than rent charged by the owner for unassisted rental of comparable spaces in the same manufactured home park or elsewhere. If requested by the PHA, the owner must provide the PHA information on rents for other manufactured home space.

The Payment Standard used for a manufactured home space is established by using the % of the 2 BR FMR published by HUD. (Currently 40%)

There is a separate FMR for a family renting a manufactured home space. The payment standard is used to calculate the monthly housing assistance payment for a family. The FMR for rental of a manufactured home space is 40 percent (effective 10/1/99) of the published FMR for a two-bedroom unit.

During the term of a Voucher tenancy, the amount of the monthly housing assistance payment for a family will equal the lesser of:

The payment standard minus the TTP, or the space rent paid minus the TTP.

The space rent is the sum of the following as determined by the PHA:

Rent to owner for the manufactured home space
Owner maintenance and management charges for the space
The utility allowance for tenant paid utilities

The PHA uses its standard utility allowance schedule for manufactured home space rental. Allowances for hook-up charges do not apply to a family that leases a manufacture home.

B. SINGLE ROOM OCCUPANCY

It has not been determined that there is a demand for SROs in the PHA's jurisdiction, therefore, a single person may not reside in an SRO housing unit.

A separate lease and HAP contract for each assisted person residing in a SRO is required. The SRO payment standard is 75 percent of the zero bedroom payment standard schedule. For a person residing in an exception area, the payment standard is 75 percent of the HUD approved zero bedroom exception payment standard amount. While an assisted person resides in SRO housing, the SRO payment standard must be used to calculate the housing assistance payment.

The utility allowance for an assisted person residing in SRO housing is 75 percent of the zero bedroom utility allowance.

The PHA must ensure that all SRO units approved for the program are in compliance with all of the Housing Quality Standards for SROs as regulated in 24 CFR.

C. CONGREGATE HOUSING

A demand for Congregate Housing has not been proven in the PHA jurisdiction. An elderly person or a person with disabilities may reside in a congregate housing unit. The PHA may approve a live-in aide if needed as a reasonable accommodation so that the program is readily accessible to and usable by persons with disabilities.

For congregate housing there will be a separate lease and HAP contract for each assisted family. Unless there is a live-in aide, the payment standard for a family that resides in a congregate housing unit is the zero-bedroom payment standard on the PHA payment standard schedule. However, if there are two or more rooms in the unit (not including kitchen or sanitary facilities), the payment standard for a family that resides in a congregate housing unit is the one-bedroom payment standard amount.

A live-in aide will be counted in determining the family unit size.

The PHA will ensure that all congregate housing units approved for the program are in compliance with all of the HQS for congregate housing as regulated in 24 CFR.

D. GROUP HOMES

A group home must be licensed, certified, or otherwise approved in writing by the State or the State's licensing department. An elderly person or a person with disabilities may reside in a State-approved group home. A live-in aide may be approved to reside with a person with disabilities as a reasonable accommodation.

The PHA will not approve assistance for a person to live in a group home if file documentation indicates that the person is in need of continual medical or nursing care.

No more than twelve (12) persons may reside in a group home. This limit covers all persons who reside in the unit, including assisted and unassisted residents and any live-in aide. Except for a live-in aide, all residents of a group home must be elderly persons or persons with disabilities.

There will be a separate HAP Contract and lease for each assisted person living in a group home. For a group home, the term "pro-rata portion" means that which is derived by dividing the number of persons in the assisted household by the total number of residents (assisted and unassisted) residing in the group home. The number of persons in the assisted household equals one assisted person plus any PHA-approved live-in aide.

The rent to owner for an assisted person may not exceed the pro-rata portion of the reasonable rent for the group home. Reasonable rent is determined in accordance with 24 CFR. In determining reasonable rent, the PHA will consider whether sanitary facilities and facilities for food preparation and service are common facilities or private.
Unless there is a live-in aide, the family unit size is zero bedroom. If there is a live-in aide, s/he will be counted in determining the family unit size. The payment standard for a person who resides in a group home is the lower of the payment standard for the family unit size or the pro-rata portion of the payment standard amount on the PHA payment standard schedule for the group home size.

The utility allowance for each assisted person residing in a group home is the pro-rata portion of the utility allowance for the group home unit size.

The PHA will ensure compliance with HQS as regulated in 24 CFR.

E. SHARED HOUSING

A demand for Shared Housing has not been proven in the PHA jurisdiction, therefore a family may not reside in shared housing.

An assisted family may reside in shared housing. In shared housing, an assisted family may share a unit with another resident or residents of a unit. The unit may be a house or an apartment. The PHA may approve a live-in aide to reside with a family in order to care for a person with a disability as a reasonable accommodation.

Other persons who are assisted or not assisted under the tenant-based program may reside in a shared housing unit. The owner of a shared housing unit may reside in the unit. A resident owner may enter into a HAP contract with the PHA. However, housing assistance may not be paid on behalf of the owner. The PHA will not approve assistance for a person or family that is related by blood or marriage to a resident owner.

There will be a separate housing assistance payment contract and lease for each assisted family residing in a shared housing unit.

For shared housing, the term "pro-rata portion" means the ratio derived by dividing the number of bedrooms in the private space available for occupancy by a family by the total number of bedrooms in the unit. For example, for a family entitled to occupy three bedrooms in a five-bedroom unit, the ratio would be 3/5. The rent to the owner for the family may not exceed the pro rata portion of the reasonable rent for the shared housing dwelling. The reasonable rent must be in accordance with the guidelines set in the "Owner Rents, Rent Reasonableness, and Payment Standards" chapter.

For a family that resides in a shared housing unit, the payment standard is the lower of the payment standard amount on the PHA payment standard schedule for the family unit size or the pro-rata portion of the payment standard amount on the PHA payment standard for the shared housing unit size. If the PHA approves a live-in aide, the live-in aide will be counted in determining the family unit size.

The utility allowance for an assisted family living in shared housing is the pro-rata portion of the utility allowance for the shared housing unit.

The PHA will ensure that all shared housing units approved for the program are in compliance with all of the Housing Quality Standards for shared housing as regulated in 24 CFR.

F. COOPERATIVE HOUSING

A demand for cooperative housing has not been proven in the PHA jurisdiction. The PHA will approve a family living in cooperative housing if it is determined that assistance under the program will help maintain affordability of the cooperative unit for low-income families. The PHA will not approve assistance for a family in cooperative housing until the PHA has also determined that the cooperative has adopted requirements to maintain continued affordability for low-income families after transfer of a cooperative member's interest in a cooperative unit (such as a sale of the resident's share in a cooperative corporation).

The reasonable rent in cooperative housing is determined in accordance with "Owner Rents, Rent Reasonableness and Payment Standards" chapter. For cooperative housing, the rent to owner is the monthly carrying charge under the occupancy agreement/lease between the member and the cooperative.

The carrying charge consists of the amount assessed to the member by the cooperative for occupancy of the housing. It includes the member's share of the cooperative's debt service, operating expenses, and necessary payments to cooperative reserve funds. However, the carrying charge does not include down-payments or other payments to purchase the cooperative unit, or to amortize a loan to the family for this purpose. Gross rent is the carrying charge plus utilities.

For a cooperative, rent adjustments are applied to the carrying charge as determined in "Owner Rents, Rent Reasonableness, and Payment Standards" chapter.

The lease and other appropriate documents will stipulate that the monthly carrying charge is subject to Section 8 limitations on rent to owner. The housing assistance payment will be determined in accordance with the guidelines in "Owner Rents, Rent Reasonableness and Payment Standards" chapter. The PHA will ensure that all cooperative housing units are in compliance with HQS regulated by 24 CFR.

The PHA may approve a live-in aide to reside with the family to care for a person with disabilities. The PHA will approve a live-in aide if needed as a reasonable accommodation so that the program is readily accessible to and usable by a person with disabilities. If the PHA approves a live-in aide, the live-in aide will be counted when determining the family unit size.

G. HOMEOWNERSHIP

See Homeownership Addendum

GLOSSARY

A. ACRONYMS USED IN SUBSIDIZED HOUSING

ACC	Annual Contributions Contract
BR	Bedroom
CDBG	Community Development Block Grant
CFR	Code of Federal Regulations. Commonly referred to as "the regulations."
CPI	Consumer Price Index. CPI is published monthly by the Department of Labor as an inflation indicator.
CR	Contract Rent
ELI	Extremely Low Income
FDIC	Federal Deposit Insurance Corporation
FHA	Federal Housing Administration
FICA	Federal Insurance Contributions Act - Social Security taxes
FmHA	Farmers Home Administration
FMR	Fair Market Rent
FY	Fiscal Year
FYE	Fiscal Year End
GAO	Government Accounting Office
GFC	Gross Family Contribution – Has been replaced by the term Total Tenant Payment (TTP)
GR	Gross Rent
HAP	Housing Assistance Payment
ELI	Extremely Low Income
FDIC	Federal Deposit Insurance Corporation

FHA	Federal Housing Administration
FICA	Federal Insurance Contributions Act - Social Security taxes
FmHA	Farmers Home Administration
FMR	Fair Market Rent
FY	Fiscal Year
FYE	Fiscal Year End
GAO	Government Accounting Office
GFC	Gross Family Contribution – Replaced by Total Tenant Payment (TTP)
GR	Gross Rent
HAP	Housing Assistance Payment
PHA Plan	Housing Assistance Plan
HCDA	Housing and Community Development Act
HQS	Housing Quality Standards
HUD	The Department of Housing and Urban Development or its designee.
HURRA	Housing and Urban/Rural Recovery Act of 1983; resulted in most of the 1984 HUD regulation changes to definition of income, allowances, and rent calculations
HV	Housing Voucher
IG	Inspector General
IGR	Independent Group Residence
IPA	Independent Public Accountant
IRA	Individual Retirement Account
MSA	Metropolitan Statistical Area established by the U.S. Census Bureau
PHA	Public Housing Agency

PMSA	A Primary Metropolitan Statistical Area established by the U.S. Census Bureau
PS	Payment Standard
QC	Quality Control
RFTA	Request for Tenancy Approval (previously RLA or RFLA)
RFP	Request for Proposals
RRP	Rental Rehabilitation Program
SRO	Single Room Occupancy
TR	Tenant Rent
TTP	Total Tenant Payment
UA	Utility Allowance
URP	Utility Reimbursement Payment

B. GLOSSARY OF TERMS IN SUBSIDIZED HOUSING

ABSORPTION. In portability, the point at which a receiving PHA stops billing the initial PHA for assistance on behalf of a portability family. The receiving PHA uses funds available under the receiving PHA consolidated ACC.

ACC RESERVE ACCOUNT (FORMERLY "PROJECT RESERVE"). Account established by HUD from amounts by which the maximum payment to the PHA under the consolidated ACC (during a PHA fiscal year) exceeds the amount actually approved and paid. This account is used as the source of additional payments for the program.

ADA. American with Disabilities Act of 1990 (42 U.S.C. 12101 et seq.)

ADJUSTED INCOME. Annual income, less allowable HUD deductions.

ADMINISTRATIVE FEE. Fee paid by HUD to the PHA for administration of the program.

ADMINISTRATIVE FEE RESERVE (Formerly "Operating reserve"). Account established by PHA from excess administrative fee income. The administrative fee reserve must be used for housing purposes.

ADMINISTRATIVE PLAN. The HUD required written policy of the PHA governing its administration of the Section 8 Certificate and Voucher program. The Administrative Plan and any revisions must be approved by the PHA's Board and a copy submitted to HUD.

ADMISSION. The effective date of the first HAP contract for a family (first day of initial lease term) in a tenant-based program. This is the point when the family becomes a participant in the program.

ANNUAL BUDGET AUTHORITY. The maximum annual payment by HUD to a PHA for a funding increment.

ANNUAL CONTRIBUTIONS CONTRACT (ACC). A written contract between HUD and a PHA. Under the contract HUD agrees to provide funding for operation of the program, and the PHA agrees to comply with HUD requirements for the program.

ANNUAL INCOME. The anticipated total Annual Income of an eligible family from all sources for the 12-month period following the date of determination of income, computed in accordance with the regulations.

ANNUAL INCOME AFTER ALLOWANCES. The Annual Income (described above) less the HUD-approved allowances.

APPLICANT (or applicant family). A family that has applied for admission to a program, but is not yet a participant in the program.

AREA EXCEPTION RENTS. Rent based on HUD-approved payment standard amount that is higher than the basic range for a designated part of the fair market rent area ("exception area").

"AS-PAID" STATES. States where the welfare agency adjusts the shelter and utility component of the welfare grant in accordance with actual housing costs.

ASSETS. (See Net Family Assets.)

ASSISTED TENANT. A tenant who pays less than the market rent as defined in the regulations. Includes tenants receiving rent supplement, Rental Assistance Payments, or Section 8 assistance and all other 236 and 221 (d)(3) BMIR tenants, except those paying the 236 market rent or 120% of the BMIR rent, respectively.

BUDGET AUTHORITY. An amount authorized and appropriated by the Congress for payment to PHAs under the program. For each funding increment in a PHA program, budget authority is the maximum amount that may be paid by HUD to the PHA over the ACC term of the funding increment.

CHILD CARE EXPENSES. Amounts paid by the family for the care of minors under 13 years of age where such care is necessary to enable a family member to be employed or for a household member to further his/her education.

CO-HEAD. An individual in the household who is equally responsible for the lease with the Head of Household. (A family never has a Co-head and a Spouse and a Co-head is never a Dependent.)

CONGREGATE HOUSING. Housing for elderly persons or persons with disabilities that meets the HQS for congregate housing.

COOPERATIVE. A dwelling unit owned and/or share by a group of individuals who have individual sleeping quarters and share common facilities such as kitchen, living room and some bathrooms.

CONSOLIDATED ANNUAL CONTRIBUTIONS CONTRACT (See 24 CFR)

CONTIGUOUS MSA. In portability, an MSA that shares a common boundary with the MSA in which the jurisdiction of the initial PHA is located.

CONTINUOUSLY ASSISTED. An applicant is continuously assisted under the 1937 Housing Act if the family is already receiving assistance under any 1937 Housing Act program when the family is admitted to the certificate or voucher program.

CONTRACT. (See Housing Assistance Payments Contract.)

DEPENDENT. A member of the family household (excluding foster children) other than the family head or spouse, who is under 18 years of age or is a Disabled Person or Handicapped Person, or is a full-time student 18 years of age or over.

DISABILITY ASSISTANCE EXPENSE. Anticipated costs for care attendants and auxiliary apparatus for disabled family members which enable a family member (including the disabled family member) to work.

DISABLED PERSON. A person who is any of the following:

A person who has a disability as defined in section 223 of the Social Security Act. (42 U.S.C.423).

A person who has a physical, mental, or emotional impairment that:
Is expected to be of long-continued and indefinite duration;
Substantially impedes his or her ability to live independently; and
Is of such a nature that ability to live independently could be improved by more suitable housing conditions.

A person who has a developmental disability as defined in section 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act [42 U.S.C. 6001(7)].

DISABLED FAMILY. A family where the head or spouse meets any of the above criteria for disabled person.

DISPLACED PERSON/FAMILY. A person or family displaced by governmental action, or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized under federal disaster relief laws.

DOMICILE. The legal residence of the household head or spouse as determined in accordance with State and local law.

DRUG-RELATED CRIMINAL ACTIVITY. The illegal manufacture, sale, distribution, use, or the possession with intent to manufacture, sell, distribute, or use, of a controlled substance (as defined in Section 102 of the Controlled Substance Act 21 U.S.C. 802).

DRUG TRAFFICKING. The illegal 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 21 U.S.C. 802).

ELDERLY HOUSEHOLD. A family whose head or spouse or whose sole member is at least 62 years of age – may include two or more elderly persons living together or one or more such persons living with another person who is determined to be essential to his/her care and wellbeing.

ELDERLY PERSON. A person who is at least 62 years old.

ELIGIBILITY INCOME. May 10, 1984, regulations deleted Eligibility Income, per se, because Annual Income is now for eligibility determination to compare to income limits.

ELIGIBLE FAMILY (Family). A family is defined by the PHA in the administrative Plan, which is approved by HUD.

EXCEPTIONAL MEDICAL OR OTHER EXPENSES. Prior to the regulation change in 1982, this meant medical and/or unusual expenses as defined in Part 889 which exceeded 25% of the Annual Income. It is no longer used.

EXCESS MEDICAL EXPENSES. Any medical expenses incurred by elderly families only in excess of 3% of Annual Income which is not reimbursable from any other source.

EXTREMELY LOW INCOME FAMILY. A family whose annual income does not exceed 30 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families.

FAIR MARKET RENT (FMR). The rent including the cost of utilities (except telephone) that would be required to be paid in the housing market area to obtain privately owned existing decent, safe and sanitary rental housing of modest (non-luxury) nature with suitable amenities. Fair market rents for existing housing are established by HUD for housing units of varying sizes (number of bedrooms) and are published in the ***Federal Register.***

FAMILY. "Family" includes but is not limited to:

A family with or without children (the temporary absence [90 days] of a child from the home due to placement in foster care shall not be considered in determining family composition and family size)

An elderly family;

A displaced family

The remaining member of a tenant family

A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family

FAMILY OF VETERAN OR SERVICE PERSON. A family is a "family of veteran or service person" when:

The veteran or service person (a) is either the head of household or related to the head of the household; or (b) is deceased and was related to the head of the household, and was a family member at the time of death.

The veteran or service person, unless deceased, is living with the family or is only temporarily absent unless s/he was (a) formerly the head of the household and is permanently absent because of hospitalization, separation, or desertion, or is divorced; provided, the family contains one or more persons for whose support s/he is legally responsible and the spouse has not remarried; or (b) not the head of the household but is permanently hospitalized; provided, that s/he was a family member at the time of hospitalization and there remain in the family at least two related persons.

FAMILY RENT TO OWNER. In the voucher program, the portion of the rent to owner paid by the family.

FAMILY SELF-SUFFICIENCY PROGRAM (FSS PROGRAM). The program established by a PHA to promote self-sufficiency of assisted families, including the provision of supportive services.

FAMILY SHARE. The amount calculated by subtracting the housing assistance payment from the gross rent.

FAMILY UNIT SIZE. The size of the Voucher issued to the family based on the PHA's subsidy standards.

FMR/EXCEPTION RENT LIMIT. In the voucher program the PHA may adopt a payment standard up to the FMR/exception rent limit.

FOSTER CHILD CARE PAYMENT. Payment to eligible households by state, local, or private agencies appointed by the State, to administer payments for the care of foster children.

FULL-TIME STUDENT. A person who is carrying a subject load that is considered full time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or certificate program, as well as an institution offering a college degree.

FUNDING INCREMENT. Each commitment of budget authority by HUD to a PHA under the consolidated annual contributions contract for the PHA program.

GROSS FAMILY CONTRIBUTION. Changed to Total Tenant Payment.

GROSS RENT. The sum of the Rent to Owner plus the utility allowance.

GROUP HOME. A dwelling unit that is licensed by a State as a group home for the exclusive residential use of two to twelve persons who are elderly or persons with disabilities (including any live-in aide).

HAP CONTRACT. (See Housing Assistance Payments contract.)

HEAD OF HOUSEHOLD. The head of household is the person who assumes legal and financial responsibility for the household and is listed on the application as head.

HOUSING AGENCY. A state, country, municipality or other governmental entity or public body authorized to administer the program. The term "PHA" includes an Indian housing authority (IHA). ("PHA" and "HA" mean the same thing.)

HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974. Act in which the U.S. Housing Act of 1937 (sometimes referred to as the Act) was recodified, and which added the Section 8 Programs.

HOUSING ASSISTANCE PAYMENT. The monthly assistance payment by a PHA. The total assistance payment consists of:

A payment to the owner for rent to owner under the family's lease.

An additional payment to the family if the total assistance payment exceeds the rent to owner. The additional payment is called a "utility reimbursement" payment.

HOUSING ASSISTANCE PAYMENTS CONTRACT (HAP contract). A written contract between a PHA and an owner in the form prescribed by HUD headquarters, in which the PHA agrees to make housing assistance payments to the owner on behalf of an eligible family.

HOUSING ASSISTANCE PLAN. (1) A Housing Assistance Plan submitted by a local government participating in the Community Development Block Program as part of the block grant application, in accordance with the requirements of 570.303(c) submitted by a local government not participating in the Community Development Block Grant Program and approved by HUD. (2) A Housing Assistance Plan meeting the requirements of 570.303(c) submitted by a local government not participating in the Community Development Block Grant Program and approved by HUD.

HOUSING QUALITY STANDARDS (HQS). The HUD minimum quality standards for housing assisted under the tenant-based programs.

HUD REQUIREMENTS. HUD requirements for the Section 8 programs. HUD requirements are issued by HUD headquarters as regulations. Federal Register notices or other binding program directives.

IMPUTED ASSET. Asset disposed of for less than Fair Market Value during two years preceding examination or reexamination.

IMPUTED INCOME. HUD passbook rate x total cash value of assets. Calculation used when assets exceed $5,000.

INCOME. Income from all sources of each member of the household as determined in accordance with criteria established by HUD.

INCOME FOR ELIGIBILITY. Annual Income.

INDIAN. Any person recognized as an Indian or Alaska Native by an Indian Tribe, the federal government, or any State.

INDIAN HOUSING AUTHORITY (IHA). A housing agency established either:

By exercise of the power of self-government of an Indian Tribe, independent of State law, or

By operation of State law providing specifically for housing authorities for Indians.

INITIAL PHA. In portability, the term refers to both:

A PHA that originally selected a family that later decides to move out of the jurisdiction of the selecting PHA; and

A PHA that absorbed a family that later decides to move out of the jurisdiction of the absorbing PHA.

INITIAL PAYMENT STANDARD. The payment standard at the beginning of the HAP contract term.

INITIAL RENT TO OWNER. The rent to owner at the beginning of the HAP contract term.

INTEREST REDUCTION SUBSIDIES. The monthly payments or discounts made by HUD to reduce the debt service payments and, hence, rents required on Section 236 and 221 (d)(3) BMIR projects. Includes monthly interest reduction payments made to mortgagees of Section 236 projects and front-end loan discounts paid on BMIR projects.

JURISDICTION. The area in which the PHA has authority under State and local law to administer the program.

LANDLORD. This term means either the owner of the property or his/her representative or the managing agent or his/her representative, as shall be designated by the owner.

LARGE VERY LOW INCOME FAMILY. Prior to the 1982 regulations, this meant a very low income family which included six or more minors. This term is no longer used.

LEASE. A written agreement between an owner and a tenant for the leasing of a dwelling unit to the tenant. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP contract between the owner and the PHA. In cooperative housing, a written agreement between a cooperative and a member of the cooperative. The agreement establishes the conditions for occupancy of the member's family with housing assistance payments to the cooperative under a HAP contract between the cooperative and the PHA.

LEASE ADDENDUM. See Tenancy Addendum.

LIVE-IN AIDE. A person who resides with an elderly or disabled person and who:

Is determined to be essential to the care and well-being of the person

Is not obligated for the support of the person

Would not be living in the unit except to provide necessary supportive services

LOCAL PREFERENCE. A preference used by the PHA to select among applicant families without regard to their federal preference status.

LOW-INCOME FAMILY. A family whose annual income does not exceed 80 percent of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. For admission to the certificate program, HUD may establish income limits higher or lower than 80 percent of the median income for the area on the basis of its finding that such variations are necessary because of the prevailing levels of construction costs or unusually high or low family incomes.

MANUFACTURED HOME. A manufactured structure that is on a permanent chassis, is designed for use as a principal place of residence, and meets the HQS. A special housing type. See 24 CFR 982.620 to 982.621.

MANUFACTURED HOME SPACE. In manufactured home space rental: A space **leased by an owner to a family. A manufactured home owned and occupied by the family is located on the space. See 24 CFR 982.622 to 982.624.**

MARKET RENT. The rent HUD authorizes the owner of FHA insured/subsidized multi-family housing to collect from families ineligible for assistance. For unsubsidized units in a FHA-insured multi-family project in which a portion of the total units receive project-based rental assistance, under the Rental Supplement or Section 202/Section 8 Programs, the Market Rate Rent is that rent approved by HUD and is the Contract Rent for a Section 8 Certificate holder. For BMIR units, Market Rent varies by whether the project is a rental or cooperative.

MEDICAL EXPENSES. Those total medical expenses, including medical insurance premiums, that are anticipated during the period for which Annual Income is computed, and that are not covered by insurance. A deduction for Elderly Households only. These allowances are given when calculating adjusted income for medical expenses in excess of 3% of Annual Income.

MINOR. A member of the family household (excluding foster children) other than the family head or spouse who is under 18 years of age.

MIXED FAMILY. A family with citizens and eligible immigration status and without citizens and eligible immigration status as defined in 24 CFR 5.504(b)(3).

MONTHLY ADJUSTED INCOME. 1/12 of the Annual Income after Allowances or Adjusted Income.

MONTHLY INCOME. 1/12 of the Annual Income.

NATIONAL. A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

NEGATIVE RENT. Now called Utility Reimbursement. A negative Tenant Rent results in a Utility Reimbursement Payment (URP).

NET FAMILY ASSETS. Value of equity in savings, checking, IRA and Keogh accounts, real property, stocks, bonds, and other forms of capital investment. The value of necessary items of personal property such as furniture and automobiles is excluded from the definition.

NET FAMILY CONTRIBUTION. Former name for Tenant Rent.

NON-CITIZEN. A person who is neither a citizen nor a national of the United States.

OCCUPANCY STANDARDS. [Now referred to as Subsidy Standards] Standards established by a PHA to determine the appropriate number of bedrooms for families of different sizes and compositions.

OWNER. Any persons or entity having the legal right to lease or sublease housing.

PARTICIPANT. A family that has been admitted to the PHA's voucher program. The family becomes a participant on the effective date of the first HAP contract executed by the PHA for the family (First day of initial lease term).

PAYMENT STANDARD. The maximum subsidy payment for a family (before deducting the family contribution). The PHA sets a payment standard in the range from 90 - 110 percent of the current FMR/exception rent limit.

PERSONS WITH DISABILITIES. Individuals with any condition or characteristic that renders a person an individual with a handicap as defined in 24 CFR 8.2.

PHA PLAN. The annual plan and the 5-year plan as adopted by the PHA and approved by HUD in accordance with part 903 of this chapter.

PORTABILITY. Renting a dwelling unit with Section 8 tenant-based assistance outside the jurisdiction of the initial PHA.

PREMISES. The building or complex in which the dwelling unit is located, including common areas and grounds.

PRIVATE SPACE. In shared housing: The portion of a contract unit that is for the exclusive use of an assisted family.

PROGRAM. The Section 8 tenant-based assistance program under this part.

PROGRAM RECEIPTS. HUD payments to the PHA under the consolidated ACC, and any other amounts received by the PHA in connection with the program.

PUBLIC ASSISTANCE. Welfare or other payments to families or individuals, based on need, which are made under programs funded, separately or jointly, by Federal, state, or local governments.

PUBLIC HOUSING AGENCY (PHA). Any state, county, municipality, or other governmental entity or public body authorized to administer the program (or an agency or instrumentality of such an entity), or any of the following:

A consortium of housing agencies, each of which meets the qualifications of this definition, that HUD determines has the capacity and capability to efficiently administer the program (in which case, HUD may enter into a consolidated ACC with any legal entity authorized to act as the legal representative of the consortia members):

Any other public or private non-profit entity that was administering a Section 8 tenant-based assistance program pursuant to a contract with the contract administrator of such program (HUD or PHA) on October 21, 1998; or

For any area outside the jurisdiction of a PHA that is administering a tenant-based program, or where HUD determines that such PHA is not administering the program effectively, a private non-profit entity or a governmental entity or public body that would otherwise lack jurisdiction to administer the program in such area.

REASONABLE RENT. A rent to owner that is not more than rent charged for comparable units in the private unassisted market, and not more than the rent charged for comparable unassisted units in the premises.

RECEIVING PHA. In portability: A PHA that receives a family selected for participation in the tenant-based program of another PHA. The receiving PHA issues a certificate or voucher and provides program assistance to the family.

RECERTIFICATION. Sometimes called reexamination. The process of securing documentation of total family income used to determine the rent the tenant will pay for the next 12 months if there are no additional changes to be reported. There are annual and interim recertifications.

REMAINING MEMBER OF TENANT FAMILY. Person left in assisted housing after other family members have left and become unassisted.

RENT TO OWNER. The total monthly rent payable to the owner under the lease for the unit. Rent to owner covers payment for any housing services, maintenance and utilities that the owner is required to provide and pay for.

RESIDENCY PREFERENCE. A PHA preference for admission of families that reside anywhere in a specified area, including families with a member who works or has been hired to work in the area ("residency preference area").

RESIDENCY PREFERENCE AREA. The specified area where families must reside to qualify for a residency preference.

RESIDENT ASSISTANT. A person who lives in an Independent Group Residence and provides on a daily basis some or all of the necessary services to elderly, handicapped, and disabled individuals receiving Section 8 housing assistance and who is essential to these individuals' care or wellbeing. A Resident Assistant shall not be related by blood, marriage or operation of law to individuals receiving Section 8 assistance nor contribute to a portion of his/her income or resources towards the expenses of these individuals.

RESPONSIBLE ENTITY. For the public housing and Section 8 tenant-based assistance, project-based certificate assistance and moderate rehabilitation program, the responsible entity means the PHA administering the program under an ACC with HUD. For all other Section 8 programs, the responsible entity means the Section 8 owner.

SECRETARY. The Secretary of Housing and Urban Development.

SECURITY DEPOSIT. A dollar amount which can be applied to unpaid rent, damages or other amounts to the owner under the lease.

SERVICE PERSON. A person in the active military or naval service (including the active reserve) of the United States.

SINGLE PERSON. A person living alone or intending to live alone.

SPECIAL ADMISSION. Admission of an applicant that is not on the PHA waiting list or without considering the applicant's waiting list position.

SPECIAL HOUSING TYPES. See Subpart M of 24 CFR 982, which states the special regulatory requirements for SRO housing, congregate housing, group homes, shared housing, cooperatives (including mutual housing), and manufactured homes (including manufactured home space rental).

SPOUSE. The husband or wife of the head of the household.

SUBSIDIZED PROJECT. A multi-family housing project (with the exception of a project owned by a cooperative housing mortgage corporation or association) which receives the benefit of subsidy in the form of:

Below-market interest rates pursuant to Section 221(d)(3) and (5) or interest reduction payments pursuant to Section 236 of the National Housing Act; or

Rent supplement payments under Section 101 of the Housing and Urban Development Act of 1965; or

Direct loans pursuant to Section 202 of the Housing Act of 1959; or

Payments under the Section 23 Housing Assistance Payments Program pursuant to Section 23 of the United States Housing Act of 1937 prior to amendment by the Housing and Community Development Act of 1974;

Payments under the Section 8 Housing Assistance Payments Program pursuant to Section 8 of the United States Housing Act after amendment by the Housing and Community Development Act unless the project is owned by a Public Housing Agency;

A Public Housing Project.

SUBSIDY STANDARD. Standards established by a PHA to determine the appropriate number of bedrooms and amount of subsidy for families of different sizes and compositions.

SUBSTANDARD UNIT. Substandard housing is defined by HUD for use as a federal preference.

SUSPENSION/TOLLING. Stopping the clock on the term of a family's voucher, for such period as determined by the PHA, from the time when the family submits a Request for Tenancy Approval to lease a unit until the time the owner decides not to enter into an initial lease with the tenant. If the PHA decides to allow extensions or suspensions of the voucher term, the PHA administrative plan must describe how the PHA determines whether to grant extensions or suspensions, and how the PHA determines the length of any extension or suspension.

TENANCY ADDENDUM. In the lease between the tenant and the owner, the lease language required by HUD.

TENANT. The person or persons who executes the lease as lessee of the dwelling unit (cannot be a live-in aide).

TENANT RENT. The amount payable monthly by the family as rent to the unit owner.

TOTAL TENANT PAYMENT (TTP). The total amount the HUD rent formula requires the tenant to pay toward rent and utilities.

UNIT. Residential space for the private use of a family.

UNUSUAL EXPENSES. Prior to the change in the 1982 regulations, this was the term applied to the amounts paid by the family for the care of minors under 13 years of age or for the care of disabled or handicapped family household members, but only where such care was necessary to enable a family member to be gainfully employed.

UTILITIES. Utilities means water, electricity, gas, other heating, refrigeration, cooking fuels, trash collection and sewage services. Telephone service is not included as a utility.

UTILITY ALLOWANCE. If the cost of utilities (except telephone) including range and refrigerator, and other housing services for an assisted unit is not included in the Contract Rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a PHA or HUD of a reasonable consumption of such utilities and other services for the unit by an energy conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthy living environment.

UTILITY REIMBURSEMENT PAYMENT. The amount, if any, by which the Utility Allowance for the unit, if applicable, exceeds the Total Tenant Payment for the family occupying the unit.

VERY LOW INCOME FAMILY. A Lower-Income Family whose Annual Income does not exceed 50% of the median income for the area, as determined by HUD, with adjustments for smaller and larger families. HUD may establish income limits higher or lower than 50% of the median income for the area on the basis of its finding that such variations are necessary because of unusually high or low family incomes. This is the income limit for the Certificate and Voucher Programs.

VETERAN. A person who has completed basic training to serve in the active U. S. military or naval service and has been discharged or released therefrom under honorable conditions. "Other than honorable" is considered a negative discharge. (See Ch. 4)

VIOLENT CRIMINAL ACTIVITY. Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

VOUCHER HOLDER. A family holding a voucher with an unexpired term.

VOUCHER PROGRAM. The Housing Choice Voucher Program (Enhanced Voucher).

WAITING LIST. A list of families organized according to HUD regulations and PHA policy who are waiting for subsidy to become available.

WAITING LIST ADMISSION. An admission from the PHA waiting list.

WELFARE ASSISTANCE. Income assistance from Federal or State welfare programs, including assistance provided under TANF and general assistance. Does not include assistance directed solely to meeting housing expenses, nor programs that provide health care, child care or other services for working families.

C. GLOSSARY OF TERMS USED IN THE NONCITIZENS RULE

CHILD. A member of the family other than the family head or spouse who is under 18 years of age.

CITIZEN. A citizen or national of the United States.

EVIDENCE. Evidence of citizenship or eligible immigration status means the documents which must be submitted to evidence citizenship or eligible immigration status.

HEAD OF HOUSEHOLD. The adult member of the family who is the head of the household for purpose of determining income eligibility and rent.

HUD. Department of Housing and Urban Development.

INS. The U.S. Immigration and Naturalization Service.

MIXED FAMILY. A family whose members include those with citizenship or eligible immigration status and those without citizenship or eligible immigration status.

NATIONAL. A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

NONCITIZEN. A person who is neither a citizen nor nation of the United States.

PHA. A housing authority--either a public housing agency or an Indian housing authority or both.

RESPONSIBLE ENTITY. The person or entity responsible for administering the restrictions on providing assistance to noncitizens with ineligible immigration status (the PHA).

SECTION 214. Section 214 restricts HUD from making financial assistance available for noncitizens unless they meet one of the categories of eligible immigration status specified in Section 214.

SPOUSE. Spouse refers to the marriage partner, either a husband or wife, who is someone you need to divorce in order to dissolve the relationship. It includes the partner in a common-law marriage. It does not cover boyfriends, girlfriends, significant others, or "co-heads." "Co-head" is a term recognized by some HUD programs, but not by public and Indian housing programs.

PROGRAM INTEGRITY ADDENDUM

INTRODUCTION

The U.S. Department of HUD conservatively estimates that 200 million dollars is paid annually to program participants who falsify or omit material facts in order to gain more rental assistance than they are entitled to under the law. HUD further estimates that 12% of all HUD-assisted families are either totally ineligible, or are receiving benefits which exceed their legal entitlement.

The PHA is committed to assuring that the proper level of benefits is paid to all participating families, and that housing resources reach only income-eligible families so that program integrity can be maintained.

The PHA will take all steps necessary to prevent fraud, waste, and mismanagement so that program resources are utilized judiciously.

This Chapter outlines the PHA's policies for the prevention, detection and investigation of program abuse and fraud.

A. CRITERIA FOR INVESTIGATION OF SUSPECTED ABUSE AND FRAUD

Under no circumstances will the PHA undertake an inquiry or an audit of a participating family arbitrarily. The PHA's expectation is that participating families will comply with HUD requirements, provisions of the voucher, and other program rules. The PHA staff will make every effort (formally and informally) to orient and educate all families in order to avoid unintentional violations. However, the PHA has a responsibility to HUD, to the Community, and to eligible families in need of housing assistance to monitor participants and owners for compliance and, when indicators of possible abuse come to the PHA's attention, to investigate such claims.

The PHA will initiate an investigation of a participating family only in the event of one or more of the following circumstances:

Referrals, Complaints, or Tips: The PHA will follow up on referrals received by mail, by telephone, or in person from other agencies, companies, or persons alleging that a family is in noncompliance with or otherwise violating the family obligations or any other program rules. Such follow-up will be made providing that the referral contains at least one item of information that is independently verifiable. A copy of the allegation will be retained in the family's file.

Internal File Review: A follow-up will be made if the PHA staff discovers (as a function of a certification or recertification, an interim determination, or a quality control review) information or facts that conflict with previous file data, the PHA's knowledge of the family, or statements made by the family.

Verification of Documentation: A follow-up will be made if the PHA receives independent verification or documentation that conflicts with representations in the family's file (such as public record information or reports from credit bureaus or other agencies).

B. STEPS THE PHA WILL TAKE TO PREVENT PROGRAM ABUSE AND FRAUD

The PHA management and staff will utilize various methods and practices (listed below) to prevent program abuse, non-compliance, and willful violations of program rules by applicants and participating families. This policy objective is to establish confidence and trust in the management by emphasizing education as the primary means to obtain compliance by families.

Things You Should Know. This program integrity bulletin (created by HUD's Inspector General) **will be furnished and explained to all applicants** to promote an understanding of program rules, and to clarify the PHA's expectations for cooperation and compliance.

Program Orientation Session. **Mandatory orientation sessions will be conducted by the PHA staff for all prospective program participants, either prior to or upon issuance of a voucher. At the end of the briefing session, each family is interviewed by LMHA staff to personalize the questions and needs of that family.**

Resident Counseling. **The PHA will routinely provide participant counseling as a part of every recertification interview in order to clarify any confusion pertaining to program rules and requirements.**

Review and Explanation of Forms. **Staff will explain all required forms and review the contents of all certification and recertification documents prior to signature.**

Use of Instructive Signs and Warnings. **Instructive signs will be conspicuously posted in common areas and interview areas to reinforce compliance with program rules and to warn about penalties for fraud and abuse.**

Participant Certification. **All adult family members will be required to sign the appropriate forms at each decertification, along with one that reads: "I must report in writing within 7 days any changes in my household income or family composition."**

C. STEPS THE PHAS WILL TAKE TO DETECT PROGRAM ABUSE AND FRAUD

The PHA Staff will maintain a high level of awareness to indicators of possible abuse and fraud by assisted families.

Quality Control File Reviews. **Prior to initial certification, and at the completion of all subsequent recertifications, at least 3% of the participants' files will be reviewed. Such reviews shall include, but are not limited to:**

Assurance that verification of all income and deductions is present

Changes in reported Social Security Numbers or dates of birth

Authenticity of file documents

Ratio between reported income and expenditures

Review of signatures for consistency with previously signed file documents

All forms are correctly dated and signed

Observation. **The PHA Management and Occupancy Staff (to include inspection personnel) will maintain high awareness of circumstances which may indicate program abuse or fraud, such as unauthorized persons residing in the household and unreported income.**

Observations will be documented in the family's file and a meeting scheduled to discuss the possible abuse or fraud.

Public Record Bulletins **may be reviewed by Management and Staff.**

State Wage Data Record Keepers. Inquiries to State Wage and Employment record keeping agencies as authorized under Public Law 100-628, the Stewart B. McKinley Homeless Assistance Amendments Act of 1988, may be made in order to detect unreported wages or unemployment compensation benefits.

Credit Bureau Inquiries. **Credit Bureau inquiries may be made (with proper authorization by the participant) in the following circumstances:**

When an allegation is received by the PHA wherein unreported income sources are disclosed;

When a participant's expenditures exceed his/her reported income, and no plausible explanation is given.

D. THE PHA'S HANDLING OF ALLEGATIONS OF POSSIBLE ABUSE AND FRAUD

The PHA Staff will encourage all participating families to report suspected abuse to the Section 8 office or any other LMHA employee. All such referrals, as well as referrals from community members and other agencies, will be thoroughly documented and placed in the participant's file. All allegations, complaints, and tips will be carefully evaluated in order to determine if they warrant follow-up. The PHA will not follow up on allegations which are vague or otherwise non-specific. They will only review allegations which contain one or more independently verifiable facts.

File Review. An internal file review will be conducted to determine:

> **If the subject of the allegation is a client of the PHA and, if so, to determine whether or not the information reported has been previously disclosed by the family.**

It will then be determined if the PHA is the most appropriate authority to do a follow-up (more so than police or social services). Any file documentation of past behavior as well as corroborating complaints will be evaluated.

Conclusion of Preliminary Review. **If at the conclusion of the preliminary file review there is/are fact(s) contained in the allegation which conflict with the file data, and the fact(s) are independently verifiable, the PHA will initiate an investigation to determine if the allegation is true or false.**

E. OVERPAYMENT TO OWNERS

If the landlord has been overpaid as a result of fraud, misrepresentation or violation of the Contract, the PHA may terminate the Contract and arrange for restitution to the PHA and/or family as appropriate.

The PHA will make every effort to recover any overpayment made as a result of landlord fraud or abuse. Payment otherwise due to the owner may be debited in order to repay the PHA or the tenant, as applicable.

F. HOW THE PHA WILL INVESTIGATE ALLEGATIONS OF ABUSE AND FRAUD

If the PHA determines that an allegation or referral warrants follow-up, the PHA designated person(s) to monitor the program compliance will conduct the investigation. The steps taken will depend upon the nature of the allegation and may include, but are not limited to, the items listed below. The PHA will use signed authorizations by the program participant for the release of information.

Credit Bureau Inquiries. **In cases involving previously unreported income sources, a CBI inquiry may be made to determine if there is financial activity that conflicts with the unreported income of the family.**

Verification of Credit. **In cases where the financial activity conflicts with file data, a *Verification of Credit* form may be mailed to the creditor in order to determine the unreported income source.**

Employers and Ex-Employers. **Employers or ex-employers may be contacted to verify wages which may have been previously undisclosed or misreported.**

Neighbors/Witnesses. **Neighbors and/or other witnesses may be interviewed who are believed to have direct or indirect knowledge of facts pertaining to the PHA's review.**

Other Agencies. **Investigators, case workers or representatives of other benefit agencies may be contacted.**

Public Records. **If relevant, the PHA will review public records kept in any jurisdictional courthouse. Examples of public records which may be checked are: real estate, marriage, divorce, uniform commercial code financing statements, voter registration, judgments, court or police records, state wage records, utility records, and postal records.**

Interviews with Head of Household or Family Members. **The PHA will discuss the allegation (or details thereof) with the Head of Household or family member by scheduling an appointment at the PHA office. A high standard of courtesy and professionalism will be maintained by the PHA staff person who conducts such interviews. Under no circumstances will inflammatory language, accusation, or any unprofessional conduct or language be tolerated by the management. If possible, an additional staff person will attend such interviews.**

G. PLACEMENT OF DOCUMENTS, EVIDENCE AND STATEMENTS OBTAINED BY THE PHA

Documents and other evidence obtained by the PHA during the course of an investigation will be considered "work product" and will be kept in the participant's file. Such cases under review will not be discussed among PHA staff unless they are involved in the process, or have information which may assist in the investigation.

H. CONCLUSION OF THE PHA'S INVESTIGATIVE REVIEW

At the conclusion of the investigative review, it will then be determined whether a violation has occurred, a violation has not occurred, or if the facts are inconclusive.

I. EVALUATION OF THE FINDINGS

If it is determined that a program violation has occurred, the PHA will review the facts to determine:

The type of violation (procedural, non-compliance, fraud)

Whether the violation was intentional or not

What amount of money, if any, is owed by the family

If the family is eligible for continued occupancy

J. ACTION PROCEDURES FOR VIOLATIONS WHICH HAVE BEEN DOCUMENTED

Once a program violation has been documented, **the PHA will propose the most appropriate remedy based upon the type and severity of the violation.**

1. Procedural Non-compliance. This category applies when the family "fails to" observe a procedure or requirement of the PHA, but does not misrepresent a material fact, and there is no retroactive assistance payment owed by the family.

Examples of non-compliance violations are:

Failure to appear at a pre-scheduled appointment

Failure to return verification in time period specified

Warning Notice to the Family: **In such cases a notice will be sent to the family which contains the following:**

A description of the non-compliance and the procedure, policy or obligation which was violated.

The date by which the violation must be corrected, or the procedure complied with.

The action which will be taken by the PHA if the procedure or obligation is not complied with by the date specified by the PHA.

The consequences of repeated (similar) violations.

2. Procedural Non-compliance - Overpaid Assistance. When the family owes money to the PHA for failure to report changes in income or assets, the PHA will issue a Notification of Overpayment of Assistance. **This Notice will contain the following:**

A description of the violation and the date(s)

Any amount owed to the PHA

A 10-day response period

The right to disagree and to request an informal hearing with instructions for the request of such hearing.

(a) Participant Fails to Comply with PHA's Notice.

If the Participant fails to comply with the PHA's notice, and a family obligation has been violated, the PHA will initiate termination of assistance.

(b) Participant Complies with PHA's Notice.

When a family complies with the PHA's notice, the staff person responsible will meet with him/her to discuss and explain the Family Obligation or program rule which was violated. The staff person will note the discussion in the file.

3. Intentional Misrepresentations. When a participant falsifies, misstates, omits or otherwise misrepresents a material fact which results (or would have resulted) in an overpayment of housing assistance by the PHA, **the PHA will evaluate whether or not:**

the participant had knowledge that his/her actions were wrong;

the participant willfully violated the family obligations or the law

Knowledge that the action or inaction was wrong. **This will be evaluated by determining if the participant was made aware of program requirements and prohibitions. The participant's signature on various certification and Personal Declaration are adequate to establish knowledge of wrong-doing.**

The participant willfully violated the law. **Any of the following circumstances will be considered adequate to demonstrate willful intent:**

An admission by the participant of the misrepresentation

The act was done repeatedly

A false name or Social Security Number was used

There were admissions to others of the illegal action or omission

The participant omitted material facts which were known to him/her (e.g., employment of self or other household member)

The participant falsified, forged or altered documents

The participant uttered and certified to statements an interim determination which were later independently verified to be false

4. Dispositions of Cases Involving Misrepresentations. In all cases of misrepresentation involving efforts to recover monies owed, the PHA may pursue, depending upon its evaluation of the criteria stated above, one or more of the following actions:

(a) Criminal Prosecution: **If the PHA has established criminal intent, and the case meets the criteria for prosecution, the PHA may:**

Refer the case to the PHA Legal Counsel, District Attorney, and/or HUD's RIGI, and terminate rental assistance

(b) Administrative Remedies: **The PHA may:**

Terminate assistance and demand payment of restitution in full;

Terminate assistance and execute an administrative repayment agreement in accordance with the PHA's Repayment Policy;

Terminate assistance and pursue restitution through civil litigation;

Permit continued assistance at the correct level and execute an administrative repayment agreement in accordance with the PHA's repayment policy

5. Determining Course of Action. Prior to the final determination of the proposed action, the PHA will consider:

The duration of the violation and number of false statements

The family's ability to understand the rules

The family's willingness to cooperate, and to accept responsibility for his/her actions

The amount of money involved

The family's past history

Whether or not criminal intent has been established

6. Notification to Participant of Proposed Action. The PHA will notify the family by mail of the final determination and offer an Informal Hearing opportunity.

LORAIN METROPOLITAN HOUSING AUTHORITY
MAINTENANCE DEPARTMENT
POLICIES

August 2, 1999
Revised April 12, 2000

INDEX

MAINTENANCE DEPARTMENT POLICIES

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MAINTENANCE DRESS CODE POLICY

- It is the policy of the Lorain Metropolitan Housing Authority to have all of its Maintenance personnel maintain a neat and clean appearance at all times.

- Issued uniforms must be worn at all times unless special conditions exist that would require a temporary change in policy. The Executive Director or Assistant Director must approve any Dress Code Policy change other than the standard uniform.

- LMHA approved shorts may be purchased by the employee and worn during extreme heat conditions. Management will decide when it is appropriate to wear shorts.

- Work shoes must be worn at all times.

- Safety glasses and other equipment, to suit the assigned job, must be worn/used at all times.

ATTENDANCE POLICY

- LMHA Maintenance hours are from 8:00 a.m. to 4:30 p.m., Monday thru Friday with a thirty (30) minute lunch period. Any travel time for lunch is deducted from the thirty minutes.

- All times are scheduled by LMHA Management and may be altered, all or in part, to suit the needs of the Housing Authority.

- All Maintenance Staff are required to report to work on time and are required to punch in and out on a time clock. If a time clock is unavailable at the assigned location a Supervisor must verify the time entered and initial the card.

- Time cards are an official document. Any falsification of this record will be cause for disciplinary action or dismissal.

- An employee who cannot report to work due to illness or accident is required to notify the Maintenance Manager or the Assistant Maintenance Manager one hour (60 minutes) before the scheduled starting time and each morning thereafter unless other arrangements have been made with the Maintenance Manager.

- Any employee that fails to report off within one hour of the starting time will not be paid for the absence.

- If an employee does not report off it will be considered job abandonment and disciplinary action or dismissal could result.

- Employees that show a pattern of repeated tardiness will be disciplined. If such discipline is not effective in correcting the employees tardiness, termination will result.

COMMUNICATIONS POLICY

- Radios are assigned to Maintenance employees for communication and safety.
- These radios are licensed by the FCC and all regulations must be followed.
- No abusive language will be tolerated by the Housing Authority or the FCC.
- No interference of other transmissions is allowed.
- Radios are for business use only. Anyone interfering with the normal operation of LMHA business will be subject to discipline or dismissal.
- A false emergency call is illegal and subject to prosecution and immediate dismissal.
- Distribution of radios will be determined by Management and assigned to the employee. Care of the radio is the responsibility of the employee to whom it is assigned.
- Loss or damage to a radio may be cause for disciplinary action.

INVENTORY POLICY

- It is the policy of the Lorain Metropolitan Housing Authority to maintain an accurate accounting of all inventory.

- Inventory will be controlled by assigning Maintenance Mechanics to distribute and track all materials delivered and used in their Zones. All items must be accounted for on Work Orders.

- The Materials Manager will be in charge of all movement and tracking of inventory. No materials, other than minor petty cash, will be purchased or assigned without going through the Purchasing Department.

- Inventory will be taken a minimum of once a year, with spot checks on a random basis throughout the year. The Director or Assistant Director will set the date and the type of inventory count.

- Possible disciplinary action will be taken against any employee that repeatedly violates policy set by the Materials Manager.

PEST CONTROL POLICY

The Lorain Metropolitan Housing Authority recognizes the importance of pest and vermin control in providing a living environment of adequate health and safety for it's residents. To achieve this control the Authority has adopted a control policy that will be implemented by the Maintenance Manager. LMHA will make all efforts to provide a healthy and pest free environment for its residents.

- The Authority will determine which, if any, treatment for the eradication of those pests which infest its properties and will then provide the best possible treatment for the eradication of those pests.

- The Maintenance Manager will determine the most cost-effective way of delivering the treatments--whether by contractor or licensed Authority personnel.

- The Authority will analyze the current condition of each property by either inspection or tenant requests. Each site will be treated at least monthly in order to adequately address any existing infestations. Special attention will be paid to the control of cockroaches. Schedules may vary according to the severity or type of infestation.

- Resident cooperation with the extermination plan is essential. All scheduled apartments must be treated. Residents will be sent a written notice at least forty-eight (48) hours prior to an extermination. This notice will include instructions that describe how to prepare the unit for treatment and be considered a mandatory entry notice.

THE LORAIN METROPOLITAN HOUSING AUTHORITY
MAINTENANCE PLAN

The goals and objectives of the LMHA Maintenance Department are to maintain each and every development in a condition equal to or greater than Housing Quality Standards (HQS) and local building code requirements, to meet and exceed all maintenance related PHMAP indicators and to properly utilize the existing staff in an efficient and cost effective manner.

- Preventative Maintenance minimizes the need for regular maintenance and extraordinary repairs, and extends the life of sites, equipment and systems. Therefore, it should not be considered an extra load on the Maintenance Staff.

- A good Preventative Maintenance Program will allow the Maintenance Department to be pro active rather than just reacting to emergencies and resident requests. This reduces the number of work orders, which results in a smaller work load on the Maintenance Staff and more satisfaction among residents.

STAFFING PLAN

- The Director is responsible to ensure Maintenance Procedures are in place to provide safe and sanitary housing.

- The Assistant Director is to approve Maintenance Procedures and Policies.

- The Maintenance Manager is responsible for the general day-to-day operation of the Maintenance Department, developing Maintenance Procedures and Policies as per HUD standards.

- The Maintenance Foremen are responsible for scheduling and supervising all Maintenance activities and to ensure that equipment and materials are available to complete the activities with quality workmanship and within the time restraints of PHMAP Indicator #4.

- The Construction Manager is responsible for overseeing all construction and major rehab projects.

SCHEDULING

- The LMHA strategy for day-to-day maintenance needs of the properties is to schedule and assign Work Orders to the Maintenance Staff according to priority, development and season.

- The assignment of foreman and Maintenance Staff to specific sites and special projects will be at the discretion of the Maintenance Manager, with the approval of the Director.

- Foremen and Supervisors will schedule all routine site, monthly and seasonal Work Orders based on an average flow of approximately 30 Work Orders per day. Work Orders should be distributed based on skills/type to the Maintenance Staff and working Foremen.

- All Work Orders will be scheduled according to priority and time received.

- Priority Work Orders will always be scheduled evenly and finished before any other work is started.

- In order to schedule priority work properly, it is necessary to hold all priority Work Orders (except emergency situations) until the start of the Second Shift on Monday only. The Second Shift (1:00 p.m. - 9:30 p.m.) employee will start the shift doing all priority work in the order they were received from 8:00 a.m. until 12:00 p.m. Monday.

All priorities received after 12:00 p.m. Monday will be done by the regular Maintenance staff on Tuesday morning.

Tuesday thru Thursday priority Work Orders will be scheduled for the regular staff with the Second Shift back to regular assigned duties.

- Friday will be the catch up day. All priority Work Orders (including Friday) must be done by the end of the regular shift. Any Work Orders not completed may be given to the Second Shift employee but after 4:30 p.m. priorities called in through the Answering Service must be considered. Care must be taken not to overload this shift. The Second Shift staff shall respond to emergency calls until the start of the next regular work day.

MONTHLY PROCEDURES

- Preventative Maintenance and Safety Inspections will be issued the first of each month and will be scheduled throughout the month by the Foreman in charge, with the exception of Safety Inspections which must be done the first week of each month.

- Any hazardous conditions listed on the inspection must be corrected as soon as possible with the date of abatement noted on the Inspection Form. A copy of all inspections and abated hazards will be sent to the Health and Safety officer to be filed and distributed.

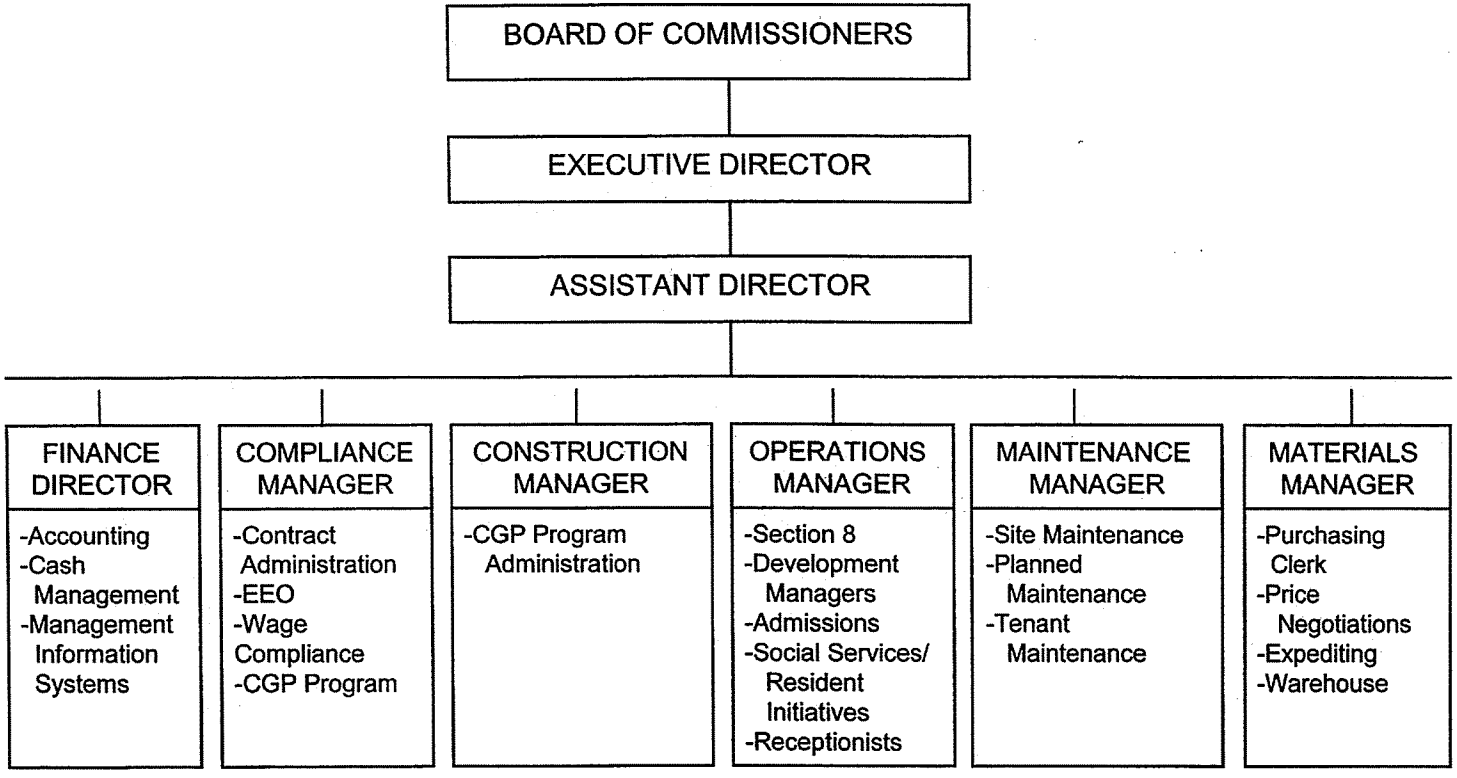
SEASONAL PROCEDURES

- Work Orders will be issued in order to prepare for the approaching weather change. (I.e. February — all lawn equipment inspected and serviced, all air conditioning units inspected and cleaned, etc.).

- A seasonal Work Schedule will be given to the Foremen so materials and manpower will be available when the Work Order is issued.

LORAIN METROPOLITAN HOUSING AUTHORITY

ORGANIZATIONAL CHART



Chairperson Januzzi introduced the following resolution, read in full, and considered on April 14, 2004:

RESOLUTION: 9170-04

Be it resolved by the Lorain Metropolitan Housing Authority that the Board hereby approves the FY 2005 Public Housing Authority Annual Plan and all supporting attachments.

Member France moved the foregoing resolution be adopted as introduced and read, which was supported by Member Hopewell, and upon roll call the ayes and nays were as follows:

AYES	NAYS
Ettore Januzzi	None
Evelyn France	
Drake Hopewell	

The Chairperson hereupon declared said motion carried and said motion adopted.

Ettore N Januzzi

Lorain Metropolitan Housing Authority
Family Self-Sufficiency Action Plan

I. Demographic Data

The Family Self-Sufficiency (FSS) Program was established in 1994. All Section 8 participants were mailed letters briefly describing the Family Self-Sufficiency (FSS) Program. All interested parties were instructed to return the enclosed information form to be scheduled for an orientation. Approximately 9.7% of the total respondents are interested in the FSS program. Lorain Metropolitan housing Authority (LMHA) will target forty-five (45) families for FSS Program.

Lorain county has 2709 participating in the LMHA Section 8 program. This population consists of families, elderly families, disabled and/or physically challenged participants.

Section 8 Voucher	& Bedroom Size
675	1 bedroom
915	2 bedroom
892	3 bedroom
194	4 bedroom
29	5 bedroom
2	6 bedroom
2	7 bedroom
2709	Total vouchers

II. Program Description

The LMHA FSS Program will strive to promote and encourage the coordination of public and private resources to enable families to achieve independence and self sufficiency. Forty-five families in the Section 8 sector are targeted for this program. The FSS Program will not be required to replace any participant who completes their goals toward self-sufficiency effective 10/98. The LMHA will maintain records to reflect this reduction. Because the FSS program goals work integrally with community welfare reform programs, LMHA plans to promote and disseminate information regarding the program as an ongoing attempt to maintain an active program. Currently there is a waiting list to participate in the program.

The goal for the program and the goal of the family is to achieve self-sufficiency.

LMHA Objectives

- To collaborate with agencies in Lorain County to bring forth resources in the best delivery possible. To enable each family to receive needed services or activities that will lead to self-sufficiency.
- To develop a program that is culturally specific to each family that deals with assessing needs, eliminating barriers and achieving the goals of the family.
- To document the achievement of each family

- To evaluate the program
- To maintain flexibility

Case Management/Assessment

FSS family members, that are identified as JOBS/Pathways participants will receive assessment, case management, child care, transportation reimbursements, educational counseling, and job experience opportunities.

Individuals not eligible for the JOBS/Pathways program may be assisted by the Lorain County Human Services Social Service Department through the Prevention, Retention, Contingency (PRC) program. This department services approximately 220 through referrals, case management, and counseling services.

LMHA will assess all FSS participants. The needs for families will be determined by the FSS Coordinator and the head of household for the family. Goals and objectives will be determined based upon the realistic desires of the family member and the available resources of Lorain County.

Education and Training

Adult Basic Education is provided at eight Able sites in the community of Lorain. There are ten sites in Elyria and four sites in the Oberlin Area. LMHA in collaboration with Elyria City Schools provides a GED/ESL site at the Wilkes Villa family development in Elyria.

If a need exists for Adult Basic Education or GED preparation for an FSS Participant, there are may sites available throughout the county.

Joint Vocational School

The Joint Vocational School (JVS) is centrally located between Lorain Elyria, and Oberlin. The school offers many vocational studies, such as carpentry, refrigeration, electronics, as well as computer skills, auto mechanics, and machine shop. These program help students to pursue non-traditional careers. It also provides remedial training as well as concentrated training in a variety of office positions. Placement and counseling are available. JVS provides financial assistance through Pell grants, OIG assistance, and Single Parent Financial Assistance Program.

Lorain County Community College

LCCC has many services to assist FSS families. It has a continuing education program that allows students to receive their associates Degree and pursue their Bachelors Degree through the Partnership Program-a collaboration of various four year colleges offered at the LCCC campus. LCCC also provides programs that address short term education and refresher courses to enhance and provide ongoing education.

Additional LCCC programs assist in the following specialized needs:

Women's Link Program-assists displaced homemakers and/or women re-entering students. The program offers counseling, career information and one-on-one support that will aid women in achieving their goals.

Yes, I can Program-a Human Services Initiative that assists TANF recipients in pursuing higher education. They provide grant and loan information; and career counseling.

GED Classes-available on site through the use of computers so the individual may work at his own pace. The GED test is administered at this site.

In addition LCCC has a variety of programs that assist with the major needs of any student including, on site childcare, financial aid, and groups designated to assist students in specific fields educationally and culturally..

Employment NetWork

LMHA has developed a partnership with the Employment NetWork, an agency providing a one-stop location in Lorain County with a collaborations with various agency resources. The Employment NetWork also facilitates self-help seminars, disseminates information about training programs, offers a computer lab and information about employment opportunities

Referrals will be made to the Employment NetWork for employment opportunities, updates and potentially hiring companies. The FSS Coordinator is appraised of community training and self-help programs through a newsletter provided by the Employment NetWork which works collaboratively with local agencies.

Other employment opportunities are provided to LMHA by various local agencies and temporary agencies.

Money Management/Home Ownership

LMHA offers the HUD sponsored HELP program. It is presented as a requirement to participation in the Enhanced Home Ownership Voucher Option program. The program directs the participant toward establishing and maintaining a good credit status in order to enable the ability to obtain a bank loan. LMHA has partnered with various agencies who may benefit the participants through down payment assistance, special home buyer programs, and community development homebuyer programs.

FSS families are afforded an opportunity to learn from professionals the mechanics of home buying through seminars provided through the Section 8 Home Ownership Option Program. Banks, mortgage companies, title companies, and realtors provide training to educate the participants in all aspects of the home buying facets. These classes are crucial to self sufficiency. A family may opt to take either, depending upon the goals of the family as stated in the contract of participation. The curriculum is very flexible. All classes are taught by the Section 8 FSS Coordinator.

III. The FSS program will use several methods to identify needs and deliver services or activities

Prospective participants will be provided information about the FSS program through personal one-on-one contact by LMHA personnel, group orientation of the program, application, and intake interview.

Goal setting/Personal Action Plan

The Applicant and the FSS Coordinator will develop an Individual Training and Services Plan (ITSP) together to overcome needs and identify barriers. Both long and short range goals will be developed. Participants will be referred to appropriate agencies for services based upon needs identified.

The ITSP will reflect a progression of steps that will lead to milestones.

There will be quarterly collaboration and follow-ups with applicants to evaluate progress and further needs. When a participant is referred to a specific agency program, monthly reports submitted by the agencies will document progress of the individual.

The Outreach efforts for the FSS Program is provided fairly and equally to all Section 8 Program participants.

Method of Selection

All referrals will be accepted by the FSS Coordinator. The referral will be invited to an orientation to advise the applicant of the program's operation. The referral will then have an opportunity to enroll voluntarily. Referrals are accepted from LMHA personnel and any other agency. LMHA will maintain a program of at least 30 participants. A waiting list has been developed to accommodate additional participants when a vacancy occurs. Applicants on the FSS Program waiting list will be enlisted onto the program based on their date of application.

Termination of the Contract of Participation

1. Mutual consent of the parties;
2. Failure of the family, or a member of the family to honor the terms of the contract;
3. Achievement of Self-sufficiency by the family;
4. Expiration of the contract term and extension thereof;
5. The family's withdrawal from the program;
6. By such other act as is deemed inconsistent with the FSS program or Section 8 rules and regulations:
7. By operation of law.

Hearing/Grievance Procedures for Section 8 are stated in CFS 882.216 and CFR 887.405.

Barriers to Self-Sufficiency

The barriers in Lorain County are identified as:

1. Lake of transportation
2. Unemployment
3. Lack of childcare
4. Poor delivery systems to a multi-cultural population

The FSS program utilizes the input of various collaborating agencies to define, address, and attempt to resolve the barriers affecting the FSS participants. The cycle of poverty can be stopped, one family at a time, one problem at a time. LMHA is a participant of various community advisory boards in order to keep abreast of impending programs which may benefit the FSS partcipant.

Program Coordinating Committee

The committee is composed of representatives from the following Lorain County agencies and/or programs whose mission is to assist in the proper implementation of the program. Those agencies involved are:

Lorain County Joint Vocational School
Women's Development Center
LMHA Board of Trustee Member
Lorain National Bank
LMHA Employee
Lorain County Urban League

The committee is charged to review and provide a final approval for housing assistance for participants of the Home Ownership Option program.

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Lorain Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program, Ross Funding, Shelter Plus Care Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here ☐ if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Homer A. Virden	Executive Director
Signature	**Date**
X Homer A. Virden	4-14-04

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:
[ ] a. contract
[ ] b. grant
c. cooperative agreement
d. loan
e. loan guarantee
f. loan insurance

2. Status of Federal Action:
[ ] a. bid/offer/application
b. initial award
c. post-award

3. Report Type:
[a.] a. initial filing
b. material change
For Material Change Only:
year _____ quarter _____
date of last report _____

4. Name and Address of Reporting Entity:
[X] **Prime** [ ] **Subawardee**
Tier _____, *if known*:

Congressional District, *if known*:

5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:

Congressional District, *if known*:

6. Federal Department/Agency:
U.S. Department of Housing and Urban Development

7. Federal Program Name/Description:
Annual Plan
CFDA Number, *if applicable*: _____

8. Federal Action Number, *if known*:

9. Award Amount, *if known*:
$

10. a. Name and Address of Lobbying Registrant
(*if individual, last name, first name, MI*):
N O N E

b. Individuals Performing Services (*including address if different from No. 10a*)
(*last name, first name, MI*):
N O N E

11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less that $10,000 and not more than $100,000 for each such failure.

Signature: Homer A. Virden
Print Name: Homer A. Virden
Title: Executive Director
Telephone No.: (440) 288-1600 Date: 4-14-04

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, *Craig T. Foltin* the *Mayor of Lorain* certify that the Five Year and Annual PHA Plan of the *Lorain Metropolitan Housing Authority* is consistent with the Consolidated Plan of *City of Lorain* prepared pursuant to 24 CFR Part 91.

Craig Foltin 3-4-04

Signed / Dated by Appropriate State or Local Official

LORAIN METROPOLITAN HOUSING AUTHORITY
2004 MAR -8 P 1:02

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, *William Grace* the *Mayor of Elyria* certify that the Five Year and Annual PHA Plan of the *Lorain Metropolitan Housing Authority* is consistent with the Consolidated Plan of *City of Elyria* prepared pursuant to 24 CFR Part 91.

William M. Grace 4-6-04

Signed / Dated by Appropriate State or Local Official

LORAIN METROPOLITAN HOUSING AUTHORITY
2004 APR -7 P 1:28

LORAIN METROPOLITAN HOUSING AUTHORITY
PET POLICY

When an LMHA resident applies to keep a household pet, the LMHA "Pet Policy" becomes an addendum to the resident's LMHA lease. Any violation of the Pet Policy becomes a material violation of the lease and the resident may be subject to eviction proceedings. The LMHA resident will be supplied with a copy of the Pet Policy for the resident's records and the resident's signature on the LMHA Pet Application will acknowledge his/her awareness that the Pet Policy is an addendum to the lease and any material violation of the Pet Policy may result in eviction from LMHA housing.

The Department of Housing and Urban Development requires that common household pets be permitted in public housing units. The following policy sets forth reasonable procedures and requirements enabling select pets to reside in public housing units. This policy is applicable to common household "pets" and does not apply to assistance animals for disabled individuals.

STATE AND LOCAL LAWS AND ORDINANCES

Notwithstanding any provision set forth in these Rules to the contrary, the LMHA Resident shall first comply with all State Laws and Local Ordinances governing pet(s) within their respective jurisdiction.

APPLICATION FOR PET REGISTRATION

Prior to obtaining a pet, the resident must complete and submit to LMHA, the Application for Pet Registration (Attachment I).

The following documentation must accompany the Application for Pet Registration: Documentation from a Veterinarian regarding inoculation for rabies, parvo, distemper, heartworm and other inoculations as required by State Law or Local Ordinance.

The dog must be licensed by the State of Ohio annually with a copy of the current license provided to LMHA.

Two (2) pet sponsors (named on the LMHA Pet Application) must be designated by the resident. These individuals agree to remove the pet from the premises should the resident become incapable of caring for the pet.

PROHIBITED PET DEVELOPMENTS

LMHA will prohibit dogs and cats, with the exception of service animals, at the following LMHA owned properties (aquariums, birds and caged rodents are permitted):

Leavitt Homes
Westview Terrace
Wilkes Villa
Southside Gardens

A resident residing in any of the above listed Developments who is found to have an unauthorized pet(s) will be considered in violation of their LMHA lease agreement and subject to lease termination if, after notification by LMHA, the pet is not removed within 48 hours..

DEPOSITS/FEES

A pet deposit of **$300.00 in elderly/disabled** buildings and a pet deposit of **$400.00 in family units** is required. Payment of this pet deposit may be handled in one (1) of the following options:

1. Payment in full
2. $50.00 initial amount and $25.00 a month thereafter until payment is made in full

A default on the pet deposit shall be considered a material violation of the pet policy which is an addendum to the lease, therefore, an eviction action could result from failure to adhere to the pet deposit payment agreement.

Service animals are not subject to the required Pet Deposit or Annual Fee.

In addition to the pet deposit, an annual fee will be imposed by LMHA. The annual fee is non-refundable. The annual fee will be billed on the anniversary date LMHA approved the pet. The non-refundable annual fee will not be pro-rated in the event the tenant vacates prior to the annual anniversary date of the pet.

Type of Pet	Dog
Annual Fee	
	$50.00

Upon move-out, the unit will be inspected for pet caused damage. The pet deposit will be returned minus any charges for damage caused by the pet. If the pet no longer resides in the unit but the resident remains in the unit, the unit will be inspected for damage and the pet deposit returned minus any charges for damage caused by the pet. If the amount of damages caused by the pet, exceeds the deposit, the resident is liable for the remainder.

After initial approval of the pet, the resident must provide updated pet shot records and verify current information on the pet sponsors at Annual Review .

All pet agreements signed by residents prior to the adoption/approval of this policy are not subject to the annual fee requirements.

DEFINITIONS

For the purpose of the LMHA Pet Policy, "common household pet" is defined as a domesticated animal traditionally kept in the home for pleasure. "Pet" is limited to cats, dogs, birds (parakeets, canaries, parrots, & cockatiels), caged rodents (hamsters, gerbils, &guinea pigs), turtles and fish.

Ferrets, iguanas, snakes, komono dragons, exotic birds, rabbits, rats, mice, farm animals, or wild animals are not permitted. **ONE** pet is permitted per household, with the exception of birds, hamsters, gerbils and guinea pigs where no more than **two** of the aforementioned pets are permitted.

Service or Assistance Animal is defined as an animal trained to provide services to a individual with a disability.

PROHIBITED BREEDS

LMHA will prohibit the following breeds of dogs from residing on LMHA property: Pitbull, Rottweiler, German Shepherd, Chow, Doberman Pinscher, and any other breed determined to pose a threat to the health and safety of LMHA residents.

PET RULES

A. Pet Size Limitation

An adult dog at maturity may weigh no more than 20 pounds and the height at the shoulder shall be no more than 15 inches. An adult cat may weigh no more than 15 pounds and must have their front paws declawed by the age of 6 months. Verifications of declawing must be provided to LMHA. A trained "service animal" is not subject to the weight and height limitation.

Aquariums shall not exceed a 20 gallon capacity.

B. Sanitation

Dogs are required to be "house-broken".

Cats must be litter-box trained. Litter boxes must be maintained to the extent that odors are not emitting from the unit. Cardboard boxes are not permitted to be used as litter boxes. Kitty litter shall be bagged, secured properly, and disposed of into trash receptacles. The resident shall not permit refuse from litter boxes to accumulate, become odorous, unsightly, or unsanitary.

Dogs must be able to relieve themselves outside the leased unit. Management may designate a space or spaces to be used exclusively for the purpose of exercising pets. Pet owners shall be responsible for the immediate clean up of pet feces (dog or cat) after the exercise of their pet. Failure to clean up pet feces is determined to be a material violation of the pet policy, which is an addendum to the lease; therefore an eviction action may be initiated against a pet owner failing to clean up after their pet. Pet owners are responsible to ensure the unit is flea free. If LMHA determines fleas are present as a result of their pet, the resident shall bear the expense to have the unit sprayed for fleas by an accredited exterminator.

C. Noise

Disruptive animal noises shall not be tolerated. A pet shall not be permitted to make noise which disrupts the peaceful enjoyment of other residents. . Management will encourage any resident being disturbed by pets that are barking or engaging in other noise making (whining, howling, caterwauling) to contact the local police department to file a complaint in addition to submitting a written complaint to LMHA Management. Should the noise complaints continue, Management will request the pet be removed from the leased unit. Failure to remove the pet within 48 hours of LMHA notification, may result in a termination of lease for failure to adhere to the LMHA Pet Policy.

D. Unattended Pets

A pet may not be left unattended for more than twelve (12) consecutive hours. If it is reported to LMHA staff that a pet has been left unattended for more than a twelve (12) hour period, LMHA may request the proper Authorities remove the animal. Any expense incurred for removal of the pet shall be the responsibility of the resident.

E. Use of Pets

Pets are for companionship. The breeding of pets is prohibited. Pets may not be trained as fighting animals. As soon as age permits, pets must be spayed or neutered. Documentation must be provided to LMHA indicating the procedure has taken place.

F. Identification

All dogs must wear collars with identifying tags (license & rabies). All pets will be photographed with the photo being placed in the resident's folder.

G. Pets in LMHA Common Areas

Common areas are areas outside of the resident's individual leased premises. Pets in high rise buildings must be transported in pet carriers or muzzled while in common areas, i.e. elevators, hallways, etc. Dogs in family units (other than scattered site units with fenced in yards) must be leashed and muzzled at all times while outside the leased unit. Pets are not permitted to loiter in common areas. Pets may not be tied outdoors. Outdoor dog houses are prohibited. Pets must be on a leash, muzzled and accompanied by a resident at all times. Children ten (10) years of age or older may exercise the pet.

H. Pet Removal

Management reserves the right to require immediate removal of an animal deemed by the Authorities to be a vicious and/or a nuisance animal. Management will also contact the necessary Authorities and request removal of a pet when it is observed the pet is not receiving proper care and/or feeding. Additionally, LMHA will request the removal of a pet when it is determined the pet is causing damage to the leased unit.

I. Pet Disposal

In the event of the death of the pet, the resident shall properly dispose of the pet. Under no circumstances, shall a pet be buried on LMHA property or disposed of on the premises or in trash containers or dumpsters.

J. Visiting Animals

The pet policy pertains to LMHA resident's pets. Visiting animals are not permitted. "Pet Sitting" on LMHA property is prohibited.

K. Stray Animals

LMHA discourages the feeding and watering of stray/wild animals.

LIABILITY

Residents owning pets shall be liable for the entire amount of all damages caused by their pet which shall include but shall not be limited to, necessary repairs, cleaning, defleaing and deodorizing as a result of their pet ownership. Pet owners may also be liable for injuries occurring to another individual or pet as a result of their pet's aggressive behavior.

ENTRY OF UNIT LMHA PERSONNEL

LMHA Personnel will not enter a unit inhabited by a pet without a member of the household being present to restrain the pet. If a repair is required and the resident is unable to be home, the pet must be restrained in a cage in order for LMHA personnel to perform the necessary work. Each LMHA leased unit housing a pet, will be issued a sticker which must be placed on the door or window of the unit, indicating a pet is present in the unit.

Lorain Metropolitan Housing Authority

Community Service Administration Policy

The Quality Housing and Work Responsibility Act of 1998 (960.603) requires that each adult resident of public housing must: (1) Contribute eight (8) hours per month of community service (not including political activities); or (2) participate in an economic self-sufficiency program for eight (8) hours per month; or (3) perform eight (8) hours per month of combined activities as described in (1) and (2) of this section.

Eligibility for the Community Service Program

To comply with the LMHA lease (page 10, Section A. Item 13) all non-exempt residents 18 years and older will be required to perform eight (8) hours monthly of volunteer work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community in which the resident resides. Political activity is excluded.

The Department of Housing and Urban Development has determined those residents who are considered to be exempt is an adult who is:

1. 62 years of age or older

2. A person with vision impairment or a person with disabilities as defined under 216(i) or 1614 of the Social Security Act, and who is unable to comply with this section;

3. A primary caretaker of a person with disabilities as defined under 216 (i) of the Social Security Act, and is unable to comply with this section.

4. Engaged in a work activity as defined under section 407 (d) of the Social Security Act (42 U.S.C. 607 (d), as in effect on and after July 1, 1997 and as defined by the LMHA policy to be a minimum of ten (10) hours per week of gainful employment at the State of Ohio minimum wage of $5.15 per hour or the equivalent (i.e. waitress hourly rate plus tips).

5. Meeting the requirements for being exempt from having to engage in a work activity under the State program funded under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq);

6. Meeting the requirement under any other welfare program of the State in which the Public Housing Agency is located, including a State administered welfare-to-work program; or

7. A family receiving assistance under a State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) Of the state in which the Public

Housing Agency is located.

8. Participating in any other welfare program of the state in which the Public Housing Agency is located, including a state-administered welfare to work program, and has not been found by the state or other administering entity to be in noncompliance with such a program.

Community Service Program Assignment

At the annual review each household will be reviewed. At that time an assessment will be made to establish the eligibility of the adult members for the Community Service Program. The PHA will notify the tenant(s) through U.S. Mail of their status in the Community Service Program. Each resident will be given an opportunity to provide documentation that proves their compliance or exemption to this program.

If the resident is not participating in voluntary work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility, the PHA will refer the tenant to a collaborating agency so that the required service can be performed and documented. The collaborating agency will verify to the PHA that the tenant has been assigned to a community service project at their site. The tenant will be responsible to comply to the rules and regulations set forth by that agency in order to establish and fulfill their service requirement. The agency will verify to the PHA on a monthly basis the attendance of the participant, the number of hours completed, and other pertinent data necessary.

Results of Non-compliance to Community Service Program

Because the Department of Housing and Urban Development has authorized that the Community Service Program is mandatory, each adult member who qualifies for the program must provide verification of his compliance to this rule. The PHA will conduct a determination 30 days before the end of the lease period to ascertain whether a tenant has fully complied with the total number of hours. If the tenant has not complied, the PHA may not renew a tenant's lease unless the PHA enters into an agreement with the tenant before the expiration of the lease-period. The tenant is then permitted to come into compliance with the requirement by participating in an economic self-sufficiency program or by contributing community service for as many additional hours needed to comply in the aggregate over the 12 month term of the lease.

If a resident does not comply with this requirement, the PHA will notify the resident of their non-compliance. A notice of lease termination to the tenant shall state specific grounds for termination, and shall inform the tenant of the tenant's right to make such reply as the tenant may wish. The notice shall also inform the tenant of the right to examine LMHA's documents directly relevant to the termination or eviction. When the PHA is required to afford the tenant the opportunity for a grievance hearing, the notice shall also inform the tenant of the tenant's right to request a hearing in accordance with the PHA's grievance procedure.

Standard PHA Plan
PHA Certifications of Compliance

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

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the *Standard Annual, Standard 5-Year/Annual, and Streamlined 5-Year/Annual* PHA Plans

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the__standard Annual, __ standard 5-Year/Annual or*xx*streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning*7-01-04*, hereinafter referred to as" the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
· The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
· The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
· Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
· The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
· The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Lorain Metropolitan Housing Authority OH012
PHA Name PHA Number/HA Code

___ Standard PHA Plan for Fiscal Year: 20__
___ Standard Five-Year PHA Plan for Fiscal Years 20__ - 20__, including Annual Plan for FY 20__

_xx_ Streamlined Five-Year PHA Plan for Fiscal Years 2004- 2008, including Annual Plan for FY 2005

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Ettore Januzzi	LMHA Board of Commissioners Chairman
Signature	**Date**
X Ettore A Januzzi	4-14-04

Revised:4/14/04

Resident Council Roster

Public Housing Developments

Family Developments:

Family Focus Group (Established 4/2003)

Tyjuanna Cuellar, Chairperson	2126 West 24th Street, Lorain
Barbara Wright	1680 East 29th Street, Lorain
Valerie Hardnett	1610 East 29th Street, Lorain
Miriam Ramos	2217 West 23rd Street, Lorain
Bonnie Fort	1555 East 30th Street, Lorain
Noemi Medina	2209 West 23rd Street, Lorain
Tina Parsons	107 Bohannon Court, Elyria
Yvette Randleman	142 Pratt Blvd., Elyria
Wendy Taylor	3044 Vine Avenue, Lorain
Leticia Capers	144 Tedman Court, Elyria

Highrise Developments

John Frederick Oberlin Homes

138 South Main Street, Oberlin, Ohio 44074

President:	Kay Marley, Apt. 103
Vice President:	Mark Dumas, Apt. 410
Secretary:	Roberta Gallo, Apt. 509
Asst. Secretary:	Lois Rogers, Apt. 510
Treasurer:	Gene Durasin, Apt. 210

Meeting day: Second Tuesday of the month at 1:30 p.m.
Special Election: 3/02/04 (due to resignation of officers)
Elections due: February/06

JFK Plaza

1730 Broadway, Lorain, Ohio

President:	Marie McLin Apt. 611
Vice President:	Vacancy
Secretary:	Annette Fontanez, Apt. 614
Treasurer:	Linda Spencer, Apt. 606

Meeting day: Second Tuesday of the month at 2:00 p.m.
Patricia Lake resigned 3/04
Election due: 4/05

Riverview Plaza

310 East Avenue, Elyria, Ohio

President:	Norma Emery, Apt. 802 (RC Office:322-7227)
Vice President:	Arthur Fry, Apt. 1201
Secretary:	Carol Shrader, Apt. 314
Asst. Secretary:	Carol Elek, Apt. 305
Treasurer:	Betty Buehler, Apt. 1213

Meeting day: Second Tuesday of the month at 4:00 p.m.
Elections: May/05 Vice President and Secretary
May/04 President, Treasurer, Assistant Secretary

Lakeview Plaza
310 Seventh Street, Lorain, Ohio

President:	Shirley Stalnaker, Apt. 608
Vice President:	Irene Henderson , Apt. 613
Secretary:	Richard Swart, Apt. 1005
Assistant Secretary:	Vacant
Treasurer	Joyce Clark, Apt. 902

Meeting day: third Wednesday of the month at 2:00 p.m..
Elections: August/04

Albright Terrace
129 Milan Avenue, Amherst, Ohio

President:	Donna Riddle, President Apt. C-10
Vice President:	Ivy Wilsey, Apt. C-16
Secretary:	Donna Betler, Apt. C-12
Treasurer:	Lynette Schafer, Apt. A-1

Meeting day: Second Wednesday of the month at 2:00 p.m. (Suspended for June, July, August)
Elections: February/05

Section 8 New Construction Apartments

International Plaza
1825 Homewood Drive, Lorain, Ohio 44055

President:	James Boring, Apt. 201, Pro-Tem
Vice President:	
Secretary:	Ann Cobarrubias, Apt. 520
Treasurer:	Rodger Moc, Apt. 501
Spanish Liaison:	Maria Reyes, Apt. 508

Meeting day: Third Wednesday of the month at 4:00 p.m.
Elections: May/04
Joseph Richi-resigned 11/03;

Edward C. Harr Plaza
15 Chestnut Street, Elyria, Ohio 44035

President:	Bob Strait, Apt. 305
Vice President:	Linda Caldwell, Apt. 513
Secretary:	Jeff Burton, Apt. 218
Asst. Secretary:	
Treasurer:	

Meeting day: Third Tuesday of the month at 4:30 p.m.
Election: September/ 05
Solicit: July/05
Treasurer: Jean Edwards-resigned 3/23/04

Lorain Area Resident Council (LARC) Officers

President :	Arthur Fry, 310 East Avenue, Apt. 1201, Elyria, Ohio (323-8605)
Vice President:	Norma Emery, 310 East Avenue, Apt. 802, Elyria, Ohio (323-7227 office)
Secretary/Treasurer	Tyjuanna Cuellar, 2126 West 24th Street, Lorain, Ohio

Election: 9/05
Meeting day: Quarterly meeting as scheduled and/or necessary

5-YEAR PLAN: PROGRESS STATEMENT

Mission:

LMHA is meeting it's mission in providing decent, safe, and affordable housing.

Goals:

LMHA has applied for and received special use vouchers in Mainstream.

LMHA continues to advertise in local papers and speciality papers of the availability of affordable, safe living conditions free from discrimination. LMHA also advertises on local transit buses the availability of affordable housing. In addition, twice each year, LMHA advertises on local broadcasts encouraging safe driving from your "friends and neighbors at LMHA".

LMHA continues to be a High Performer in the PHAS reporting. The Authority works toward maintaining the quality performance it has displayed in the past.

LMHA received a 100 rating in the SEMAP scoring. The Authority works toward maintaining the quality performance displayed in the past.

LMHA is using it's Capital Funds to continually update the Developments in ensuring residents are afforded housing comparable to housing in the private sector. During the coming fiscal year two (2) years, some Developments will have exterior renovations and some high rises will have complete plumbing renovations. Additionally, LMHA was able to purchase air conditioner units for all LMHA high rise buildings. We feel the addition of air will give us the ability to compete with other subsidized high rises in the county.

LMHA has expanded the RAW (Resident Assistance Watch) program to all LMHA high rise buildings. Residents are willing to participate and have taken ownership of their space.

Due to the lack of elderly/disabled applicants, LMHA has not designated any buildings for a particular group at this time.

LMHA is continuing to employ residents or assisted residents where applicable.

LMHA does not tolerate harassment of residents for any reason. Residents have lost their housing for such behavior.

LMHA is in the planning stages of constructing a maximum of 10 scattered site units to fulfill the needs of those requiring one floor plan units.

LMHA continues to administer Shelter + Care Funds to qualifying disabled/substance abuse, homeless individuals.

DECONCENTRATION AND INCOME MIXING

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

If yes, list these developments as follows:

Development Name	Number of Units	Explanation (if any) [see step 4 @903.2 (c)(1)(iv)]	Average income for Development	Deconcentration policy (if no explanation) [see step 5 @903.2(c)(1)(v)]
Leavitt Homes	197 occupied	Within E I R	$8573.97	
Westview Terr.	148 occupied	Within E I R	$8406.64	

Wilkes Villa	176 occupied	Wilkes Villa is located in an area within the city limits and offers few amenities. There are few jobs in the area and little shopping. Public transportation is available but is limited. 30% of the residents at Wilkes Villa are employed. Only 16 of the 53 families employed, earn over $10,000.00 per year. 46 or 26% of the residents at Wilkes Villa are without any source of income. Many of the zero income residents have exhausted their 39 months of TANF benefits. 42% of the residents currently receive TANF benefits. This Development experiences the highest turnover. During FY 2003, Wilkes Villa had a turnover rate of 43%. It is very hard to convince applicants who do not live in Elyria to move there. Past records reflect applicants accept units close to their family support system. Only 6.5% of the families on the current waiting list who would qualify for Wilkes Villa currently reside in Elyria.	$5179.16	
Oberlin Homes	103 Occupied	Within E I R	$9209.94	
Kennedy Plaza	169 Occupied	Within E I R	$7148.33	
Riverview Plaza	180 Occupied	Within E I R	$8061.41	
Lakeview Plaza	199 Occupied	Within E I R	$7354.14	

Albright Terrace	50 Occupied	Albright Terrace is located within Amherst city limits. Amherst is one of the more affluent cities in Lorain County. The residents living in Albright are residents who waited years to live there as they were from the area. The residents of Albright Terrace are residents who receive social security and pensions. Only 14 % of the residents receive the minimum SSI payment. 20% of the residents receive pensions in addition to social security and 6% are employed. Only one (1) resident at Albright Terrace is without income and one (1) resident is below $1000.00 for annual income. 54% of the residents have income above the PHA average income ($8191.56) with 18% having incomes above $12,000 annually.	$9584.74	
Westgate Apartments	12 occupied	Within E I R	$8811.58	
Southside Gardens 12-13	50 occupied	Within E I R	$9207.22	

Southside Gardens 12-14	64 Occupied	Southside Gardens is a scattered site public housing Development with 64 units. The units are scattered over 4 streets and are duplexes, fourplexes, and single units. They do not give the appearance of your "typical" public housing Development due to their being scattered among other non-traditional subsidized housing. 47% are employed with 47% earning over the 115% of the average income for LMHA residents.	$9828.33	
Scattered Sites 12-20	49 Occupied	These units are single houses and or duplexes scattered among the more desirable housing areas of the cities. The residents in the scattered sites had to pass stringent scattered site criteria. They were LMHA's "cream of the crop"residents. 84% of these residents are employed with only 8% of this scattered site development having no income of any type. Many of these residents participate in or have completed the FSS program also.	$14,197.69	
Scattered Site 12-21	25 Occupied	These are single houses located in the more desirable housing areas of the cities. The residents in the scattered sites had to pass stringent scattered site criteria. They were LMHA's "cream of the crop". Many of these residents participate in or have completed the FSS program also. No one within this Development is without some type of income with 80% of the residents being employed.	$14,534.56	

	Total Occupied 1421	Total Income of Residents $11,640,200.00 Average income = $8191.56		
		85% of Average income = $6962.83 115% of Average income = $9420.29		

Voluntary Conversion Initial Assessments-A

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

13 of the PHA's developments are subject to the Required Initial Assessments.

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions?

None of the PHA's developments are not subject to the Required Initial Assessments based on exemptions.

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

13 Assessments were conducted on the PHA's covered developments.

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

The PHA did not determine any of the developments would be appropriate for conversion. The listing by development and the factors contributing to the PHA's decision follow.

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Lorain Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund Program, Ross Funding, Shelter Plus Care Funding

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning:

Homer A. Virden	Title: Executive Director
Homer A. Virden	4-14-04
Signature	Date

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handboooks 7417.1, 7475.13, 7485.1, & 7485.3