

# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2005

## Sylacauga Housing Authority

*Version 2 (al057v02): This template is identical to the original plan submitted. Deficiencies listed in the letter from HUD dated 6/23/05 involve attached files only. See below.*

*Deficiency 1: File al057v02s contains all information relevant to the Community Service Requirement for the Sylacauga Housing Authority.*

*Deficiency 2: File al057v02n contains an electronic copy of the Operating Budget as well as the Plan for Corrective Action of Financially Substandard Rating.*

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

## PHA Plan Agency Identification

**PHA Name:** Sylacauga Housing Authority

**PHA Number:** AL 057

**PHA Fiscal Year Beginning: (mm/yyyy)** July 1, 2005

### Public Access to Information

**Information regarding any activities outlined in this plan can be obtained by contacting: (select all that apply)**

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plans (including attachments) are available for public inspection at: (select all that apply)

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 – 2009**  
[24 CFR Part 903.5]

**A. Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: The Mission Statement of the Sylacauga Housing Authority is contained on page 1 of the Admissions and Occupancy Policy (adopted March 31, 2005), as follows:

“Our goal is to provide drug free, decent, safe, and sanitary housing for eligible families and to provide opportunities and promote self-sufficiency and economic independence for residents.”

**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:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing

Objectives:

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

- PHA Goal: Increase assisted housing choices

Objectives:

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

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

- PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

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

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan  
PHA Fiscal Year 2005**

[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Progress has been made in the implementation of the 2004 Capital Funds program. Seventy-two percent of the funds were obligated at the end of December. This includes a shift of Bond Debt obligation from the 2003 grant to the 2004 grant. All funds for the 2003 grant should be obligated or expended by June 30, 2005.

We have no new initiative underway at this time; however, we are continuing to strengthen our relationship with SAFE in a number of areas and continue to encourage our residents to utilize their services. We have provided SAFE with space in our monthly newsletter to give residents information about on-going programs and new initiatives. SAFE has provided job readiness and interview skills training for our residents at our Davis-Newman NN Computer Lab. They have also assisted a number of our elderly residents to find assistance through the pharmaceutical companies programs so that they could afford their prescription medications and have provided housekeeping training to residents who failed their annual inspections.

We are also working with the Talladega County DHR to provide our housing managers and maintenance staff training to recognize and report child and elderly abuse.

Through our Bond Funding, we have completed the installation of central heating and air conditioning in Projects 57-5 and 57-6. We have also completed the plans to retrofit the units in Projects 57-4 and 57-10 and a contract has been completed for central heating and air conditioning to be installed in these units by the end of the next fiscal year.

The Neighborhood Network Program is working well in both the Davis-Newman Computer Lab at the Drew Court Office and the Sylavon Towers Lab. In August of 2004, the coordinator for this program resigned. We hired one of our residents, Shakira Wilson,

as the coordinator. She had earned her Associates Degree in Computer Science from Central Alabama Community College and she is doing an excellent job. Classes for adults are being held from 9:00 AM until 3:00 PM. At that time, the lab becomes available for youth from age 5 through high school for completing homework assignments, tutoring sessions, etc. We are also utilizing “Leap Pads” to encourage younger children to improve reading and math skills. This lab is serving about 150 residents weekly.

We have also contracted a tutor who works with senior residents in the Sylavon Towers lab. Most of the students at this lab are over the age of 65 and many had never used a computer before. They have learned to e-mail friends and family and do research using the Internet. They are also learning to use the Word program and to play various games. We have approximately 45 seniors who are using this lab.

In addition, based on the Energy Audit that Siemens Building Technologies did last fall, we have determined that we could not generate enough savings to enter into a performance contract at this time. However, we do plan to replace commodes throughout our units under the Bond Funding projects.

Finally, based on billing alone, we saved \$31,871 last year when compared to the average billing for the prior four years (this is without considering any rate changes during this 5 year time period).

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

#### **Table of Contents**

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## Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

### Required Attachments:

- Admissions Policy for Deconcentration – See Section 18D and Attachment F of the hard copy which contains current ACOP.
- FY 2005 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

### Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5-Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) See Attachment L
- Other (List below, providing each attachment name) **See below**  
Resident Advisory Board and Comments at Attachment L.

## 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
Attachment K	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Attachment K	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
See Attachment G	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
Attachment I	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
Attachment N	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Attachment F	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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Section 8 Administrative Plan Section 8 "New Construction"	Annual Plan: Eligibility, Selection, & Admissions Policies
Attachment C	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
Attachment F and V	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Attachment V	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Attachment W	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
Attachment F & Q	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Attachment A	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
Attachment B	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
Attachment K	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
All Funds Have Been Expended	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
Attachment O	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

## **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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Affordability</b>	<b>Supply</b>	<b>Quality</b>	<b>Accessibility</b>	<b>Size</b>	<b>Location</b>
Income <= 30% of AMI	599	5	2	2	3	3	3
Income >30% but <=50% of AMI	409	5	2	2	3	3	3
Income >50% but <80% of AMI	299	5	2	2	3	3	3
Elderly	489	4	3	3	4	2	3
Families with Disabilities	N/A						
Black	751	5	2	2	3	3	3
Hispanic	14	5	2	2	3	3	3
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2000 (most recent)
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: City of Sylacauga Community Analysis of Impediments/Problems to Fair Housing Choice

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

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

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	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	84		174
Extremely low income (<=30% AMI)	58	69.0	
Very low income (>30% but <=50% AMI)	19	22.6	
Low income (>50% but <80% AMI)	7	8.3	
Families with children	48	57.1	
Elderly families	36	42.9	
Families with Disabilities	18	21.4	
White	44	52.4	
Black	40	47.6	
Other	0	0	

<b>Housing Needs of Families on the Waiting List</b>			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	42	50.0	
2 BR	37	44.0	
3 BR	5	6.0	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

**C. Strategy for Addressing Needs**

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

**(1) Strategies**

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

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

- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

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

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

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

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

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

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

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

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

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

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

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

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

Select if applicable

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

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

- Funding constraints
- Staffing constraints
- Limited availability of sites for assisted housing
- Extent to which particular housing needs are met by other organizations in the community
- Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- Influence of the housing market on PHA programs
- Community priorities regarding housing assistance
- Results of consultation with local or state government
- Results of consultation with residents and the Resident Advisory Board

- Results of consultation with advocacy groups  
 Other: (list below)

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year.

Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	1,270,710	
b) Public Housing Capital Fund	829,541	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	1,016,030	Maintenance & Operations
<b>4. Other income (list below)</b>		
Excess Utilities	70,100	Utility Costs
Interest On Investments/Other	3,000	Maintenance & Operations
SAFE Rent & 20% of CFP	240,400	Operations
<b>5. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>3,429,781</b>	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other:

**As soon as all information is provided to SHA Management.**

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

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

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

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

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

**The SHA conducts NCIC checks through the Alabama Bureau of Investigations. When the Sylacauga Police Department checks an applicants record, it shows whether they have had prior activity and whether the investigating agency was the ABI or the FBI. When this occurs, the applicant must be fingerprinted at the police station and the cards sent to the ABI in Montgomery. ABI does the checks for both ABI and FBI. If the applicant's record shows past activity in both agencies, both must be requested.**

**(2)Waiting List Organization**

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

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

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

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

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

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

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

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

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

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

**(3) Assignment**

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

- One
- Two
- Three or More

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

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

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Occupancy**

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

- The PHA-resident lease
- The PHA’s Admissions and (Continued) Occupancy policy
- PHA briefing seminars or written materials
- Other source (list)

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

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other

**Anytime family income changes except for a cost of living adjustment.**

**(6) Deconcentration and Income Mixing – Template Questions Have Been Changed.**  
**See Attachment C for new questions and responses.**

a.  Yes  No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

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

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

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

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

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

Other (list policies and developments targeted below)

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

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

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

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## B. Section 8

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

N/A

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other (list below)
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other (describe below)

### (2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation
  - Federal project-based certificate program
  - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
  - Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:

**(4) Admissions Preferences**

- a. Income targeting

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

- b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

same number next to each. That means you can use “1” more than once, “2” more than once, etc.

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

- The PHA applies preferences within income tiers
- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

**(5) Special Purpose Section 8 Assistance Programs**

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

- The Section 8 Administrative Plan
- Briefing sessions and written materials
- Other (list below)

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

- Through published notices  
 Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

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

##### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

- \$0  
 \$1-\$25  
 \$26-\$50

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

3. If yes to question 2, list these policies below: **See Pg. 47 of ACOP (adopted 3/31/05).**

**The SHA shall immediately grant an exemption from application of the minimum monthly rent to any family making a proper request in writing who is unable to pay because of financial hardship, which shall include:**

- **The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the Immigration and Nationalization Act who would be entitle to public**

**benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.**

- **The family would be evicted as a result of the implementation of the minimum rent (this exemption is only applicable for the initial implementation of a minimum rent or increase to the existing minimum rent).**
- **The income of the family has decreased because of changed circumstance, including loss of employment.**
- **A death in the family has occurred which affects the family circumstances.**
- **Other circumstances which may be decided by the SHA on a case-by case basis.**

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

1.  Yes  No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?
2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy)  
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)
  - Yes for all developments
  - Yes but only for some developments
  - No

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> 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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold) \_\_\_\_\_
- Other (list below)

**An interim examination is done at any time the resident reports a change in family status or income; or, the Housing Authority detects that they have had a change.**

**Annual re-examinations (re-certifications) are done on the anniversary date of the original move-in date.**

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

**(2) Flat Rents**

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

- The section 8 rent reasonableness study of comparable housing

- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

**See "Methodology for Development of Flat Rents" and actual Flat Rent Schedule as well as Schedule for communities soon to have air conditioning at Attachment V.**

## **B. Section 8 Tenant-Based Assistance**

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

### **(1) Payment Standards**

Describe the voucher payment standards and policies.

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

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

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

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

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

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

d. How often are payment standards reevaluated for adequacy? (select one)

- Annually
- Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)

- Success rates of assisted families
- Rent burdens of assisted families

Other (list below)

**(2) Minimum Rent**

a. What amount best reflects the PHA’s minimum rent? (select one)

- \$0
- \$1-\$25
- \$26-\$50

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

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**A. PHA Management Structure**

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached. **See Attachment E.**
- 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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	620	174
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs (list individually)		

### C. Management and Maintenance Policies

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

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

See Attachments D, S, and W

- 1) Pet Rules (see Attachment D)
- 2) Collection Policy
- 3) Housekeeping Policy
- 4) Lawn Care/Grass Cutting Policy
- 5) Garbage/Litter Policy
- 6) Security & Fire Prevention Policy
- 7) Pest Control Policy
- 8) Notice of Intent to Vacate Policy
- 9) Parking Violation Policy
- 10) Repayment Agreement Policy
- 11) Smoke Detector Policy
- 12) Solicitation Policy
- 13) Tenant Purchased Utilities Policy
- 14) Alterations to Premises Policy
- 15) Minimum Rent Change
- 16) Community Service Policy (see Attachment S)

(2) Section 8 Management: (list below)

### 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

**Current grievance procedure is located at Attachment Q and has been included as an electronic attachment.**

#### 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 - NA**

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

If yes, list additions to federal requirements below:

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

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

**A. Capital Fund Activities**

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

**(1) Capital Fund Program Annual Statement**

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

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

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

**Annual Statement**

**Capital Fund Program (CFP) Part I: Summary**

Capital Fund Grant Number AL09P057501-05 FFY of Grant Approval: (10/2005)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	165,908.00
3	1408 Management Improvements	17,000.00
4	1410 Administration	58,010.00
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	51,512.41
8	1440 Site Acquisition	
9	1450 Site Improvement	52,900.00
10	1460 Dwelling Structures	236,000.00
11	1465.1 Dwelling Equipment-Nonexpendable	3,224
12	1470 Nondwelling Structures	4,500
13	1475 Nondwelling Equipment	5,000
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	1501 Debt Service for 2006	235,486.59
20	1502 Contingency	
21	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	829,541.00
22	Amount of line 20 Related to LBP Activities	0.00
23	Amount of line 20 Related to Section 504 Compliance	
24	Amount of line 20 Related to Security	0.00
25	Amount of line 20 Related to Energy Conservation Measures	0.00

**Annual Statement**

**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
AL09P057002 Sylavon Court Ext.	Site Improvements (Sew, Water, Gas, Elect)	1450.0	3,000.00
	Handrails/Ramps	1450.0	5,000.00
	Trees Trimmed/Deadwooded	1450.0	1,000.00
	Prep & Paint Interiors	1460.0	6,000.00
	Water Heaters	1460.0	1,000.00
	Counter Top Replacement	1460.0	1,000.00
	HVAC Replacement	1460.0	3,000.00
AL09P057003 Sylavon Court	Site Improvements (Sewer)	1450.0	27,900.00
	Handrails/Ramps	1450.0	3,500.00
	Trees Trimmed/Deadwooded	1450.0	2,000.00
	Prep & Paint Interiors	1460.0	20,000.00
	Vinyl Floor Replacement	1460.0	3,000.00
	HVAC Replacement	1460.0	5,000.00
	Water Heaters	1460.0	2,000.00
	Counter Top Replacement	1460.0	1,000.00
	Hearing Impaired Alarms	1460.0	1,000.00
	Security Equipment	1470.0	1,000.00
	HVAC Replacement	1470.0	1,500.00
	Office Equipment (Impact Printer)	1475.0	5,000.00
AL09P057004 Drew Court Ext.	Site Improvements (Sewer, Water, Gas, Etc.)	1450.0	1,000.00
	Handrails/Ramps	1450.0	1,000.00
	Prep & Paint Interiors	1460.0	16,000.00
	Water Heaters	1460.0	1,000.00
	Counter Top Replacement	1460.0	1,000.00
	Dwelling Equipment (Refrigerators)	1465.1	1,000.00

**Annual Statement**

**Capital Fund Program (CFP) Part II: Supporting Table**

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
AL09P057005 Drew Court Ext.	Site Improvements (Sewer, Water, Gas, Etc.) Trees Trimmed/Deadwooded Prep & Paint Interiors Water Heaters Counter Top Replacement Dwelling Equipment (Refrigerators)	1450.0 1450.0 1460.0 1460.0 1460.0 1465.1	1,000.00 1,000.00 5,000.00 1,000.00 1,000.00 500.00
AL09P0057006 Drew Court Ext.	Site Improvements (Sewer, Water, Gas, Etc.) Trees Trimmed/Deadwooded Prep & Paint Interiors Hearing Impaired Alarms Water Heaters Counter Top Replacement Dwelling Equipment (Refrigerators)	1450.0 1450.0 1460.0 1460.0 1460.0 1460.0 1465.1	1,000.00 3,000.00 22,000.00 1,000.00 1,000.00 1,000.00 1,000.00
AL09P057008 Sylavon Towers	Prep & Paint Interiors Hearing Impaired Alarms Elevator #1 Upgrade	1460.0 1460.0 1460.0	10,000.00 1,000.00 100,000.00
AL09P057009 Sylavon Court Ext.	Prep & Paint Interiors Water Heaters	1460.0 1460.0	4,000.00 1,000.00
AL09P057010 Drew Court	Site Improvements (Sewer, Water, Gas, Etc.) Handrails/Ramps Prep & Paint Interiors Water Heaters Counter Top Replacement Vinyl Flooring Replacement Dwelling Equipment (Refrigerators) A/C Modifications – Day Care/Office	1450.0 1450.0 1460.0 1460.0 1460.0 1460.0 1465.1 1470.0	1,000.00 1,500.00 22,000.00 1,000.00 1,000.00 3,000.00 724.00 2,000.00
AL09P057 PHA Wide	Operations Operations/Continuation PHDEP Activities Management Improvements – Training – Natural Gas Pipeline Consultants, Grant & Annual Plan Administration – Ex. Director/Accounting Fees & Costs – Inspections/Architect Engineering, Surveying Debt Service for 2006	1406.0 1406.0 1408.0 1408.0 1410.0 1430.0 1501.0	153,908.00 12,000.00 7,000.00 10,000.00 58,010.00 51,512.41 235,486.59

**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)
AL09P057002	06/30/2007	06/30/2007
AL09P057003	06/30/2007	06/30/2007
AL09P057004	06/30/2007	06/30/2007
AL09P057005	06/30/2007	06/30/2007
AL09P057006	06/30/2007	06/30/2007
AL09P057008	06/30/2007	06/30/2007
AL09P057009	06/30/2007	06/30/2007
AL09P057010	06/30/2007	06/30/2007
AL09P057011	06/30/2007	06/30/2007
AL09P057-PHA Wide	06/30/2007	06/30/2007

**(2) Optional 5-Year Action Plan**

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

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

b. If yes to question a, select one:

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

-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)

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057002	Sylavon Court Ext.	1	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Site Improvements – Replace Sewer Lines (32) units			57,600	2006
Site Improvements – Tree Removal/Replacement			20,000	2006
Site Improvements – Water, Electric, Sidewalk			7,000	2007
HVAC Replacement – 32 Units			45,000	2006
Painting – 32 Units			26,000	2006
Roofing – 32 Units			64,000	2007
Door Replacement – 32 Units			22,400	2006
Appliance Replacement – 10 Units			8,000	2006
<b>Total estimated cost over next 5 years</b>			<b>250,000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057003	Sylavon Court	2	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Site Improvements – Sewer Replacements – 100 Units			122,100	2006
Site Improvements – Tree Removal/Replacement – 20			18,000	2006
Site Improvements – Handicapped Access/Handrails			9,000	2006
HVAC Replacement – 167 Units			245,500	2006
Painting			147,000	2006
Vinyl Replacement			12,000	2006
Water Heaters			3,000	2006
Countertop Replacement			4,000	2006
Hearing Impaired Alarms			4,000	2006
Appliance Replacement – 50 Units			50,000	2007
Non-Dwelling Modifications (HVAC, Security, etc.) Offices/Day Care			8,500	2006
<b>Total estimated cost over next 5 years</b>			<b>623,100</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057004	Drew Court Ext.	1	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Site Improvements (Water, Electric, Gas, Sewer, Etc.)			19,000	2006
Site Improvements (Handicapped Access/Handrails)			19,000	2006
Painting			70,000	2006
Countertop Replacement			2,000	2006
Appliance Replacement – 43 Units			43,000	2007
<b>Total estimated cost over next 5 years</b>			<b>153,000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057005	Drew Court Ext.	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Site Improvements (Water, Electric, Gas, Sewer, Etc.)			5,000	2007
Site Improvements (Handicapped Access/Handrails)			3,000	2008
Site Improvements (Trees trimmed/deadwooded)			1,500	2005
Roofing			24,000	2007
Painting			11,000	2005
Countertop Replacement			2,000	2005
Appliance Replacement			7,500	2007
<b>Total estimated cost over next 5 years</b>			<b>54,000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057006	Drew Court Ext.	1	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Site Improvements (Water, Electric, Gas, Sewer, etc.)			14,000	2007
Site Improvements (Handicapped Access/Handrails)			15,000	2006
Site Improvements (Tree Removal/Replacement, Deadwooded)			9,000	2008
Painting – 83 Units			61,000	2006
Hearing Impaired Alarms			2,000	2006
Water Heaters			2,000	2006
Countertop Replacement			2,000	2006
Vinyl Replacement			6,000	2008
Appliance Replacement – 41 Units			41,000	2008
<b>Total estimated cost over next 5 years</b>			<b>152,000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057008	Sylavon Towers	22	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Elevator Upgrades (1)			100,000	2006
Flooring Replacement (Carpet to Tile) – 15 Units			33,000	2006
Painting – 97 Units			87,000	2006
Hearing Impaired Alarms			1,000	2006
Appliance Replacement – 15 Units			15,000	2007
<b>Total estimated cost over next 5 years</b>			<b>236,000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057009	Sylavon Court Ext.	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Painting – 17 Units			17,000	2006
Hearing Impaired Alarms			5,000	2006
Water Heaters			1,000	2007
Appliance Replacement – 10 Units			10,000	2009
<b>Total estimated cost over next 5 years</b>			<b>33,000</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057010	Drew Court	25	100%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
(Note – Vacant units are currently under modernization for Central Air and Heating Retrofit and re-roofing as part of Bond Pool financed program. )				
Site Improvements (Water, Electric, Gas, Sewer, Etc.)			24,000	2007
Site Improvements (Handicapped Access/Handrails)			19,500	2007
Vinyl Replacement – 30 Units			42,000	2006
Cabinet/Countertop Replacement – 50 Units			100,000	2005
Painting – 82 Units			82,000	2005
Water Heaters			6,000	2005
Appliance Replacement – 100 Units			100,000	2007
A/C Modifications – Day Care			2,000	2007
<b>Total estimated cost over next 5 years</b>			<b>375,500</b>	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057011	Virginia South West Homes	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Painting – 18 Units			18,000	2006
Miscellaneous Repairs			5,000	2006
Appliance Replacement			4,000	2009
Total estimated cost over next 5 years			27,000	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057-PHA Wide 2006-2009	Sylacauga Housing Authority			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Operations			663,617	2006
Administration			222,843	2006
Management Improvements			58,000	2006
Fees & Costs			298,888	2006
Computer Upgrades			30,000	2007
File Cabinets			5,000	2006
PHDEP Activities			173,000	2006
Debt Service (Bond)			946,110	2006
Total estimated cost over next 5 years			2,397,458	

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
AL09P057 Total	Sylacauga Housing Authority- Total All Projects	52	48%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
1406 – Operations			663,617	2006
1406 – Operations (PHDEP Activities)			173,000	2006
1408 – Management Improvements			58,000	2006
1410 - Administration			222,843	2006
1430 – Fees & Costs			298,888	2006
1450 – Site Improvements			362,700	2006
1460 – Dwelling Structures			1,251,900	2006
1465 – Dwelling Equipment			278,500	2006
1470 – Non-Dwelling Structures			10,500	2006
1475 – Non-Dwelling Equipment			35,000	2006
1495 – Debt Service (Bond)			946,110	2006
Total estimated cost over next 5 years			4,301,058	

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

### Not Applicable

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

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

Revitalization Plan under development

Revitalization Plan submitted, pending approval

Revitalization Plan approved

Activities pursuant to an approved Revitalization Plan underway

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

If yes, list development name/s below:

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?

If yes, list developments or activities below:

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

### Not Applicable

1.  Yes  No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 of the U.S. Housing Act of 1937 (42 U.S.C. 1437p)) in the plan Fiscal Year? (If “No”, skip to component 9; if “yes”, complete one activity description for each development.)

2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>
1a. Development name: Sylacauga Housing Authority 1b. Development (project) number: 57-2; 57-3; 57-8; & 57-9 (entire development) 57-4; 57-5; 57-6 (partial)
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(In Place)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 352 7. Coverage of action (select one) <b>See above list.</b> <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> 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)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> 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)	
<input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)	

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

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

**performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>	
1a. Development name:	
1b. Development (project) number:	
2. Federal Program authority:	<input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	<input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> 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)	<input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

**B. Section 8 Tenant Based Assistance**

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

- Yes  No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria? If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (1)]

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.

**See Attachment S for adopted Community Service Policy and revision of the same.**

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 08/01/97

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

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

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

- Public housing rent determination policies
- Public housing admissions policies
- Section 8 admissions policies
- Preference in admission to section 8 for certain public housing families
- Preferences for families working or engaging in training or education programs for non-housing programs operated or coordinated by the PHA
- Preference/eligibility for public housing homeownership option participation
- Preference/eligibility for section 8 homeownership option participation
- Other policies (list below)

b. Economic and Social self-sufficiency programs

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

**Advocate use of S.A.F.E. Programs. Onsite in Sylavon Court. Neighborhood Network Grant also approved to continue to provide internet service and computer training for all residents. The computer center is located in Drew Court.**

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

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	<b>Not determined.</b>	
Section 8		

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

If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

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

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

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

**13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments

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

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

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

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

**Through combined efforts of the Sylacauga Police Department and the Sylacauga Housing Authority, Neighborhood Watch programs are in place at all development sites. At this time, due to budget constraints the SHA cannot afford to subsidize the extra duty officers. Though previously the SHA provided \$50,000 to the SPD, currently the City is funding the substation located at Drew Court. The substation continues to remain in operation and is manned by SPD officers.**

**The SHA has set aside \$12,000 for youth activities. These funds are split between the Boy Scout Troop, Cub Scout Troop, Girl Scout Troop, Brownie Troop, and sports activities. All funds do not go to Parks and Recreation. The Neighborhood Network Center established last year is a tremendous success. As mentioned previously, computer instruction is available to all who want to participate regardless of the development in which they live.**

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

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

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

Other (describe below)

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

**All sites are equally affected. The Police Substation previously established at Drew Court with PHDEP funds is currently being funded by the City of Sylacauga. Routine patrols and a police presence are provided at each of the SHA public housing communities.**

**C. Coordination between PHA and the police**

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

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

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

**As mentioned, all sites are equally affected. The Police Substation located at Drew Court is currently being funded by the City of Sylacauga and routine patrols and a police presence are provided at each of the SHA public housing communities providing equal benefit to all developments.**

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

**All Funds Expended and Grants Closed – Program No Longer Available**

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2001 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: )

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**See adopted pet policy at Attachment D.**

## **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.

**Required certifications are provided at Attachment K. Originals sent to DHUD Birmingham Alabama Office under separate cover.**

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1.  Yes  No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)
  - Not applicable
  - Private management
  - Development-based accounting
  - Comprehensive stock assessment
  - Other: (list below)

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name) Attachment L
- Provided below:

**Attachment L contains a Resident Participation Certification signed by RAB member Edna Maxwell. There were no specific RAB comments, but the certification demonstrates the Board's participation in plan development.**

3. In what manner did the PHA address those comments? (select all that apply)
- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments  
List changes below:
- Other: (list below)

**See Resident Participation Certification at Attachment L signed by Chairperson Edna Maxwell. For a listing of all Resident Advisory Board Members, also see Attachment L.**

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

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)
3. Description of Resident Election Process

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

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

**Ms. Edna Maxwell was appointed by the Mayor and City Council of the City of Sylacauga to serve on the Board of Directors (see Attachment U).**

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)

**SHA residents that have demonstrated an interest and leadership potential by their involvement in other public housing activities.**

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) **City Council and Mayor of the City of Sylacauga**

### **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: **(State of Alabama)**

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

- The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

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

**The State of Alabama Consolidated Plan specifically mentions the use, abuse and sale of drugs in PHA's. Such practice is listed as a barrier to affordable housing and implementation of activities that are listed as a "high priority" to eliminate this barrier and to raise the quality of life for lower income Alabama citizens maintains a high degree of importance.**

#### **D. Other Information Required by HUD**

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

**The following information is an excerpt from the Sylacauga Housing Authority Admissions and Continued Occupancy Policy (adopted March 31, 2005) page 49.**

#### **XIX. Deconcentration Rule**

A. Objective :

The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the HA is to house no less than 40 percent of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also the HA will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. The HA will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the HA's computer system.

B. Exemptions :

The following are exempt from this rule.

- Public housing development with fewer than 100 public housing units. A covered development is defined as any single development or contiguous developments that total over 100 units.
- Public housing developments, which house only elderly persons or persons with disabilities, or both.
- Public housing developments, which consist of only one general occupancy family public housing development.
- Public housing developments approved for demolition or conversion to resident-based assistance.
- Mixed financing developments.

C. Actions:

To accomplish the deconcentration goals, the HA will take the following actions:

1. At the beginning of each HA fiscal year, the HA will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal

will be calculated by taking 40% of the total number of move-ins from the previous HA fiscal year.

2. To accomplish the goals of deconcentration:
  - (a) Not less than 40% of the HA admissions on an annual basis shall be to families that have incomes at or below 30% of area median income (extremely low-income), and
  - (b) The HA shall determine the average income of all families residing in all the HA's covered developments. The HA shall determine the average income of all families residing in each covered development. In determining average income for each development, this HA has adjusted its income analysis for unit size in accordance with procedures prescribed by HUD. The HA shall determine whether each of its covered developments falls above, within or below the established income range. The established income range is from 85 to 115 percent (inclusive) of the average family income, except that the upper limit (115 percent) shall never be less than the income at which a family would be defined an extremely low-income family.

**NOTE:** To calculate the extremely low-income figure: Find the average family size (HA wide) of the covered developments and extrapolate the amount from the HUD published extremely low-income limits. For example, if the average family size is 2.6, the two-person limit may be \$12,400 and the three-person limit may be \$13,950. Therefore, the figure will be \$12,400 plus 60% of the difference between the two figures, which is \$13,330. This figure will be recalculated upon receipt of new HUD determined income limits.

**NOTE:** Fair housing requirements. All admission and occupancy policies for public housing programs must comply with Fair Housing Act requirements and with regulations to affirmatively, further fair housing. The HA may not impose any specific income or racial quotas for any development or developments.

### **Voluntary Conversion Initial Assessments**

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

- c. How many Assessments were conducted for the PHA's covered developments?  
**9 – See Attachment T**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:  
**N/A**

<b>Development Name</b>	<b>Number of Units</b>

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:  
**N/A**

# ATTACHMENTS

Capital Fund Tables for Open, On-Going Grants .....	Attachment A
Bond Pool Budget (Progress Report for Period Ending 12/31/04).....	Attachment B
Deconcentration and Income Mixing Questions and Backup Information .....	Attachment C
Pet Policy .....	Attachment D
Organizational Chart.....	Attachment E
ACOP Adopted 3/31/05.....	Attachment F
City of Sylacauga Analysis of Impediments/Problems to Fair Housing Choice .....	Attachment G
CHAS Data Per 2000 Census .....	Attachment H
State of Alabama Consolidated Plan FY 2000 .....	Attachment I
Local Agreement Between Sylacauga Housing Authority and Talladega County DHR .....	Attachment J
Required Certifications .....	Attachment K
▪ Certification for a Drug Free Workplace	
▪ Certification of Payments to Influence Federal Transactions	
▪ Disclosure of Lobbying Activities	
▪ PHA Certifications of Compliance with the PHA Plans and Related Regulations Board Resolution to Accompany the PHA Plan	
▪ Certification by State of PHA Plan's Consistency with State Consolidated Plan	
PHA Resident Participation Certification Approving Annual and Five Year Agency Plans & List of Resident Advisory Board Members.....	Attachment L
Board Resolution Adopting Five Year and Annual Agency Plans .....	Attachment M
Most Recent Board Approved Operating Budget .....	Attachment N
Most Current Fiscal Audit Report.....	Attachment O

*Reserved for Future Use* .....Attachment P  
Sylacauga Housing Authority Grievance Procedure.....Attachment Q  
Evidence of Public Hearing Notification Process.....Attachment R  
Change in Community Service Policy Information .....Attachment S  
Voluntary Conversion Analysis Required Initial Assessment .....Attachment T  
Resident Membership Board and Comments on 2005 Annual Plan.....Attachment U  
Flat Rent Rates .....Attachment V  
Management and Maintenance Policies Not Specified Otherwise .....Attachment W

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>						
<b>PHA Name:</b> Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: AL09P057501-04 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FY 2004	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2004		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	165,908.00	165,908.00	165,908.00	-	
3	1408 Management Improvements Soft Costs	23,000.00	10,200.00	-	-	
4	1410 Administration	58,009.26	58,009.26	29,502.20	14,321.44	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	64,909.63	54,909.63	23,717.74	10,345.00	
8	1440 Site Acquisition					
9	1450 Site Improvement	68,000.00	31,000.00	12,864.51	4,071.11	
10	1460 Dwelling Structures	179,500.00	145,847.31	11,396.60	2,632.38	
11	1465.1 Dwelling Equipment—Nonexpendable	18,727.52	1,500.00	-		
12	1470 Nondwelling Structures	4,500.00	2,500.00	-		
13	1475 Nondwelling Equipment	11,500.00	6,000.00	767.00		
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	1501 Debt Service for 2005	235,486.59	353,666.80	353,666.80	173,072.75	
20	1502 Contingency					
	Amount of Annual Grant: (sum of lines 2-20)	829,541.00	829,541.00	597,822.85	204,442.68	

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>					
<b>PHA Name:</b> Sylacauga Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: AL09P057501-04 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FY 2004	
<input type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no:    )</b>					
<input checked="" type="checkbox"/> <b>Performance and Evaluation Report for Period Ending: 12/31/2004</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 Compliance				
	Amount of line XX Related to Security – Soft Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service	237,638.85			

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-04 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
57-2	Back Flow Preventers/Water Pressure Valves	1450.0	5	1,000.00				
Sylavon Court	Site Improvements (Sew./Water/Gas/Elec./Drain, etc.)	1450.0	3	3,000.00	3,000.00			
	Handrails/Ramp	1450.0	1	5,000.00	4,000.00			
	Trees Trimmed/Deadwooded	1450.0	3	3,000.00				
	Prep & Paint Interiors	1460.0	6	6,000.00	4,786.20			
	Hearing Impaired Emergency Alarm Lights	1460.0	2	5,000.00	3,000.00			
	Water Heaters	1460.0	3	1,500.00				
	Counter Top Replacement	1460.0	4	3,000.00	2,000.00			
	HVAC	1460.0	3		3,000.00			
57-3	Back Flow Preventers/Water Pressure Valves	1450.0	22	6,000.00	-			
Sylavon Court	Site Improvements (Sew./Water/Gas/Elec./Drain, etc.)	1450.0	3	3,000.00	18,000.00	12,864.51	4,071.11	
	Handrails/Ramps	1450.0	2	5,000.00				
	Trees Trimmed/Deadwooded	1450.0	10	10,000.00				
	Prep & Paint Interiors	1460.0	20	20,000.00	3,434.40			
	Vinyl Floor Replacement	1460.0	3	3,000.00	1,500.00			
	Water Heaters	1460.0	6	3,000.00				
	Counter Top Replacement	1460.0	6	3,000.00	-			
	Hearing Impaired Emergency Alarm Lights	1460.0	2	1,500.00	1,500.00			
	Security Equipment	1470.0	1	1,000.00				
	HVAC Modification	1470.0	1	1,500.00	1,500.00			
	Office Equipment/Laminator	1475.0	1	1,500.00	-			



# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-04 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
57-6 Drew Court	Site Improvements (Sew./Water/Gas/Elec./Drain,etc.)	1450.0	3	3,000.00	1,000.00			
	Trees Trimmed/Deadwooded	1450.0	3	3,000.00				
	Prep & Paint Interiors	1460.0	22	22,000.00	14,397.33			
	Electrical/Interior Modifications	1460.0			11,396.60	11,396.60	2,632.38	
	Hearing Impaired Emergency Alarm Lights	1460.0	2	1,500.00				
	Water Heaters	1460.0	3	1,500.00	600.00			
	Counter Top Replacement	1460.0	3	1,500.00				
	Dwelling Equipment (Refrigerators)	1465.1	6	3,000.00				
57-8 Sylavon Towers	Site Improvements (Sew./Water/Gas/Elec./Drain, etc.)	1450.0	2	2,000.00				
	Prep & Paint Interiors	1460.0	10	10,000.00	6,965.50			
	Hearing Impaired Emergency Alarm Lights	1460.0	2	2,000.00				
	Elevator Upgrades	1460.0	2	26,000.00	26,000.00			
	Carpet/Hallways	1460.0			35,000.00			
	Security Equipment	1460.0	2	2,000.00				
	Interior Décor Common Areas Upgraded	1465.1	1	9,000.00				
	Dwelling Equipment (Refrigerators)	1465.1	3	1,500.00				
57-9 Sylavon Court	Site Improvements	1450.0	1	1,000.00				
	Handrails/Ramps	1450.0	1	1,500.00				
	Trees Trimmed/Deadwooded	1450.0	2	2,000.00				
	Prep & Paint Interiors	1460.0	4	4,000.00	4,000.00			

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<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-04 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Water Heaters	1460.0	2	1,000.00				
57-10 Drew Court	Site Improvements (Sew./Water/Gas/Elec./Drain, etc.)	1450.0	2	2,000.00				
	Handrails/Ramps	1450.0	1	1,500.00				
	Prep & Paint Interiors	1460.0	22	22,000.00	11,450.75			
	Structural Modifications for Drain Repairs	1460.0	2	2,000.00				
	Water Heaters	1460.0	5	2,000.00	2,000.00			
	Counter Top Replacement	1460.0	3	1,500.00				
	Vinyl Flooring Replacement	1460.0	3	3,000.00	3,000.00			
	Dwelling Equipment/Refrigerators	1465.1	4	2,000.00				
	A/C Modifications – Day Care/Office	1470.0	1	2,000.00	1,000.00			
PHA Wide	Operations	1406.0		103,908.00	153,908.00	153,908.00		
	Operations/Security Services	1406.0		50,000.00	-			
	Operations/For continuation of Scouts & Youth Sports	1406.0		12,000.00	12,000.00	12,000.00		
	Natural Gas Pipeline OQT Training – Annual Upgrade	1408.0		8,000.00	4,000.00			
	Consultants/Grant Writing/Annual Plan	1408.0		15,000.00	6,200.00			
	Salary Contribution-Leon Cleveland-Ex. Director	1410.0		39,857.00	42,009.26	19,902.65	9,661.49	
	Salary Contribution-Judy Maness-Finance Director	1410.0		16,000.00	16,000.00	9,599.55	4,659.95	

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-04 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Site Surveys	1430.0	3	3,000.00	3,000.00			
	UPCS Inspections	1430.0		8,400.00	8,400.00			
	Maintenance Supervisor/Inspections Costs	1430.0		21,807.63	21,807.63	12,537.92	6,086.35	
	Inspection Salary-Kizzy Williamson	1430.0		6,702.00	6,702.00	4,619.69	2,242.56	
	Fees & Costs – Consulting Engineer	1430.0		10,000.00	5,000.00	1,759.00		
	Architect Costs	1430.0		15,000.00	10,000.00	4,801.13	2,016.09	
	Debt Service for 2004	1501.0			118,180.21	118,180.21	118,180.21	
	Debt Service for 2005	1501.0		235,486.59	235,486.59	235,486.59	54,892.54	
TOTALS				829,541.00	829,541.00	597,822.85	204,442.68	



# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>						
<b>PHA Name:</b> Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: AL09P057501-03 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FY 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2004 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	149,567.40	149,567.40	149,567.40	149,567.40	
3	1408 Management Improvements Soft Costs	13,928.00	13,928.00	13,928.00	13,928.00	
4	1410 Administration	54,917.57	54,917.57	54,917.57	54,917.57	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	49,688.38	49,688.38	49,688.38	49,688.38	
8	1440 Site Acquisition					
9	1450 Site Improvement	101,369.20	129,146.80	78,819.49	66,650.71	
10	1460 Dwelling Structures	230,954.86	326,213.12	248,266.32	221,795.48	
11	1465.1 Dwelling Equipment—Nonexpendable	7,500.00	2,000.00			
12	1470 Nondwelling Structures	4,346.77	4,346.77	3,846.77	3,846.77	
13	1475 Nondwelling Equipment	17,384.61	18,028.96	18,028.96	18,028.96	
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	1501 Debt Service for 2005	118,180.21	-			
20	1502 Contingency					
21	Amount of Annual Grant: (sum of lines 2-19)	747,837.00	747,837.00	617,062.89	578,423.27	
22	Amount of line 20 Related to LBP Activities					

# ATTACHMENT A

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

<b>PHA Name:</b> Sylacauga Housing Authority	<b>Grant Type and Number</b> Capital Fund Program: AL09P057501-03 Capital Fund Program Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  FY 2003
---	--	--

- Original Annual Statement     
  Reserve for Disasters/ Emergencies     
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2004     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
23	Amount of line 20 Related to Section 504 Compliance				
24	Amount of line 20 Related to Security				
25	Amount of line 20 Related to Energy Conservation Measures	96,000.00	96,000.00		
	Collateralization Expenses or Debt Service	118,180.21	-		

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-03 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
57-2 Sylavon Ct.	Back Flow Preventers/Water Pressure Valves	1450.0	10	-	-			
	Site Improvements (Sew/Water/Gas/Elec/Drain, etc.)	1450.0	3	3,000.00	3,000.00			
	Handrails/Ramp	1450.0	1	1,000.00	1,000.00	496.84	496.84	
	Trees Trimmed/Deadwooded	1450.0	2	2,000.00	2,000.00			
	Prep & Paint Interiors	1460.0	6	6,000.00	7,213.80	1,319.67	1,319.67	
	Hearing Impair Emergency Alarm Lights	1460.0	2	5,000.00	-			
	Vinyl Flooring Replacement	1460.0	1	540.00	1,140.00	1,140.00	1,140.00	
	Counter Top Replacement	1460.0	4	2,000.00	-			
	HVAC	1460.0	2	3,000.00	-			
57-3 Sylavon Ct.	Back Flow Preventers/Water Pressure Valves	1450.0	10	1,000.00	866.54			
	Site Improvements (Sew/Water/Gas/Elec/Drain, etc.)	1450.0	3	6,000.00	21,583.15	11,583.15	4,457.74	
	Handrails/Ramp	1450.0	2	3,000.00	3,000.00			
	Trees Trimmed/Deadwooded	1450.0	0	731.88	731.88			
	Prep & Paint Interiors	1460.0	16	11,531.10	26,096.70	11,531.10	11,531.10	
	Counter Top Replacement	1460.0	4	-	-			
	Water Heaters	1460.0	5	2,336.09	3,638.22	3,638.22	2,336.09	
	Hearing Impaired Emergency Alarm Lights	1460.0	2	4,000.00	234.64	234.64	234.64	
	Handrails onto Porches	1460.0			1,569.41	1,569.41	1,396.99	
	GFCI Receptacle Installation	1460.0		1,140.36	1,140.36	1,140.36	1,140.36	
	Vinyl Installation	1460.0			900.00	900.00		
	HVAC Installation	1460.0	3	3,000.00	3,000.00	999.00	999.00	



# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-03 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Trees Trimmed/Deadwooded	1450.0	3	3,000.00	3,000.00			
	Prep & Paint Interiors	1460.0	6	1,213.80	1,820.70	1,213.80	1,213.80	
	Interior Renovations	1460.0		9,444.07	9,512.03	9,512.03	9,512.03	
	Counter Top Replacement	1460.0	3	1,500.00	-			
	Hearing Impaired Emergency Alarm Lights	1460.0	2	1,000.00	-			
	Dwelling Equipment (Refrigerators)	1465.1	3	-	-			
57-6 Drew Court	Site Improvements (Sew/Water/Gas/Elec/Drain, etc.)	1450.0	2	218.57	821.98	821.98	821.98	
	Site Improvements-Electrical Line Upgrades	1450.0	1	6,796.92	7,875.41	7,875.41	6,796.92	
	Handrails/Ramp	1450.0	4	15,000.00	15,000.00	12,293.56	12,293.56	
	Trees Trimmed/Deadwooded	1450.0	2	3,000.00	3,000.00			
	Prep & Paint Interiors	1460.0	8	7,349.01	12,951.68	7,349.01	7,349.01	
	Vinyl Replacement	1460.0	1		596.00	596.00	596.00	
	Electrical Upgrades-Units-Prep for A/C	1460.0			4,000.00			
	Commodes/Water Heaters	1460.0			1,339.51	1,339.51	1,339.51	
	Hearing Impaired Emergency Alarm Lights	1460.0	2	1,000.00	-			
	Counter Top Replacement	1460.0	5	1,000.00	-			
	Dwelling Equipment – Refrigerators	1465.1	8	4,000.00	-			
57-8 Sylavon Towers	Site Improvements (Streetlights)	1450.0			2,542.22	2,542.22		
	HVAC Improvements (Payment)	1460.0	1	90,513.41	90,513.41	90,513.41	90,513.41	
	Prep & Paint Interiors	1460.0	12	5,645.25	8,679.75	5,645.25	5,645.25	



# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-03 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
	Cabinet – Drew Court Office	1470.0	1	620.00	620.00	620.00	620.00	
	A/C Modifications – Day Care/Office	1470.0	1	500.00	500.00			
	Water Cooler (Outside Police Precinct Office)	1475.0	1		644.35	644.35	644.35	
57-11 Virginia West	Prep & Paint Interiors	1460.0	5	3,891.03	4,712.86	3,891.03	3,891.03	
	Countertops	1460.0	2	1,488.00	1,488.00	1,488.00	1,488.00	
PHA Wide	Operations	1406.0		117,375.40	117,375.40	117,375.40	117,375.40	
	Operations for Police Reimbursement	1406.0		20,192.00	20,192.00	20,192.00	20,192.00	
	Operations/For continuation of Scouts & Youth Sports	1406.0		12,000.00	12,000.00	12,000.00	12,000.00	
	Natural Gas Pipeline OQT Training – 8 Employees	1408.0		8,428.00	8,428.00	8,428.00	8,428.00	
	Consultants	1408.0		5,500.00	5,500.00	5,500.00	5,500.00	
	Salary Contribution-Leon Cleveland-Ex. Director	1410.0		37,669.67	37,669.67	37,669.67	37,669.67	
	Salary Contribution-Judy Maness-Administrative Assistant/Grants Coordinator	1410.0		17,247.90	17,247.90	17,247.90	17,247.90	
	UPCS Inspections	1430.0		8,086.00	8,086.00	8,086.00	8,086.00	
	MOD Coordinator	1430.0		20,858.47	20,858.47	20,858.47	20,858.47	
	Inspection Salary – Kizzy Williamson	1430.0		7,943.30	7,943.30	7,943.30	7,943.30	
	Fees & Costs – Engineer	1430.0		1,683.50	1,683.50	1,683.50	1,683.50	
	Architect Costs	1430.0		11,117.11	11,117.11	11,117.11	11,117.11	
	Debt Service for 2004	1501.0		118,180.21	-			

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057501-03 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
TOTALS				747,837.00	747,837.00	617,062.89	578,423.27	



# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part 1: Summary</b>						
<b>PHA Name:</b> Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: AL09P057502-03 Capital Fund Program Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> FY 2003	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2004		<input type="checkbox"/> Final Performance and Evaluation Report				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	29,808.00	29,808.00	29,808.00	29,808.00	
3	1408 Management Improvements Soft Costs	4,000.00	4,000.00			
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	19,000.00	0.00			
8	1440 Site Acquisition					
9	1450 Site Improvement	34,500.00	45,018.00			
10	1460 Dwelling Structures	46,500.00	46,500.00			
11	1465.1 Dwelling Equipment—Nonexpendable	7,500.00	7,500.00			
12	1470 Nondwelling Structures	3,233.00	1,200.00			
13	1475 Nondwelling Equipment	4,500.00	15,015.00	11,567.38	11,567.38	
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)	149,041.00	149,041.00	41,375.38	41,375.38	
21	Amount of line 20 Related to LBP Activities					

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b>				
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>				
<b>Part 1: Summary</b>				
<b>PHA Name:</b> Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program: AL09P057502-03 Capital Fund Program Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b>  FY 2003
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/ Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:    )
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2004		<input type="checkbox"/> Final Performance and Evaluation Report		
<b>Line No.</b>	<b>Summary by Development Account</b>	<b>Total Estimated Cost</b>		<b>Total Actual Cost</b>
22	Amount of line 20 Related to Section 504 Compliance			
23	Amount of line 20 Related to Security			
24	Amount of line 20 Related to Energy Conservation Measures			

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority		<b>Grant Type and Number</b> Capital Fund Program #: AL09P057502-03 Capital Fund Program Replacement Housing Factor #:				<b>Federal FY of Grant:</b> FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
57-2	Trees Trimmed/Deadwooded/Replaced	1450.0	8	5,000.00	5,000.00			
Sylavon Court	Handicapped Ramps/Handrails	1450.0	3		5,000.00			
	Counter Top Replacement/Cabinet Replace.	1460.0	16	20,000.00	20,000.00			
	Outside Door Replacement	1460.0	32	16,000.00	16,000.00			
57-3	Trees Trimmed/Deadwooded/Replaced	1450.0	16	19,500.00	19,500.00			
Sylavon Court	Handicapped Ramps/Handrails	1450.0	3	-	7,518.00			
	Office Equip./Computers/Software/Printers	1475.0	2	4,500.00	8,000.00	5,848.68	5,848.68	
	Office Equipment/Server	1475.0	1	-	3,000.00	3,703.70	3,703.70	
	Office Equipment/Lectern	1475.0	1	-	2,015.00	2,015.00	2,015.00	
57-4	Trees Trimmed/Deadwooded/Replaced	1450.0	4	5,000.00	5,000.00			
Drew Court								
57-5	Trees Trimmed/Deadwooded/Replaced	1450.0	4	5,000.00	5,000.00			
Drew Court								
57-6	Dwelling Equipment/Refrigerators	1465.1	5	2,500.00	2,500.00			
Drew Court								
57-8								
Sylavon Towers								

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Sylacauga Housing Authority			<b>Grant Type and Number</b> Capital Fund Program #: AL09P057502-03 Capital Fund Program Replacement Housing Factor #:			<b>Federal FY of Grant:</b> FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work
				Original	Revised	Funds Obligated	Funds Expended	
57-9	Sylavon Court							
57-10	Counter Top Replacement/Cabinet Replace.	1460.0	7	10,500.00	10,500.00			
Drew Court	Dwelling Equipment/Refrigerators	1465.1	15	5,000.00	5,000.00			
	HVAC Replacement/DayCare	1470.0	1	3,233.00	1,200.00			
PHA Wide	Operations/Police Salaries	1406.0		29,808.00	29,808.00	29,808.00	29,808.00	
	Web Site Development	1408.0		4,000.00	4,000.00			
	Salary Contrib.-Modernization Coordinator	1430.0		19,000.00	-			
<b>TOTALS</b>				149,041.00	149,041.00	41,375.38	41,375.38	

# ATTACHMENT A

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part III: Implementation Schedule</b>							
PHA Name: Sylacauga Housing Authority		Grant Type and Number Capital Fund Program #: AL09P057502-03 Capital Fund Program Replacement Housing Factor #:				Federal FY of Grant: FY 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quart Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
57-2 Sylavon Court	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
57-3 Sylavon Court	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
57-4 Drew Court	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
57-5 Drew Court	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
57-6 Drew Court	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
57-8 Sylavon Towers	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
57-9 Sylavon Court	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
57-10 Drew Court	02/12/2006	02/12/2006		02/12/2006	02/12/2006		
PHA Wide	02/12/2006	02/12/2006		02/12/2006	02/12/2006		

# ATTACHMENT B

## Bond Pool Budget

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0044

### Part I: Summary

Office of Public and Indian Housing

(exp.) 04/30/2004)

PHA Name: <b>Sylacauga Housing Authority</b>		Project Number <b>AL-57-2, AL-57-3, AL-57-4, AL-57-5, AL-57-6, AL-57-8, AL-57-9, AL-57-10</b>			Federal FY of Grant: <b>FY 2003</b>		
<input type="checkbox"/> Original Budget		<input type="checkbox"/> Revised Budget/Revision Number		<input checked="" type="checkbox"/> Progress Report for Period Ending 12/31/2004		<input type="checkbox"/> Final Progress Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost			
		Original	Revised	Obligated	Expended		
1	Total Non-CIAP Funds						
2	1406 Operations (may not exceed 10% of line 16)						
3	1408 Management Improvements						
4	1410 Administration						
5	1415 Liquidated Damages						
6	1430 Fees and Costs	147,002.24	117,099.83	62,659.83	4,992.83		
7	1440 Site Acquisition						
8	1450 Site Improvement	240,200.00	44,171.85				
9	1460 Dwelling Structures	2,240,057.80	2,493,988.36	445,298.96	358,402.25		
10	1465.1 Dwelling Equipment—Nonexpendable						
11	1470 Nondwelling Structures						
12	1475 Nondwelling Equipment						
13	1485 Demolition						
14	1495.1 Relocation Costs	44,000.00	16,000.00	1,500.00	1,500.00		
15	1498 Mod Used for Development						
16	<b>Amount of Grant Amount (Sum of lines 2-15)</b>	<b>2,671,260.04</b>	<b>2,671,260.04</b>	<b>509,458.79</b>	<b>364,895.08</b>		
17	Amount of line 16 Related to OBP Activities						
18	Amount of line 16 Related to Security						
19	Amount of line 16 Related to Section 504 Compliance						
20	Amount of line 16 Related to Energy Conservation Measures	1,758,750.00					
Signature of Executive Director		Date (mm/dd/yyyy)		HUD Certification: In approving this budget and providing assistance to a specific housing development(s), I hereby certify that the assistance will not be more than is necessary to make the assisted activity feasible after taking into account assistance from other government sources (24CFR 12/50). Signature of Director, Office of Public Housing/ONAP Administrator			
				Date (mm/dd/yyyy)			

# ATTACHMENT B

## Bond Pool Budget

U.S. Department of Housing and Urban Development

OMB Approval N. 2577-0044

### Part II: Supporting Pages

Office of Public and Indian Housing

(exp.) 04/30/2004)

Development Number	Qty	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
				Original	Revised	Difference		
<b>AL09P057002</b>	a	1 Contract Administrator/Architect/Engineer	1430.0	8,890.00	8,800.00			
	b	8 Walks/Drives/Drainage/Concrete/Grass/Lighting	1450.0	8,000.00				
	c	16 Sewer Line Repairs	1450.0	8,000.00	8,000.00			
	d	32 Replace HVAC	1460.0	64,000.00	64,000.00			
	e	Replace Commodes (Powerflush)	1460.0	9,600.00	9,600.00			
<b>Project Total</b>				<b>98,490.00</b>				
<b>AL09P057003</b>	a	1 Contract Administrator/Architect/Engineer	1430.0	48,870.00	26,500.00			
	b	40 Walks/Drives/Drainage/Concrete/Grass/Lighting	1450.0	40,000.00	-			
	c	84 Sewer Line Repairs	1450.0	42,000.00	15,171.85			
	d	167 Replace HVAC	1460.0	334,000.00	334,000.00			
	e	167 Replace Commodes (Powerflush)	1460.0	50,100.00	50,100.00			
<b>Project Total</b>				<b>514,970.00</b>				
<b>AL09P057004</b>	a	1 Contract Administrator/Architect/Engineer	1430.0	25,170.00	27,300.00		20,000.00	
	b	22 Walks/Drives/Drainage/Concrete/Grass/Lighting	1450.0	22,000.00	-			
	c	43 Sewer Line Repairs	1450.0	21,500.00	-			
	d	86 Install New HVAC	1460.0	363,100.38	343,182.41		9,407.41	
	e	86 Replace Commodes (Powerflush)	1460.0	25,800.00	36,288.00			
	f	86 Replace Roofs	1460.0	68,800.00	75,800.00			
	g	65 Relocation	1495.1	13,000.00	-			
<b>Project Total</b>				<b>434,270.00</b>				
<b>AL0P057005</b>	a	1 Contract Administrator/Architect/Engineer	1430.0	592.24	592.24		592.24	
	b	8 Sewer Line Repairs	1450.0	4,000.00	-			
	c	16 Install New HVAC	1460.0	70,257.38	87,232.46		87,232.46	
	d	16 Replace Commodes (Powerflush)	1460.0	4,800.00	6,400.00			
	e	12 Relocation	1495.1	2,400.00	-			
<b>Project Total</b>				<b>63,640.00</b>				

# Bond Pool Budget

## U.S. Department of Housing and Urban Development

OMB Approval N. 2577-0044

### Part II: Supporting Pages

Office of Public and Indian Housing

(exp.) 04/30/2004)

Development Number	Qty.	Description of Work Items	Development Account Number	Funds Approved			Funds Obligated	Funds Expended
				Original	Revised	Difference		
<b>AL09P057006</b>	a	1 Contract Administrator/Architect/Engineer	1430.0	23,690.00	2,522.09		2,522.09	2,522.09
	b	21 Walks/Drives/Drainage/Concrete/Grass/Lighting	1450.0	21,000.00	-			
	c	42 Sewer Line Repairs	1450.0	21,000.00	21,000.00			
	d	83 Install New HVAC	1460.0	340,500.00	346,298.45		346,298.45	259,401.74
	e	83 Replace Commodes (Powerflush)	1460.0	24,900.00	34,400.00			
	f	83 Relocation	1495.1	12,600.00	-			
<b>Project Total</b>				<b>352,190.00</b>				
<b>AL09P057008</b>	a	97 Replace Carpet	1460.0	97,000.00	97,000.00		1,860.64	1,860.64
	b	97 Replace Commodes (Powerflush)	1460.0	29,100.00	-			
	c	97 Interior Decoration Upgrade	1460.0	19,400.00	500.00		500.00	500.00
<b>Project Total</b>				<b>145,500.00</b>				
<b>AL09P057009</b>	a	6 Walks/Drives/Drainage/Concrete/Grass/Lighting	1450.0	1,200.00	-			
	b	21 Replace Commodes (Powerflush)	1460.0	6,300.00	8,400.00			
<b>Project Total</b>				<b>7,500.00</b>				
<b>AL0P0570010</b>	a	1 Contract Administrator/Architect/Engineer	1430.0	35,890.00	48,285.50		38,285.50	633.50
	b	25 Walks/Drives/Drainage/Concrete/Grass/Lighting	1450.0	25,000.00	-			
	c	53 Sewer Line Repairs	1450.0	26,500.00	-			
	d	106 Install New HVAC	1460.0	477,000.00	679,046.00			
	e	106 Replace Commodes (Powerflush)	1460.0	31,800.00	44,720.00			
	f	106 Electrical Update	1460.0	91,000.04	91,000.04			
	g	106 Lead Based Paint Abatement	1460.0		46,421.00			
	h	106 Replace Roofs	1460.0	127,200.00	134,200.00			
	i	80 Relocation	1495.1	16,000.00	16,000.00		1,500.00	1,500.00
<b>Project Total</b>				<b>845,390.00</b>				
<b>AL0P0570011</b>	a	18 Replace Commodes (Powerflush)	1460.0	5,400.00	5,400.00			
	<b>Project Total</b>				<b>5,400.00</b>			

# Bond Pool Budget

## U.S. Department of Housing and Urban Development

OMB Approval N. 2577-0044

### Part II: Supporting Pages

### Office of Public and Indian Housing

(exp.) 04/30/2004)

<b>PHA Wide</b>	Bank Fees/Incoming Wires	1430.0	300.00	300.00	60.00	45.00
	Fee Accountant Charges	1430.0	3,600.00	3,600.00	1,200.00	1,200.00
	<b>Project Total</b>					
<b>Grand Total-All Projects</b>		<b>2,671,260.04</b>		<b>2,671,260.04</b>	<b>509,458.79</b>	<b>364,895.08</b>

# ATTACHMENT B

## Bond Pool Budget

U.S. Department of Housing and Urban Development

OMB Approval N. 2577-0044

### Part III: Implementation Schedule

Office of Public and Indian Housing

(exp.) 04/30/2004)

Development Number	First Architect/Engineer Contract Awarded			All Funds Obligated			All Funds Expended		
	Original	Revised (Attach Explanation)	Actual	Original	Revised (Attach Explanation)	Actual	Original	Revised (Attach Explanation)	Actual
57-2 Sylavon Court	08/01/2003	08/01/2003		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-3 Sylavon Court	08/01/2003	08/01/2003		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-4 Drew Court	03/01/2004	03/01/2004		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-5 Drew Court	08/01/2003	08/01/2003		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-6 Drew Court	08/01/2003	08/01/2003		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-8 Sylavon Towers	08/01/2003	08/01/2003		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-9 Sylavon Court	08/01/2003	08/01/2003		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-10 Drew Court	03/01/2004	03/01/2004		09/30/2003	06/30/2005		06/30/2004	06/30/2006	
57-11 Virginia West Homes	08/01/2003	08/01/2003		09/30/2003	06/30/2005		06/30/2004	06/30/2006	

Original Dates set before Bond Issue completed. Revised Dates indicate current expected obligation and expenditure completion.

# ATTACHMENT C

## *DECONCENTRATION AND INCOME MIXING*

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

If yes, list these developments as follows:

<b>Deconcentration Policy for Covered Developments</b>			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
57-2	32*	Over – See Below	N/A
57-3	167	Over – See Below	N/A
57-4	86	Under – See Below	N/A
57-5	16	Under – See Below	N/A
57-6	83	Under – See Below	N/A
57-8	97	Over – See Below	N/A
57-9	21	Over – See Below	N/A
57-10	106*	Under – See Below	N/A
57-11	18	Over – See Below	N/A

The average income for the SHA as a whole is \$8,318.72. Accordingly, the range for 85% to 115% should equate to \$7,070.91 to \$9,566.53. As per HUD's proposed rule for Amendments to "Established Income Range" Definition dated 8/15/2001 and Notice PIH 2001-26(HA) issued 8/2/2001, HUD Field Offices will accept, as a reasonable explanation, cases where the average income for PHA developments is above the established income range of 85% to 115%, but is and will remain below 30% of the average median income. For Sylacauga, this current figure is \$8,859.90, which means that five developments are above this acceptable range. 57-2, 57-3, 57-8, and 57-9 are all elderly designated units containing a majority of 1-person households. 57-11 is a family designated site containing only 18 units (2.9%) out of the total 621 dwelling units. Given the very small percentage this development equates to of the whole, it would be difficult at best to ensure deconcentration of this area.

\* 57 2: 1 unit is a non-dwelling unit utilized by SAFE  
 57-10: 4 units are non-dwelling units; 2 utilized for daycare and 2 for police substations

# ATTACHMENT D

Sylacauga Housing Authority (HA)  
Dwelling Lease Addendum

## Pet Policy

This addendum is being executed in accordance of Section XVI of the Dwelling Lease to govern Pet Ownership in Public Housing. As applicable, Section 526 of the Quality Housing and Work Responsibility Act of 1998 (Public Law 105-276, 112 Stat. 2451, 2568 (the Public Housing Reform Act of 1998) added new section 31 (captioned “Pet Ownership in Public Housing”) to the United States Housing Act of 1937. Section 31 establishes pet ownership requirements for tenants of public housing other than federally assisted rental housing for the elderly or persons with disabilities. Section 227 of the Housing-Rural Recovery Act of 1983 (12 U.S.C. 1701r-1) (the 1983 Act) covers pet ownership requirements for the elderly or persons with disabilities. This rule does not alter or affect these regulations in any way, nor would the regulation in Section 227 of the 1983 Act apply in any way to Section 31 of the 1937 Act. Section 31 of the 1937 Act is being implemented by adding a new subpart G to 24 CFR Part 960. The following policies must be complied with for pet ownership in the HA:

### Section I.

1. Pet ownership: A tenant may own one or more common household pets or have one or more common household pets present in the dwelling unit of such tenant, subject to the following conditions:
  - A. Each Head of Household may own up to two pets. If one of the pets is a dog or cat, (or other four legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet.
  - B. If the pet is a dog or cat, it must be neutered/spayed at six (6) months, and cats must be declawed at three (3) months. The evidence can be provided by a statement/bill from veterinarian and/or staff of the humane society. The evidence must be provide prior to the executive of this agreement and/or within 10 days of the pet becoming of age to be neutered/spayed or declawed. Tenant must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The Tenant shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and 20 pounds (fully grown) if the pet is a dog. All other four legged animals are limited to 10 pounds (fully grown).
  - C. If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the cage at any time.

- D. If the pet is a fish, the aquarium must be thirty gallons or less, and the container must be placed in a safe location in the unit. The Tenant is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and nonhazardous manner.
- E. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from veterinarian or staff of the humane society and must be provided before the executive of this agreement.
- F. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other Tenant's lawns. Also, all pets must wear collars with identification (owner's name) at all times. Pets without a collars will be picked-up immediately and transported to the Humane Society.
- G. All authorized pet(s) must be under the control of an adult. **An unleashed pet, or one tied to a fixed object, is not under the control of an adult.** Pets which are unleashed, or leashed and unattended, on HA property will be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet and at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged \$50 to cover the expense of taking the pet(s) to the Humane Society.
- H. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to HA staff that a pet(s) has been left unattended for more than a twenty-four (24) consecutive hour period, HA staff may enter the unit and remove the pet and transfer the pet to the humane society. Any expense to remove and reclaim the pet from any facility will be the responsibility of the Tenant. In the case of an emergency, the HA will work with the resident to allow more that 24 hours for the resident to make accommodations for the pet.
- I. *Pet(s), as applicable, must be weighed by a veterinarian or staff of the humane society. A statement containing the weight of the pet must be provided to the HA prior to the execution of this agreement.*

*Note:*

**Any pet that is not fully grown must be weighed every six months. Weighing must be done by a veterinarian or humane society staff. Also, any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from HA property.**

- 2. Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of to avoid any unpleasant and unsanitary odor from being in the unit.

3. Prohibited Animals: Animals that are considered vicious and/or intimidating will not be allowed. Some examples of animals that have a reputation of a vicious nature are: reptiles, rottweiler, doberman pinscher, pit bulldog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.
4. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for ½ hour or more to the disturbance of any person at any time of the day or night. The Housing Manager will terminate this authorization, if a pet disturbs other tenants under this section of the lease addendum. The Tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.
5. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the tenant, in writing, that the animal must be removed from the Public Housing Development, within 10 days of the date of the notice from the HA. If the pet may be a danger or threat to the safety and security of other persons the 10 days notice will be changed to upon receipt of the notice from the HA. The Tenant may request a hearing, which will be handled according to the HA's established grievance procedure. The pet may remain with the tenant during the hearing process unless the HA has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination is made by the HA, the pet must be immediately removed from the unit upon receipt of the notice from the HA.
6. The Tenant is solely responsible for cleaning up the waste of the pet within the dwelling and on the grounds of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$50 for the removal of the waste.
7. The Tenant shall have pets restrained so that maintenance can be performed in the apartment. The Tenant shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the Tenant shall be charged a fee of \$50.00. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained will be impounded and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet and at the expense of the Tenant. Also, if a member of the HA staff has to take a pet to the Humane Society the Tenant will be charged an additional \$50 to cover the expense of taking the pet(s) to the Humane Society. The housing authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.

**1. Pets may not be bred or used for any commercial purposes.**

**Section II. SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT**

**FEE AND DEPOSIT SCHEDULE**

(An Annual Fee and Deposit is required for each pet)

Type of Pet	Fee	Deposit
Dog	\$150	\$250
Cat	\$100	\$150
Fish Aquarium	\$0	\$0
Fish Bowl (Requires no power and no larger than two gallons)	\$0	\$0
Caged Pets	\$75	\$100

Note: The above schedule is applicable for each pet; therefore, if a tenant has more than one pet he or she must pay the applicable pet fee and deposit for each pet.

The entire annual fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy.

The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the HA at such time. The Annual Fee is not reimbursable. If the deposit is more than \$100.00, the head of household may elect to pay \$100.00 at the time of the signing of this addendum and make \$50.00 per month payments until the total deposit is paid. The deposit made shall be utilized to offset damages caused by the pet and/or tenant. Any balance, if any, from the deposit will be refunded to the tenant. THERE SHALL BE NO REFUND OF THE ANNUAL FEE.

It shall be a serious violation of the lease for any tenant to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of paragraph IV (P) of the lease and the HA will issue a termination notice. The tenant will be entitled to a grievance hearing in accordance with the HA's grievance procedure.

### **RESIDENT ACKNOWLEDGMENT**

After reading and/or having read to me this lease addendum I, \_\_\_\_\_ agree to the following: (Print Name)

I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this lease addendum.

I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay the landlord or applicable party for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.

I agree to accept full responsibility and will not hold liable (indemnify) the landlord for any claims by or injuries to third parties or their property caused by my pet(s).

I agree to pay a non-refundable fee of \$\_\_\_\_\_ to cover some of the additional operating cost incurred by the HA. I also understand that this fee is due and payable prior to the execution of this lease addendum.

I agree to pay a refundable pet deposit of \$\_\_\_\_\_ to the HA. If the pet deposit exceeds \$100.00, the deposit may be paid with an initial payment of \$100.00, and the additional amount due in increments of \$50 per month for \_\_\_\_\_ consecutive months. The \$50.00 is due and payable with my rent and other charges. If I fail to make the total payment due, which shall include the pet deposit payment, rent and other charges, my lease will be terminated in accordance with the provisions of the dwelling lease and collection policy. The Annual Fee and Initial Deposit must be paid prior to the execution of this lease addendum. The pet deposit may

be used by the Landlord at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of Tenant's occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to the Tenant after the premises are vacated and all keys have been returned.

I agree and understand that violating this lease addendum will result in the removal of the pet(s) from the property of the HA and that I may not be allowed to own any type of pet in the future while being an occupant of the HA.

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Head of Household Signature

Date

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Housing Authority Representative Signature

Date

**ATTACHMENT D**  
**PET RULES AND REGULATIONS**  
Dwelling Lease Addendum

**SYLACAUGA HOUSING AUTHORITY**  
of the City of Sylacauga, Alabama

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**Rules Governing Pet Ownership in Housing for Elderly or Handicapped Tenants:**

I. INTRODUCTION AND PURPOSE:

(A) **INTRODUCTION:** The Sylacauga Housing Authority of the City of Sylacauga, Alabama (hereinafter referred to as "Landlord"), recognizing the rights of tenants in federally assisted rental Projects for the Elderly or Handicapped, owned and managed by the Landlord, to own or keep common household pets living in the dwelling unit of the Tenant, deems it desirable to prescribe reasonable rules and regulations to govern the keeping of said pets.

(B) **PURPOSE:** Consistent with the interest of the Landlord to insure the attaining of the goal of providing decent, safe and sanitary housing for the elderly or the handicapped, and maintenance of a decent, safe and sanitary living environment for existing and prospective tenants, and in protecting and preserving the physical condition of the Project and the financial interest of the Landlord therein, the Landlord has chosen to prescribe reasonable rules and regulations to govern the keeping of common household pets authorized in Housing for the Elderly or Handicapped in any Project of the Landlord, including any building within a mixed-use project, that was designated for occupancy by the elderly or handicapped at its inception, or, although not so designated, for which the Landlord gives preference in tenant selection.

II. DEFINITIONS:

(A) "Common household pet" means a domesticated animal, such as a dog, cat, bird or fish, that is traditionally kept in the house for pleasure, rather than for commercial purposes. This term does not include animals which are used to assist the handicapped.

(B) "Elderly or handicapped tenant" means an elderly or handicapped person or family as defined in part 24CFR 912.2 of section 227 of the Housing and Urban-Renewal Recovery Act of 1983 (12 U.S.C. 1701n-1).

(C) "Project for the Elderly or Handicapped" means any project assisted under the United States Housing Act of 1937.

### III. EXCLUSION OF CERTAIN PETS FROM SYLAVON TOWERS PROJECT:

(A) **Exclusion of dogs and cats:** No tenant shall be permitted to keep a dog or cat in the Sylavon Towers Project owned by the Landlord. The Sylavon Towers Project consists of a multi-unit high-rise housing facility with interior hallways and corridors. The presence of dogs and/or cats in such hallways and corridors would, in the opinion of the Landlord, create an unsafe condition for the presence of those elderly or handicapped tenants who normally and commonly use the hallways and corridors in said Project; and the use of such hallways and corridors for the ingress, egress or exercise of such pets would detract from the living environment for existing and prospective tenants. Tenants shall be permitted to own or keep a common household pet other than a dog or cat, in accordance with all rules and regulations hereinafter set forth.

(B) In the event an elderly or handicapped tenant occupying a unit in the Sylavon Towers Project desires to own or keep a dog or cat, in accordance with applicable regulations, such tenant shall, upon application therefor, be allowed to transfer to some other unit designated for the elderly or handicapped. This transfer shall not be considered a convenience and no transfer fee will be charged to the tenant.

### IV. APPLICATION AND REGISTRATION:

(A) **APPLICATION:** Any tenant authorized by the lease agreement to own or keep a common household pet, living in the dwelling unit of the Tenant, must make application therefor **PRIOR** to entry of any pet on the premises of the Landlord. The application must be in writing on a form prepared for said purpose by the Landlord and made available at the request of the Tenant; and the information required therein shall include, but not be limited to, the following:

1. Name of Tenant as set forth in the lease agreement.
2. Project name.
3. Dwelling unit number.
4. Date of current dwelling lease.
5. Description of pet:
  - (a) Type
  - (b) Breed
  - (c) Color
  - (d) Weight
  - (e) Height
  - (f) Approximate age
  - (g) Estimated approximate weight and height at maturity
  - (h) Source of ownership
  - (i) Description of any known physical abnormalities

6. If you own a homeowner's or renter's insurance policy, the name of the insurance company or insurance agent.
7. Name, address and telephone number of two or more parties responsible for pet in absence of tenant.

(B) **REGISTRATION:** Within ten (10) days following submission of complete written application, as herein above required, Landlord shall notify tenant of (i) approval of the application conditional on compliance with the following registration requirements, or (ii) denial of approval and the reason or reasons therefor.

In the event of approval, the pet owner must register the pet **BEFORE** it is brought to the Project premises and must update the registration at least annually. Landlord may coordinate annual update with annual re-examination of tenant income. In addition, Tenant must:

1. **Inoculations:** Submit a certificate signed by a licensed veterinarian or a state or local authority empowered to inoculate animals, evidencing that the pet has received all inoculations required by applicable state and local laws.

2. **Sterilization:** In the case of dogs and cats, and any other warm-blooded mammal which would fit within the definition of "common household pet", evidence must be submitted that the pet has been spayed or neutered, as applicable.

3. **Deposit:** Pay a pet deposit in the sum of Three Hundred and No/100 (\$300.00) Dollars, in addition to any other financial obligation of the Tenant; the Landlord may use the pet deposit to pay reasonable expenses directly attributable to the presence of the pet in the Project, including, but not limited to, the cost of repairs and replacement to, and fumigation of, the Tenant's dwelling unit. Landlord has taken into consideration anticipated costs of general cleaning expenses, fumigation costs, cleaning, defleaing, deticking and deodorizing carpets, doors, appliances, landscaping or other improvements on owner's property; painting expenses, carpet replacement, drapery replacement, carpentry expenses and boarding costs.

Tenant understands, however, that the payment of the pet deposit is not a limit on the Tenant's liability for property damages, cleaning, deodorization, defleaing, deticking, replacement and personal injuries for which the Tenant is or may be held liable. Payment for damages, repairs, cleaning, replacement, etc., is due immediately upon demand by the Landlord.

4. **Alternate Responsible Party:** Tenant must provide names, addresses and telephone numbers of two or more responsible parties whose duty is to care for the pet if the pet-owner is absent, incapacitated, dies or is otherwise unable to care for the pet. Tenant must provide written proof that the designated responsible parties are authorized and willing to represent Tenant to insure compliance with these rules and regulations.

5. **Additional Grounds for Denial of Approval:** Landlord may deny approval of tenant application in the event Landlord has reasonably determined that, based upon the Tenant's past habits and practices, the Tenant will be unable to keep the pet in compliance with the pet rules and regulations and other lease obligations. Temperament of the pet for which application is made by the Tenant may be considered as a factor in determining the prospective pet owner's ability to comply with the pet rules and regulations and other lease obligations. The project owner, however, may not refuse to approve the application of the Tenant based upon a determination that the Tenant is financially unable to care for the pet or that the pet is inappropriate, based upon the therapeutic value to the pet owner or the interests of the property or existing tenants.

V. GENERAL RULES AND REGULATIONS:

(A) **SIZE AND WEIGHT RESTRICTIONS:**

1. No dog or cat may exceed the weight of twenty (20) pounds. The weight of any other pet shall not exceed two and one-half (2-1/2) pounds.

2. No pet cage or enclosure shall exceed in dimensions two feet in width, two feet in depth or two feet in height.

3. No fish aquarium shall exceed thirty (30) gallons in capacity. (Pet Deposit shall not be charged for fish aquariums meeting this size restriction. No larger aquariums will be approved. Limited to one aquarium per apartment).

(B) **DENSITY OF TENANTS AND PETS:** Each tenant shall be permitted only one pet per dwelling unit, except, however, fish. Tenant shall be permitted only one aquarium.

(C) **STANDARDS OF PET CARE:**

1. Pet owners are required to have dogs or cats spayed or neutered, as applicable. The birth of offspring shall be considered conclusive proof of violation of this requirement.

2. Pet owners are required to have cats declawed.

3. Tenants shall regularly and periodically treat pets for fleas, insects, parasites, lice, ticks, fungus, mange and any and all similar infestations or afflictions.

4. No tenant shall own or keep any pet which exhibits or has exhibited any vicious, violent or mean propensities. In the event any pet should attack, bite, scratch or otherwise viciously or violently injure or damage any person on the premises of the Landlord, it shall be considered conclusive proof of violation of this requirement.

5. **Prohibited Animals:** Animals or breeds of animals that are considered by the HA to be vicious and/or intimidating will not be allowed. Some examples that have a reputation of a vicious nature are: reptiles, rottweiler, doberman pinscher, pit bulldog, and/or any animal that displays vicious behavior. This determination will be made by a HA representative prior to the execution of this lease addendum.

6. Tenant must comply with annual licensing and inoculation requirements established by applicable state and local laws. Tenant must maintain a complete written record of compliance with licensing and inoculation requirements.

7. In the event any authorized pet shall give birth to offspring, the number of which added to the authorized pet exceed the limit authorized by these rules, the Tenant shall immediately remove from the premises all of said unauthorized pets.

8. Tenant is prohibited from altering the dwelling unit, patio, porch or yard area to create an enclosure for any pet.

9. All dogs and cats must be appropriately and effectively restrained on a leash and under the control of a responsible individual at all times while outside the tenant unit.

10. All pets are prohibited from all common areas of the Project of Landlord, said areas intended to include, but not be limited to, lobbies, laundry rooms, social rooms, dining rooms, kitchens, rest rooms, offices, day care centers and maintenance shops; pets are prohibited from hallways and corridors outside the

individual dwelling units, except for the limited purpose of ingress and egress to said individual dwelling units.

11. Birds must be confined to a cage at all times.

12. **Prohibited Activity:** Pet shall not disturb, interfere or diminish the peaceful enjoyment of other tenants. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pet who makes noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other tenants under this section of the lease addendum. The Tenant will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.

(D) **SANITATION AND SAFETY STANDARDS FOR DISPOSAL OF PET WASTE:**

1. **Dogs:** Tenant must regularly remove pet from the tenant unit to permit pet to exercise and deposit waste; Tenant must collect, remove and deposit all removable pet waste (fecal material) in suitable, sanitary waste receptacles.

2. **Cats:** (a) Tenant must require pets to deposit waste in an appropriate litter box.

(b) Litter in litter box must be completely changed and replaced at least twice each week. Soiled litter must be disposed of in a closed, plastic container and deposited in an outside garbage receptacle.

(c) Tenant must separate pet waste from litter at least once each day and dispose of waste in a suitable, sanitary, sealed, plastic container or sack and deposit in an outside garbage receptacle.

3. **Other:** Litter, disposable bedding and similar material in containers, cages or enclosures for all other animals shall be completely changed and replaced at least twice each week, and shall be disposed of in a suitable, sanitary, sealed, plastic container or sack and deposited in an outside garbage receptacle.

4. Tenant must take adequate precautions and measures as may be necessary to eliminate pet odor within and around tenant unit and shall maintain the unit in a sanitary condition at all times. Emanation of pet odor outside the confines of the dwelling unit, in hallways adjoining the dwelling unit or in adjoining dwelling units or areas, shall be conclusive proof of violation of this requirement.

5. The tenant is solely responsible for cleaning up the waste of the pet within the dwelling unit and on the premises of the public housing development. If the pet is taken outside, it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the HA staff is required to clean any waste left by a pet, the Tenant will be charged \$50 for the removal of the waste.

6. The Tenant shall have pets restrained so that maintenance can be performed in the apartment. The Tenant shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals caged. If a maintenance person enters an apartment where an animal is not caged, maintenance shall not be performed, and the Tenant shall be charged a fee of \$50. If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged may be impounded by animal control officers or by HA staff and taken to the local Humane Society. It shall be the responsibility of the Tenant to reclaim the pet at the expense of the Tenant. Also, if a member of the HA staff takes a pet to the Humane Society, the Tenant will be charged an additional \$50 to cover the expense of taking the pet to the Humane Society. The housing authority shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.

7. Tenant shall not leave any pet unattended for a period of time exceeding twenty-four (24) hours.

8. In the event any pet is left unattended for a period of time exceeding twenty-four (24) hours, or becomes vicious, displays symptoms of severe illness or demonstrates other behavior that constitutes or appears to constitute an immediate threat to the health or safety of the tenants of the Project as a whole, Landlord is permitted entry to the tenant unit, if necessary, to remove the pet and place it in a facility that will provide care and shelter for a period not to exceed thirty (30) days.

**(E) PETS TEMPORARILY ON THE PREMISES:** Tenant is prohibited from owning or keeping any pet temporarily in the tenant unit or on the Project premises. Tenant is prohibited from feeding, housing or harboring stray animals. The feeding of a stray animal shall constitute temporary keeping of an animal and conclusive proof of violation of these rules and regulations.

**VI. INSPECTIONS:** In addition to other inspections permitted under the Tenant Lease or other provisions of these rules and regulations, Landlord may, after notice to Tenant, and during reasonable hours, enter and inspect the tenant unit in the event Landlord has reason to believe that the conduct or condition of a pet constitutes a violation of these rules and regulations, or is a nuisance or a threat to the health and safety of the occupants of the Project or other persons in the community.

**VII. EMERGENCIES:**

**(A) REMOVAL OF DANGEROUS PETS:** Landlord or his agent may enter the tenant unit, if necessary, remove a pet that is or has become vicious, displays symptoms of illness or demonstrates other behavior which may constitute an immediate threat to the health or safety of any person in the Project.

**(B) REMOVAL FOR PROTECTION OF PET AND UNIT:** Landlord or his agent may enter the tenant unit, if necessary, remove a pet if the health or safety of a pet or the condition of the tenant unit is threatened by the death, incapacity or absence of Tenant, or by other factors that render the Tenant unable to care for the pet or unit.

**(C) COST FOLLOWING REMOVAL BY LANDLORD:** In the event a pet is removed under this Section VII, Landlord may place the pet in a facility which will provide care and shelter until Tenant is able to assume responsibility for the pet, but not longer than thirty (30) days. The cost of the animal care facility shall be the responsibility of and be borne by Tenant.

**VIII. PRIORITY OF STATE OR LOCAL LAW:** In the event any state or local law or regulation governing the care and/or handling of pets shall conflict with these rules and regulations, the state or local law or regulation shall apply and take priority over these rules and regulations.

**IX. PUNISHMENT FOR VIOLATION:** Violation of any pet rule or regulation shall be grounds for:

1. Termination of the right of Tenant to own or keep a pet registered hereunder;
2. Removal of the pet;
3. Termination of tenancy of Tenant; or
4. Any combination of the above.

Termination of tenancy shall be handled in accordance with applicable Grievance and Hearing Procedures of Landlord.

X. AMENDMENT: Landlord may, from time to time, amend these rules and regulations upon written notification to each Elderly or Handicapped Tenant and, upon amendment, shall become a part hereof as if fully set forth herein.

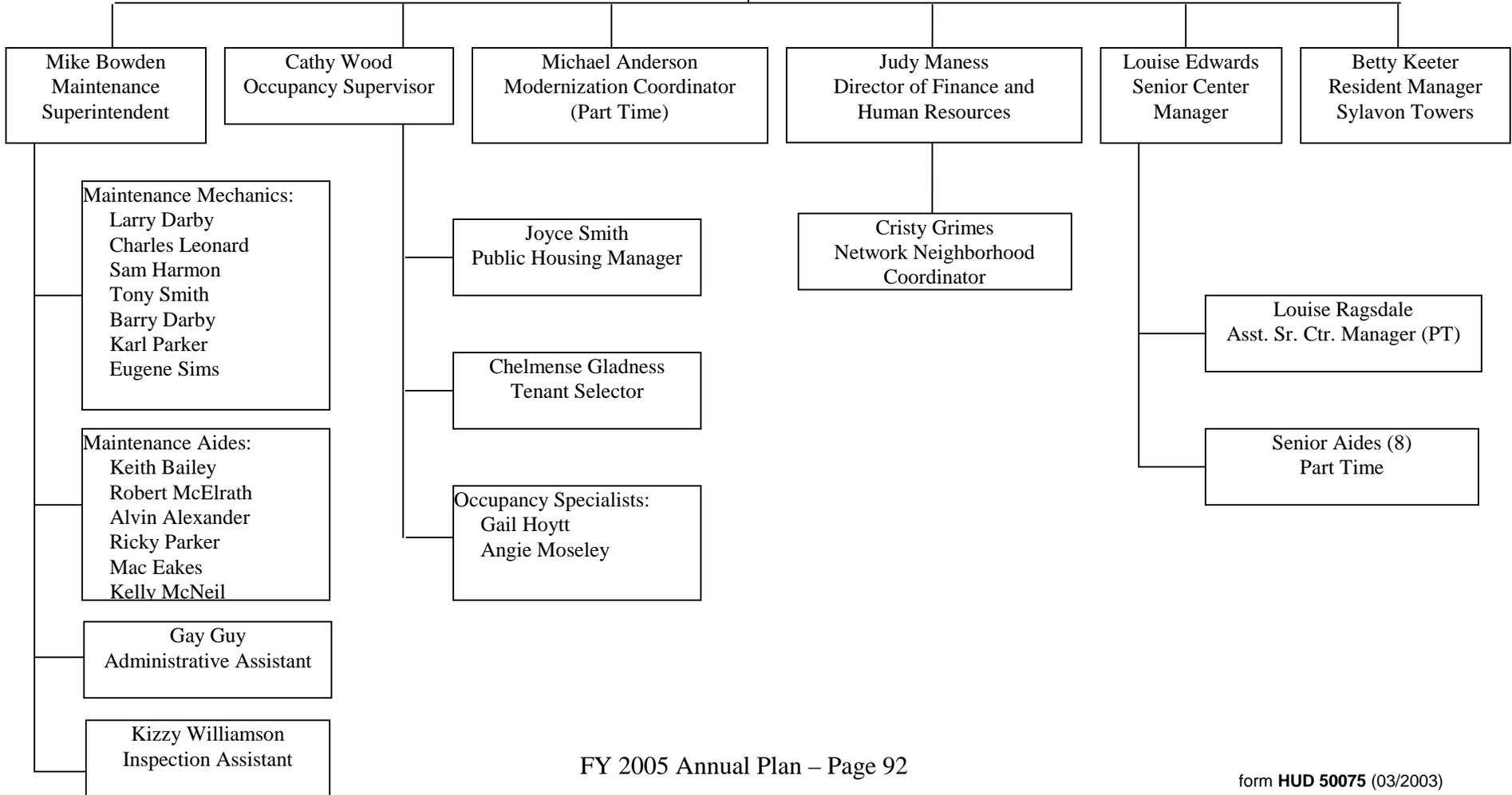
XI. EFFECTIVE DATE: The effective date, as specified by the Department of Housing and Urban Development, is March 2, 1987 and revised April 2001.

(4/2001 Revision)

# ATTACHMENT E

SYLACAUGA HOUSING AUTHORITY  
BOARD OF COMMISSIONERS

Leon Cleveland  
Executive Director



# ATTACHMENT L

## RESIDENT ADVISORY BOARD

1. Edna Maxwell, Chairperson – Sylavon Court
2. Tony Smith, Board Member – Drew Court
3. Ann Newman, Board Member – Drew Court
4. Connie Fulks – Virginia S. West Homes
5. Edna Landers, Board Member – Sylavon Towers

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### Comments on 2005 Annual Plan

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Three members of the Sylacauga Housing Authority Resident Advisory Board were present at the Public Hearing for the Annual/Five Year Plan. They were Edna Maxwell, Edna Landers and Connie Fulks.

Mrs. Fulks lives in Virginia South West Homes, our newest development, and she gave her evaluation form back without any comments because none of the CFP funds are budgeted to be spent in the Virginia South West Homes community. She said she did not feel that she should comment on the other areas.

Mrs. Landers lives in Sylavon Towers and she marked that she strongly agreed with the planned expenditures for painting, hearing-impaired emergency alarm signals, and elevator upgrades at the Towers. She made no comments on planned expenditures in other developments.

Mrs. Maxwell did not turn in a signed form but indicated in her conversation at the meeting that she was in agreement with the proposed budget.

Tony Smith and Ann Newman did not attend meeting.

*Judy Maness, Finance & HR Director*

# **ATTACHMENT U**

## **RESIDENT MEMBERSHIP BOARD**

Ms. Edna Maxwell as appointed by the Mayor and City Council of the City of Sylacauga to serve on the Board of Directors.

# PHA Resident Participation Certification Approving Annual and Five Year Agency Plans

as Required by the QHWRA of 1998

PHA Name <b>Sylacauga Housing Authority</b>	Template Plan Version <b>2005</b>	FFY of Plan Approval <b>2005</b>
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Acting on behalf of the Resident's Council and/or as a duly recognized resident representative of the above named Public Housing Agency (PHA), I make the following certifications and agreements to the U.S. Department of Housing and Urban Development (HUD) regarding the PHA's submission of (check one or more as applicable):

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> 5-Year Plan Submitted on <u>4/17/2005</u> | <input type="checkbox"/> Amendments to 5-Year Plan Submitted on _____ |
| <input checked="" type="checkbox"/> Annual Plan Submitted on <u>4/17/05</u>   | <input type="checkbox"/> Amendments to Annual Plan Submitted on _____ |

I certify on behalf of the Resident Council and/or Residents of the: (Name) Sylacauga Housing Authority that:

- |   |  |
|---|--|
| 1 The PHA develops, implements, monitors, and amends its 5-Year and Annual Agency Plans in consultation with residents of the developments covered by the Plan;   | 6 The PHA has informed the residents of their responsibility for learning about and participating in the Agency Planning process;  |
| 2 The PHA has consulted with Resident Advisory Board (RMB) because of the RMB's required role in the development of the Five -Year and/or Annual Agency Plan;   | 7 Residents are encouraged to form networks with residents from other PHAs to exchange information and ideas;  |
| 3 The PHA, in partnership with the residents, develops and implements a process for resident participation which ensures that residents are involved in a meaningful way in all phases of the Agency Plans;                               | 8 The PHA has made reasonable efforts to notify residents of the draft Agency Plans and has made copies of the draft Plans available to the local city government, and provided residents and local government with at least 30 days in which to comment on the draft Plans; |
| 4 The PHA, in partnership with the residents of the developments covered by the Agency Plans, have established a Partnership Process to develop and implement the goals, needs, strategies and priorities identified in the Agency Plans; | 9 Through the Partnership Process developed between the PHA and the residents, an approach has been formed for residents and the PHA to overcome some of the traditional barriers to working together cooperatively and collaboratively;                                     |
| 5 The Partnership Process has enabled residents to participate on a PHA-wide basis, in ongoing discussions of the Agency Plans and strategies for its implementation, and in all meetings necessary to ensure meaningful participation;   | 10 The proposed activities, obligations and expenditures in the Agency Plans appear to be consistent with the State of Alabama Consolidate Plan; and   |
|   | 11 The Resident Advisory Board Chairman of the named RAB hereby expresses satisfaction, support, and approval of the PHA's overall performance in the development of and resident involvement with the PHA's Five Year and Annual Agency Plans.                              |

Attested by: Resident Advisory Board President

Edna Maxwell, Appointed Resident Representative

Resident Advisory Board Chairman

Original Signature Mailed With Hard Copy

Address:

**Edna Maxwell**  
**149 Julia Tutwiler Circle**  
**Sylacauga, Alabama 35150**

Date 3/24/2005

**INFORMATION PERTAINING TO  
SYLACAUGA HOUSING AUTHORITY  
COMMUNITY SERVICE REQUIREMENTS**

# NOTICE TO RESIDENTS – SYLACAUGA HOUSING AUTHORITY

As many of you are aware, in October 1998, the United States Congress passed a new housing bill. Since that time, we have been busy implementing the changes provided in the Quality Housing and Work Responsibility Act (QHWRA). This new act provides for Flat Rents, which gives you a choice of rents upon the re-certification of your next lease. We are currently in the process of establishing the amount of the Flat Rents. The new law also requires any adult member of the household, who is 18 years old or older and not exempt under regulation, to contribute eight (8) hours per month for community service. We will be contacting each household regarding the status of all household members relative to this requirement. It will be your responsibility to certify to us upon your next re-examination that you have met these requirements.

The QHWRA also provides for a resident to serve on the Board of Commissioners for the Sylacauga Housing Authority. Your Resident Commissioner is Ms. Edna Maxwell. We have also established a Resident Advisory Board. The current members of this board are: Tony D. Smith (Drew Court), Edna Landers (Sylavon Towers), Larray James (Virginia S. West Homes), Edna Maxwell (Sylavon Court), and Ann Newman (Drew Court).

If you have any questions or comments, please contact either your Project Manager or the Occupancy Supervisor as listed below.

## **Project Managers:**

Gail Hoytt (Drew Court) .....249-0381 ext. 145  
Joyce Smith (Sylavon Court) .....249-0381 ext. 142  
Joyce Smith (Virginia S. West Homes) .....249-0381 ext. 142  
Angie Moseley (Sylavon Towers) ..... 249-0381 ext. 146

## **Occupancy Supervisor:**

Cathy Wood .....249-0381 ext. 140

We are continually striving to make your neighborhood as comfortable, beautiful, and safe as possible. Your comments and suggestions are always welcome.

**NOTICE TO HEAD OF HOUSEHOLD OF NON-COMPLIANCE WITH THE  
COMMUNITY SERVICE REQUIREMENT**

Resident's Name  
Address

Sylacauga, Alabama 35150

Dear :

The Sylacauga Housing Authority has reviewed your activities regarding compliance with the Community Service Requirement and has determined that has not fulfilled the community service requirements for the lease term ending . The reason for this determination is as follows: (appropriate reason(s) is checked below)

- I. You failed to furnish SHA a signed certification form from a qualified organization indicating that , , met the necessary community service requirements.
- II. You failed to perform the necessary eight (8) hours per month of volunteer community service for the lease period.

As a result, the SHA will not renew your lease at the end of the twelve month lease period unless one of the following actions are taken:

- A. If you (or family member indicated above) have performed any Community Service/Self-Sufficiency activities for which certification has not already been turned in, you may do so immediately.
- B. As Head of Household, you may enter into a written agreement (copy enclosed) to cure the non-compliance. The enclosed agreement must be executed within five (5) business days of the date of this letter or no later than ; or
- C. As Head of Household, you may provide a written Notice of Intent To Vacate, which complies with Section IV (HH) of the dwelling lease, which section states, "To provide to the Landlord with 10 calendar days advanced notice of intent to vacate and terminate this agreement. The notice shall be in writing and delivered to the project office or Landlord's central office or sent by U. S. Mail properly addressed. Upon termination of this agreement, Tenant agrees that the dwelling shall not be considered "vacated" for rental charge purposes only, until such time as the keys are returned and the Landlord accepts the unit."
- D. If you fail to take action as identified in A, B or C above, your dwelling lease will be terminated.

You have the right to request an informal settlement conference, either orally or in writing. Also, a grievance hearing may be requested pursuant to the grievance hearing procedure. If you desire a conference or hearing, please call me at (256) 249-0381 extension within five (5) business days of the date of this notice, or no later than .

Sincerely,

Project Manager

Enclosure

# **SYLACAUGA Housing Authority (SHA)**

## **Community Service Requirements Policy**

### **I. Community Service Requirements**

A. Based on federal requirements (Ref: 24 CFR 960.600) all public housing residents must comply with the requirements of performing community service as outlined in this policy. All non-exempt residents eighteen (18) years of age or older must perform volunteer work or duties that are a public benefit and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. This requirement is effective with resident reexaminations of family income and composition on or after July 1, 2001. For example, if a head of household's reexamination date is July 1, 2001, the resident(s) the must comply with the community services requirement and perform eight (8) of community service per month effective July 1, 2001.

B. All non-exempt residents must meet the following criteria during each 12 month period of their dwelling lease by:

1. Contribute 8 hours per month of community service (not including political activities); or
2. Participate in an economic self-sufficiency program for 8 hours per month; or
3. Perform 8 hours per month of combined activities as described in 1 and 2 above.

### **II. Criteria for Exempt Status**

In accordance with Section XXVII of the Admissions and Continued Occupancy Policy the following adult family members are exempt from performing community service:

- A. 62 years of age or older - since the date of birth is verified at admission the birth date specified in the SHA accounting system will be the date used to establish to age of a person.
- B. Persons with qualifying disabilities which prevents the individual's compliance. The individual must provide appropriate documentation to support the qualifying disability.

**Note: Individuals that qualify for a disability for occupancy reasons may provide a self certification that indicates that their disability keeps them from performing community service (See attachment no. 1). Also, other persons (not classified as disabled) may be exempted in this category if they provide a written Doctor's statement, which specifies their medical condition and that they are not capable of complying with the community service requirement due to their medical condition.**

- E. Persons engaged in work activities as defined in section 407.(d) of the Social Security Act. This would be employment with any Agency, organization or self-employment that is issued a license to conduct business and the resident pays into the Social Security System.
- F. Persons participating at least eight (8) hours an month in a welfare-to-work program. An example in this category is the JOBS program, which is administered by the Department of Human Resources. Note: Full or part-time students are not exempt from providing community service.
- G. Person receiving assistance from and in compliance with a State program funded under Part A, Title IV of the Social Security Act. This would be programs funded through the Department of Human Resources.

### **III . Proof of Compliance with the Community Service Requirement**

Each head of household must present to the SHA Housing Manager documentation that he/she and all other persons eighteen years of age or older living in the household, who are not exempt has complied with this section. The documentation must be provided to the Housing Manager, by the head of household, at least **20 calendar days** prior to the required annual reexamination of family income and composition. Documentation may include a letter from the agency on letterhead or other official document. The letter or other official document must contain the following information:

- A. Agency Name
- B. Officials Name from Agency and Title
- C. Total Hours worked by resident
- D. Sign and date for following certification: I, \_\_\_\_\_  
certify that \_\_\_\_\_ has performed eight (8) hours per month of volunteer community service work for this agency over the past twelve months for the total number of hours indicated.
- E. The letter must be signed and dated by the certifying official.

**Note: At the head of household's option a certification form prepared by the SHA may be obtained from the Housing Manager in the Rental Office and used by the agency to make the certification of compliance to the SHA (See attachment no. 2).**

#### **IV. Failure to comply with the Community Service Requirements**

The SHA will verify compliance of each applicable family member, who is required to fulfill the community service requirement during annual reexamination. If the head of household fails to provide the signed certification to the SHA, a determination of noncompliance will be made and the resident notified, in writing, of their noncompliance (See attachment no. 3). The letter will explain the resident's status and what actions the resident must take to remedy to noncompliance (See attachment no. 4).

#### **V. Qualifying Agencies and other Agency approvals for Volunteer Community Service**

Any agency that is designated as a non-profit agency and serves the public is an authorized agency for performing community service. The following is a list of qualifying agencies and/or organizations and their telephone number: All Churches and All Schools (check yellow pages for applicable telephone numbers), American Red Cross: 245-3701; Boys Club: 245-5212; Boy Scouts: (contact Officer Willie Kidd at Sylacauga Police Department) 401-2460 (or his beeper) 205-867-0062; Girl Scouts: 800-677-2247; Habitat for Humanity: (contact Willie Johnson- at home) 245-6566 **OR** (contact Bill Payton-at home) 245-2514; Salvation Army: 249-8720; United Way of Sylacauga: 249-9321; SAFE: 245-4343; Animal Rescue Foundation: 245-2500; Community Action Agency: 245-2056; Comer Museum and Arts Center: 245-4016; The ARC: 245-2323; Care House: 249-8289; Coosa Valley Baptist Medical Center: 249-5646; B. B. Comer Memorial Library: 249-0961; Coosa Valley Rescue Squad: (contact Joe Stone-at home) 245-7665; Davis-Newman Neighborhood Network Computer Labs: (contact Christy Grimes) 249-0381 ext. 137.

The agencies listed above do not represent all the eligible agencies in Sylacauga and Talladega County; however, if a resident chooses an agency that is not listed above to perform community service, the resident must submit, in writing, the name of the agency and/or organization to the Housing Manager prior to performing the community service. A decision will be made on the agencies eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved the resident is entitled to follow the grievance procedure to try and resolve the dispute.

**Note: It is the responsibility of the resident to contact qualifying agencies (as listed above) and make the necessary arrangements to perform community service as outlined in this policy. Also, it is the responsibility of the Head of Household to ensure that all non-exempt family members comply with the community service requirements.**

**VI. Qualifying Agency for Participation in an economic self-sufficiency program for 8 hours per month**

As noted in Section I B 2 above, non-exempt residents may meet the community service requirements by participating in an economic self-sufficiency program. Therefore, if a resident chooses to participate in an economic self-sufficiency program, the Head of Household must submit the name of the agency and/or organization to the Housing Manager, in writing, prior to performing the community service. A decision will be made on the agencies eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved the resident is entitled to follow the grievance procedure to try and resolve the dispute.

**VII. Procedure for Processing Changes to Exempt or Non-Exempt Status**

The Head of Household must notify the Housing Manager within ten (10) calendar days after there is a change in any family members exempt status as defined in section II above. Therefore, a change from exempt to non-exempt or non-exempt to exempt must be reported by the Head of Household within (10) calendar days of the change for any affected household member.

**Attachment 1**

**Sylacauga Housing Authority (SHA)**

I, \_\_\_\_\_, certify that my disability (for which I receive  
(Print Name)

a disability allowance from the SHA) prevents me from performing the required “Community Service” requirements.

\_\_\_\_\_  
Resident Signature                      Date

\_\_\_\_\_  
SHA Representative                      Date



**Sylacauga Housing Authority (SHA)  
Notice to Head of Household of Non-compliance with the  
Community Service Requirement**

Date:

Resident Name:

Address:

Dear

The SHA has reviewed your activities regarding compliance with the Community Service Requirement and has determined that you (or name of household member) has not fulfilled the community service requirements for the lease term ending \_\_\_\_\_. The reason for this determination is as follows: ( appropriate reason(s) is checked below)

- \_\_\_ You failed to furnish the SHA a signed certification form a qualified organization indicating that you (or name of household member) have met the required service requirements.
- \_\_\_ You (or name of household member) failed to perform the necessary eight (8) hours per month of volunteer community service for the lease period.

As a result, the SHA will not renew your lease at the end of the twelve month lease period unless one of the following actions are taken:

- F. As Head of Household you may enter into a written agreement (copy enclosed), to cure the non-compliance. The enclosed agreement must be executed within five business days of the date of this letter or no later than \_\_\_\_\_; or
- G. As Head of Household you may provide a written notice to vacate, which complies with Section IV (HH) of the dwelling lease. Section IV (HH) states, “ To provide to the Landlord with 10 calendar days advanced notice of intent to vacate and terminate this agreement. The notice shall be in writing and delivered to the project office or Landlord’s central office or sent by U.S. Mail properly addressed. Upon termination of this agreement, Tenant agrees that the dwelling shall not be considered “vacated” for rental charge purposes only, until such time as the keys are returned and the Landlord accepts the unit.”
- H. If you fail to take action as identified in A or B above your dwelling lease will be terminated.

You have the right to request an informal settlement conference, either orally or in writing. Also, a grievance hearing may be requested pursuant to the grievance hearing procedure. If you desire a conference or hearing, please call me at \_\_\_\_\_ within five business days of the date of this notice, or no later than \_\_\_\_\_.

Sincerely,

\_\_\_\_\_, Housing Manager

Enclosure

# Sylacauga Housing Authority

## Agreement by Resident to Perform Community Service Requirements

I, \_\_\_\_\_ have failed and/or persons in my household have failed to perform the Community Service Requirements as required by applicable federal regulations and the SHA's Community Service Requirements Policies. Non-exempt residents are required to perform 8 hours of community service per month or participate in 8 hours of an economic self-sufficiency program per month or a combination of both.

As a result, I did not perform the required eight (8) hours per month of community service in the previous twelve months and I agree to perform 16 hours per month of community service over the next twelve months to comply with the community service agreement. I also agree to provide a monthly certification (as specified in Section III of the Community Service Requirement Policy) to the Housing Manager to document that I am complying with the community service requirements. I understand that the certification must be provided to the Housing Manager no later than the first working day of the month the community service was performed. For example, community service performed in September, the certification is due no later than the first working day of October.

I also understand that if I do not comply with this agreement, my lease will be terminated.

\_\_\_\_\_  
Signature of Head of Household

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of SHA Representative

\_\_\_\_\_  
Date

**Sylacauga Housing Authority  
Notice to Head of Household  
Family Members' Status-Community Service Requirement**

Date

Residents' Name and  
Address

Dear Resident:

As you are aware, in October 1998 the United States Congress passed a new Housing Law entitled the "Quality Housing and Work Responsibility Act of 1998" or QHWRA. Over the past three years the many facets of this new legislation has been implemented in phases. One phase of the Act concerns community service and family self-sufficiency. Each person, 18 years of age and older, who is not exempt (see attached copy of policy) must contribute eight hours per month of community service.

We have examined our records and have determined that the status of your household members are as follows:

<u>Name</u>	<u>Status</u>
_____	
_____	
_____	

Those persons who are listed as "qualified" must, during your annual re-examination, bring verification (forms may be obtained at any of our offices) that the required hours of community service have been completed. Failure to do so, could result in your lease not being renewed.

For the convenience of household members who qualify, we have enclosed a list of pre-approved agencies in the Sylacauga area where this service may be rendered. Although any designated non-profit organization is acceptable, the agency must be approved, in writing, before any hours may be counted towards the completion of this requirement.

If you have any questions, please contact your Project Manager or the Occupancy Supervisor.

Sincerely,



# Sylacaug Housing Authority

## Qualifying Agencies and other Agency approvals for Volunteer Community Service

Any agency that is designated as a non-profit agency and serves the public is an authorized agency for performing community service. For your convenience, we have compiled the following list of qualifying agencies and/or organizations and their telephone number.

These agencies do not represent all the eligible agencies in Sylacauga and Talladega County; however, if a resident chooses an agency that is not listed above to perform community service, the resident must submit, in writing, the name of the agency and/or organization to the Housing Manager prior to performing the community service. A decision will be made on the agencies eligibility and the resident will be notified, in writing, if the agency is approved or disapproved. If the agency is disapproved the resident is entitled to follow the grievance procedure to try and resolve the dispute.

All Churches (check yellow pages for applicable telephone numbers);  
All Schools (check yellow pages for applicable telephone numbers);  
American Red Cross: 245-3701;  
Animal Rescue Foundation: 245-2500;  
B. B. Comer Memorial Library: 249-0961;  
Boys Club: 245-5212;  
Boy Scouts: (contact Officer Willie Kidd at Sylacauga Police Department) 401-2460  
(or his beeper) 205-867-0062;  
Care House: 249-8289;  
Community Action Agency: 245-2056;  
Comer Museum and Arts Center: 245-4016;  
Coosa Valley Baptist Medical Center: 249-5646;  
Coosa Valley Rescue Squad: (contact Joe Stone-at home) 245-7665;  
Girl Scouts: 800-677-2247;  
Habitat for Humanity: (contact Willie Johnson- at home) 245-6566 **OR**  
(contact Bill Payton-at home) 245-2514;  
Newman-Davis Computer Labs: Contact Christy Grimes 249-0381 ext. 137;  
SAFE: 245-4343;  
Salvation Army: 249-8720;  
Sylacauga Parks and Recreation Department (J. Craig Smith Community Center): 249-8561  
The ARC: 245-2323;  
United Way of Sylacauga: 249-9321;

**Note: It is the responsibility of the resident to contact qualifying agencies (as listed above) and make the necessary arrangements to perform community service as outlined in this policy. Also, it is the responsibility of the Head of Household to ensure that all non-exempt family members comply with the community service requirements.**

# NOTICE

TO: All Residents of Sylacauga Housing Authority

FROM: Glenn Stephens, Executive Director

DATE: December 18, 2001

SUBJECT: Community Service Requirement

\*\*\*\*\*

The Quality Housing and Work Responsibility Act of 1998 which Congress passed and made effective in October of that year, had many changes that would be implemented over time. One of these was the Community Service Requirement which went into effect earlier this year. A brief re-cap of the Community Service Requirement is as follows:

Under section 12 of the United States Housing Act of 1937, as amended, every adult resident of public housing is required to perform eight (8) hours of community service each month, or to participate in a self-sufficiency program for at least eight (8) hours each month or a combination of the two totaling eight (8) hours each month. This requirement does not apply to various exempt groups such as elderly persons, certain disabled individuals and others.

Recent developments in regulation and policy generally precludes Housing Authorities from implementing or enforcing community service requirements in non-HOPE VI developments for the budget year 2002 (for this HA this period begins 07/01/02). It also gives Housing Authorities the option of continuing to enforce existing community service requirement programs or to discontinue such enforcement. This HA will not enforce the Community Service Requirement for the fiscal year beginning 07/01/02 and has also elected to discontinue the enforcement of the Community Service Requirement portion of the lease for the current fiscal year. This will become effective January 1, 2002.

If you have any questions, please contact Cathy Wood, Occupancy Supervisor, at 249-0381 ext. 140 or you may make comments in writing addressed to Sylacauga Housing Authority, Attention: Cathy Wood, Occupancy Supervisor, P. O. Box 539, Sylacauga, Alabama 35150.

# NOTICE

TO: All Residents of Sylacauga Housing Authority  
FROM: Glenn Stephens, Executive Director  
DATE: May 31, 2003  
SUBJECT: Community Service Requirement Reinstated by Congress

\*\*\*\*\*

The Quality Housing and Work Responsibility Act of 1998 which Congress passed and made effective in October of that year, had many changes that would be implemented over time. One of these was the Community Service Requirement which went into effect in October 2002. A brief re-cap of the Community Service Requirement is as follows:

Under section 12 of the United States Housing Act of 1937, as amended, every adult resident of public housing is required to perform eight (8) hours of community service each month, or to participate in a self-sufficiency program for at least eight (8) hours each month or a combination of the two totaling eight (8) hours each month. This requirement does not apply to various exempt groups such as elderly persons, certain disabled individuals and others.

As many of you may remember, this portion of the Housing Act were temporarily suspended due to funding availability for enforcement. However, recent communications from HUD instruct all Housing Authorities that with the beginning of their new Fiscal Year they must re-instate their Community Service Policy and begin its enforcement. For Sylacauga Housing Authority and its residents, this period begins July 1, 2003.

Enclosed you will find a copy of SHA's Community Service Requirements Policy and a list of pre-approved Qualifying Agencies for fulfilling the requirement. If you choose to do your community service at an agency not listed you must contact us to have the agency approved prior to your beginning your community service with them. If you need any of the forms listed in the policy as attachments, please contact your Project Manager or the Occupancy Supervisor.

Prior to annual re-examination, each Head-of-household will be notified of the community service requirement status of all household members. "Verification of Community Service Hours" forms will be sent to you at that time.

If you have any questions, please contact Cathy Wood, Occupancy Supervisor, at 249-0381 ext. 140 or you may make comments in writing addressed to Sylacauga Housing Authority, Attention: Cathy Wood, Occupancy Supervisor, P. O. Box 539, Sylacauga, Alabama 35150.

**Community Service / Economic Self-Sufficiency Certification Form  
for the  
Sylacauga Housing Authority**

Resident Name: \_\_\_\_\_  
(Print Name)

Address: \_\_\_\_\_

I, \_\_\_\_\_, certify that the above named  
person (Print Name of Representative of Non-Profit Agency)

has performed \_\_\_\_\_ hours of volunteer community service work for our agency during  
the

month of \_\_\_\_\_, \_\_\_\_\_ as indicated above.

\_\_\_\_\_  
Name of Agency/Organization (print)

\_\_\_\_\_  
Signature and Title of Authorized Person Date

<b>For Non-Profit Agency Use Only:</b>			
Date	Hrs. Vol'd	Date	Hrs. Vol'd
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

<b>FOR TENANT'S USE:</b>
Total No. Hours Accumulated So Far
This Lease Year: _____

**Operating Budget**

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

OMB Approval No. 2517-0026 (Rev. 10/24/87)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this survey estimate only (Do not include this collection of information, including suggestions for reducing this burden, to the Record Management Office, Office of Information Policy and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-2000 and to the Office of Management and Budget, Paperwork Reduction Project (2517-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

**A. Type of Submission**  
 Original  Revision No. 06/30/2005  
**B. Fiscal Year Ending** 06/30/2005  
**C. No. of months (check one)**  
 12 mo.  Other (specify):  
**D. Type of HUD assisted project(s)**  
 PHA/PIA-Owned Rental Housing  
 IHO Owner Mutual Help Homeownership  
 PHA/PIA Leased Rental Housing  
 PHA/PIA Owned Turnkey III Homeownership  
 PHA/PIA Leased Homeownership  
**E. Name of Public Housing Agency / Indian Housing Authority (PHA/PIA)**  
SYLACAUGA HOUSING AUTHORITY  
**F. Address (City, State, zip code)**  
P.O. 539  
SYLACAUGA, ALABAMA 35150  
**G. ACC Number** A-3795 **H. PASL/OSDB Project No.** AL057-001-05J **I. HUD File Office**  
BIRMINGHAM, ALABAMA

**J. No. of Dwelling Units** 626 **K. No. of Units Months Available** 7,392 **L. No. of Projects** 9

Line No.	Acct. No.	Description (1)	Account Last Fiscal Yr. PLM (2)	<input checked="" type="checkbox"/> Estimate <input type="checkbox"/> Actual Current Budget Yr. 2004 *PLM (3)	Requested Budget Estimate				
					PHA/PIA Estimate		HUD Modification		
					PLM (4)	Amount (to nearest \$10) (5)	PLM (6)	Amount (to nearest \$10) (7)	
<b>Homebuyers Monthly Payments fee:</b>									
010	7710	Operating Expense							
020	7720	Earned Home Payments							
030	7734	Nonroutine Maintenance Reserve							
040	Total Break-Even Amount (sum of lines 010, 020, and 030)								
050	7718	(Excess or deficit) in Break-Even							
060	7730	Homebuyers Monthly Payments - Contra							
<b>Operating Receipts:</b>									
070	3110	Dwelling Rental	122.36	122.36	127.45	1,016,030			
080	3120	Expense Utilities	1.57	15.82	9.48	70,100			
090	3140	Non dwelling Rental	.00	.00	.00	0			
100	Total Rental Income (sum of lines 070, 080, and 090)								
110	3810	Interest on General Fund Investments	.25	.65	.41	3,000			
120	3890	Other Income	13.89	9.80	32.92	242,400			
130	Total Operating Income (sum of lines 100, 110, and 120)								
<b>Operating Expenditures - Administration:</b>									
140	4110	Administrative Salaries	22.55	22.00	27.46	276,600			
150	4130	Legal Expense	1.62	5.00	4.66	30,000			
160	4140	Staff Training	.15	2.73	1.73	12,800			
170	4150	Travel	1.99	1.65	1.89	14,000			
180	4170	Accounting Fees	2.17	2.80	2.91	21,640			
190	4171	Auditing Fees	1.65	2.05	3.79	26,000			
200	4180	Other Administrative Expenses	11.90	22.02	18.98	140,330			
210	Total Administrative Expense (sum of lines 140 thru line 200)								
<b>Tenant Services:</b>									
220	4210	Services	4.50	3.02	5.41	36,960			
230	4220	Recreation, Publications and Other Services	.42	.92	.81	6,000			
240	4230	Contract Costs, Training and Other	.65	.61	.24	1,800			
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)								
<b>Utilities:</b>									
260	4310	Water	6.95	7.21	7.03	52,000			
270	4320	Electricity	41.75	41.15	40.26	320,100			
280	4330	Gas	21.64	22.32	22.80	205,760			
290	4340	Fuel	.00	.00	.00	0			
300	4350	Labor	2.22	2.17	1.62	12,000			
310	4390	Other utility expenses	0.00	2.17	2.06	12,190			
320	Total Utilities Expense (sum of line 260 thru line 310)								

Name of PHA/HA		Fiscal Year Ending					
SYLACAUGA HOUSING AUTHORITY		06/30/2005					
Line/Account No.	Description (1)	Actuals Last Fiscal Yr. PLW (2)	<input checked="" type="checkbox"/> Estimated <input type="checkbox"/> or Actual Current Budget w. 2004 PLW (3)	Requested Budget Estimate			
				PHA/HA Estimate		HUD Modifications	
				PUM (4)	Amount (to nearest \$100) (5)	PJM (6)	Amount (to nearest \$100) (7)
<b>Ordinary Maintenance and Operation:</b>							
380 4410	Labor	24.66	45.57	42.74	302,540		
340 4460	Materials	22.60	22.14	95.76	190,400		
390 4430	Contract costs	21.83	27.57	38.79	286,740		
380	<b>Total Ordinary Maintenance &amp; Operatin Expense (sum of lines 340 to 390)</b>	69.09	95.28	177.29	785,680		
<b>Protective Services:</b>							
370 4480	Labor	.77	.00	.00	0		
380 4470	Materials	.00	.60	.00	0		
390 4480	Contract Costs	.00	.00	2.70	50,000		
400	<b>Total Protective Services Expense (sum of lines 370 to 390)</b>	.77	.60	2.70	50,000		
<b>General Expense:</b>							
410 4510	Insurance	13.17	14.98	13.23	112,540		
420 4520	Payments on Loan or Taxes	3.38	3.10	3.40	28,100		
430 4530	Terminal Leave Payments	.88	.00	.00	0		
440 4540	Employee Benefit Contributions	35.80	43.11	46.02	340,000		
450 4570	Collection Losses	.63	1.62	.41	3,000		
460 4590	Other General Expense	.00	.00	.00	0		
470	<b>Total General Expense (sum of lines 410 to 460)</b>	53.66	62.81	69.06	483,640		
480	<b>Total Routine Expense (sum of lines 370, 380, 390, 400, and 470)</b>	127.28	160.29	149.05	929,320		
<b>Rent for Leased Dwellings:</b>							
490 4710	Rent to Owners of Leased Dwellings	.00	.00	.00	0		
490	<b>Total Operating Expense (sum of lines 480 and 490)</b>	127.28	160.29	149.05	929,320		
<b>Nonroutine Expenditures:</b>							
510 4810	Extraordinary Maintenance	.00	.00	.00	0		
520 7520	Replacement of Nonexpendable Equipment	.00	.00	4.04	10,000		
530 7540	Property Repairs and Additions	4.22	4.26	.00	0		
540	<b>Total Nonroutine Expenditures (sum of lines 510, 520, and 530)</b>	4.22	4.26	4.04	10,000		
550	<b>Total Operating Expenditures (sum of lines 490 and 540)</b>	131.50	164.55	153.09	939,320		
<b>Prior Year Adjustments:</b>							
560 6010	Prior Year Adjustments Affecting Residual Receipts	7.42	.00	.00	0		
<b>Other Expenditures:</b>							
570	Deficiency in Residual Receipts at End of Preceding Fiscal Yr.	.00	.00	.00	0		
580	<b>Total Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)</b>	131.50	164.55	153.09	939,320		
620	<b>Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 580 minus line 580)</b>	1162.41	1223.33	1166.00	1,122,790		
<b>HUD Contributions:</b>							
600 8000	Basic Annual Contribution Earned - Leased Projects: Current Year	.00	.00	.00	0		
610 8011	Prior Year Adjustments - (Credit) Credit	.00	.00	.00	0		
620	<b>Total Basic Annual Contribution (line 600 plus or minus line 610)</b>	.00	.00	.00	0		
630 8020	Contributions Earned - Op. Subj. - Cur. Yr. (before year-end adj.)	160.72	158.89	172.00	1,270,710		
640	Mandatory PFS Adjustments (net)	.00	.00	.00	0		
650	Other (specify):	.00	.00	.00	0		
660	Other (specify):	.00	.00	.00	0		
670	<b>Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)</b>	.00	.00	.00	0		
680	<b>Total Operating Expenditures-current year (line 580 plus or minus line 670)</b>	131.50	164.55	153.09	939,320		
690	<b>Total HUD Contributions (sum of lines 620 and 680)</b>	160.72	158.89	172.00	1,270,710		
700	<b>Residual Receipts (or Deficit) (sum of lines 620 plus line 690) Enter here and on line 910</b>	1162.41	1223.33	1166.00	1,122,790		

Name of PHA/HA <b>SYLACAUGA HOUSING AUTHORITY</b>		Fiscal Year Ending <b>06/30/2005</b>	
Operating Reserve		PHA/HA Estimate	HUD Modification
Part I - Minimum Operating Reserve - End of Current Budget Year			
740 (282)	PHA/HA-Leased Housing - Section 23 or 10(a) 50% of Line 480, column 5, form HUD-52584	1,265,160	

Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End			
750	Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): <b>5/30/04</b>	887,999	
750	Provision for Operating Reserve - Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE		
800	Operating Reserve at End of Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE <input type="checkbox"/> Actual for FYE	41,098	
810	Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter amount from line 700	929,097	
820	Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	39,920	
830	Cash Reserve Requirement - % of line 480	969,017	

Comments:

PHA/HA Approval      Name: Leon Cleveland  
    Title: Executive Director  
    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Field Office Approval      Name: \_\_\_\_\_  
    Title: \_\_\_\_\_  
    Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Sylacauga Housing Authority  
Plan for  
Corrective Action  
of  
Financially Substandard Rating - 2004 PHAS Score

Sylacauga Housing Authority has been working to correct the problem of its low expendable fund balance since the end of FYE 6/30/2000. While we feel we have made substantial progress in the correction of this problem, in FYE 6/30/2004 we again had financial difficulties. We have identified three major reasons for the 2004 problem:

1. An escalation in natural gas prices resulting in utility costs of \$130,325 which HUD did not reimburse. Since Sylacauga Housing Authority owns the utilities in 8 out of 9 projects and reimbursement is based on prior year's rate, we have no control over this happening again.
2. The Water and Energy Savings Project, which was done for project AL09P057008 (Sylavon Towers), could not be fully financed through ten years of savings and a financial arrangement of three large payments of \$90,870 each from three CFP grants was used to finance the remainder of the project. The last payment was made in FYE 2004. Since the improvements had been added to fixed assets from the proceeds from the loan, the payment on the loan showed as an expense item.
3. The Sylacauga Police Department had added three officers to patrol housing authority communities and was reimbursed through the Public Housing Drug Elimination Grants. Since these grants were eliminated, the Housing Authority paid \$50,000 from operating money from the Capital Fund grant for 2004 to partially replace this funding. The difference that the police presence in our communities has made has been remarkable, and we feel that it is important to maintain. However, until our financial status improves, we will discontinue.

These large items should not be recurring in the future. Once our expendable fund balance reaches a more acceptable level, we will explore adding funding for security services (either through the Sylacauga Police Department or other avenues).

A fourth problem that we see contributing to the drain on finances is the rate of turnover within our communities. Using a combination of capital fund money and money from the 2003 bond issue, we are adding central air and heat in family units, re-roofing, installing new commodes, and other modernization projects which should make units more attractive and help to reduce turnover. During fiscal year 2005, we have had a turnover of 140 units (22.5%). If we can reduce our turnover by 40 units per year, we estimate savings just from cleanup and repainting of more than \$28,000 per year.

In order to improve our financial situation, we plan to do the following:

No.	Action	Date Projected Implementation	Anticipated Result
1.	Continue to designate twenty (20%) of capital funds as operating expense.	07/01/05 and annually thereafter until financial stability is	Approximately \$165,000 added to operating income.
2.	Discontinue funding to Sylacauga Police Department for additional officers	01/07/05	\$50,000 savings.
3.	Develop a plan of action to have the Sylacauga Utilities Board take over ownership of utilities and bill residents.	07/01/07	Stabilize annual residential utility costs. Eliminate maintenance of utilities. Eliminate meter reading labor costs. Eliminate billing labor costs. Eliminate maintenance of street lights (\$30,000 annual savings on street lights).
4.	Update current utility rates charged for excess utilities.	08/01/05 Residents notified 07/01/05	Stop losses due to charging tenant wrong rate.
5.	Update flat rents	Effective 08/01/05	Stop losses due to charging below fair market value on flat rents.
6.	Monitor spending for maintenance materials and office supplies closely. Encourage recycling of used reusable supplies (folders, notebooks, etc.)	07/01/04 Executive Director reviews all expenditures.	Encourages fiscal responsibility of all staff members.
7.	Executive Director reviews past due tenant accounts with housing managers monthly.	07/01/04	Un-collectible accounts dropped from \$75,256.73 written off in 2004 to \$18,371.91 for 2005 (over \$7,000 due to one tenant not reporting income)
8.	Monthly Resident Newsletter	10/01/03	Educate residents regarding policies, policy changes, and opportunities to develop self-sufficiency.

9.	Eliminate slowdown in application process caused by utilizing the Alabama Bureau of Investigation service to do NCIC checks by finding a service that will be more responsive to our needs.	07/01/05 - Testing "Tenant PI"	Expedite move-in rate. Eliminate the loss of applicants due to inability to get timely NCIC checks.
10.	Marketing Sylavon Towers (project AL09P057008) which has had a vacancy rate exceeding 20% for the past five years. We have utilized various advertising venues (newspaper advertisements (local papers and Birmingham News), "Traders' Helper advertisement, local TV, etc.)	07/01/03	100% occupancy of Sylavon Towers (97 apartments)
11.	Modernization of Sylavon Towers - HVAC, update common areas (hallways, community room, etc.), replace carpet in hallways, replace carpet with tile in apartments, upgrade two elevators.	07/01/02 and on-going	Improved marketability
12.	Modernization - Drew Court Community Install HVAC in all units, replace roofing in two projects, replace commodes, upgrade interiors	07/01/04 and on-going	Reduce turnover; Improve marketability
13.	Review recurring costs - telephones, cell phones, service contracts, etc.	07/01/05 and annually thereafter	Reduce unnecessary expense
14.	Hold salaries and wages at current level for one year.	07/01/05	Projected savings of \$28,000.
15.	Develop web site so that applicants can access application process	07/01/05	Enlarge applicant base.
16.	Review charges to non-profit organizations using facilities for day care and community services to determine if they are continuing to pay fair market value for use of space.	07/01/05	Increase in non-residential rent income.

We implemented a plan to reduce past due Tenant Accounts Receivables in 2002. The components of that plan are:

No.	Component	Expected Result
1.	Retraining of staff - Rental Integrity Monitoring (2 Seminars)	Improved accountability
2.	Training of staff - 2 managers who did not have Public Housing Manager Certification were trained and certified	Improved accountability
3.	Monthly review by Executive Director of past due accounts and discussion with manager of attempts to collect.	Reduction of past due accounts. Improved accountability
4.	Early intervention by housing managers including counseling and referrals to social agencies	Reduction of past due accounts and reduction in evictions for non-payment.
5.	Explore use of private collections "officer" to locate tenants who vacate with a balance owed.	Ability to process garnishments through small claims court to recover loss.

We believe that the measures we have in place are working. We will continue to monitor. If we do not achieve the expected results, our next step will be to review employee benefits and explore the areas where cost sharing with employees can be increased or benefit levels reduced. It is our desire to accomplish the desired results without decreasing employee benefits; however, if we cannot achieve results without making these changes, we are prepared to explore every avenue available to regain financial stability for Sylacauga Housing Authority.