

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

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# PHA Plans for the Housing Authority of the City of Pine Bluff

5 Year Plan for Fiscal Years 2005 - 2009  
Annual Plan for Fiscal Year 2005

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

**PHA Plan  
Agency Identification**

**PHA Name:** Housing Authority of the City of Pine Bluff

**PHA Number:** AR017

**PHA Fiscal Year Beginning: (mm/yyyy)** 4/2005

**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.

***Progress Statement:*** During FYB 2004, the PHA has continued to promote adequate and affordable housing that is free from discrimination through the Section 8 Program, the Housing Assistance Program (HAP), the 5 (H) program and the Family Self-Sufficiency (FSS) Program. All of the PHA's programs are open to the public at large.

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

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- 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)

***Progress Statement:*** During FYB 2004, the PHA received plans from an architect to construct four (4) new 3-bedroom houses. The PHA continues its interaction with the architect and city officials to construct the new houses.

- 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)

**Progress Statement:** *Our physical inspection continued to improve during FYB 2004. Our occupancy is 99%.*

- 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)

**Progress Statement:** *We have closed on (1) one homeownership client through the 5 (H) program during FYB 2004. The PHA has 40 clients currently in its (FSS) Family Self Sufficiency program that are going through homeownership counseling and credit repair programs.*

**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)
    - *Provide periodic motivational sessions for clients.*
    - *Coordinate employment training with area employers and educational institutions.*
    - *Provide access to computer labs for GED self testing and training.*

**Progress Statement:** During FYB 2004, the PHA continues the practice of performing a monthly analysis to determine average income by development and skipping on waiting list when necessary to get lower or higher incomes in targeted developments. These are on-going activities.

**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)

**Progress Statement:** During the FYB 2004, the FSS program has continued to assist families through contributions to their escrow accounts. Currently, the FSS program has 40 participants. The escrow account year to date balance is \$49,198.

**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)

**Progress Statement:** During the FYB 2004, we have continued to exceed the Federal Targeting requirements.

**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.

*The Housing Authority of the City of Pine Bluff has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.*

*The purpose of the Annual Plan is to provide a framework for local accountability and an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules, and requirements related to the operations, programs, and services of the agency.*

*The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will assure that our residents will receive the best customer service.*

*Excellent customer service and fulfillment of the Mission Statement and Goals and Objectives is ensured by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.*

*The most important challenges to be met by the Housing Authority of the City of Pine Bluff during FY 2005 include:*

- *Preserve and improve the public housing stock through the Capital Funds activities.*

- *Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board.*
- *Train staff and commissioners to fully understand the advantages of opportunities in the new law and regulations to better serve our residents and the community; and*
- *Identify, develop, and leverage services to enable low-income families to become self-sufficient.*

*In closing, this Annual PHA Plan exemplifies the commitment of the Housing Authority of the City of Pine Bluff to meet the housing needs of the full range of low-income residents. The Housing Authority of the city of Pine Bluff, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the “higher quality of life” destination for the City of Pine Bluff.*

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

[24 CFR Part 903.7 9 (r)]

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

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## Attachments

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

### Required Attachments:

- Admissions Policy for Deconcentration (*ar017a01*)
- FY 2005 Capital Fund Program Annual Statement (*ar017b01*)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Other (List below, providing each attachment name)
  - Deconcentration and Income Mixing (*ar017c01*)
  - Section 8 Homeownership Capacity Statement (*ar017d01*)
  - Description of Community Service Requirements Implementation (*ar017e01*)
  - Description of pet policy (*ar017f01*)
  - Progress in Meeting 5-Year Plan Goals (*ar017g01*)
  - Criteria for Substantial Deviations and Significant Amendments (*ar017h01*)
  - Project-Based Voucher Program (*ar017i01*)

### Optional Attachments:

- PHA Management Organizational Chart (*ar017j01*)
- FY 2005 Capital Fund Program 5 Year Action Plan (*ar017k01*)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (*ar017l01*)
- Other (List below, providing each attachment name)
  - 2004 Performance and Evaluation Report (*ar017m01*)
  - 2003 Performance and Evaluation Report (*ar017n01*)
  - 2003 Performance and Evaluation Report (Set-Aside) (*ar017o01*)
  - 2002 Replacement Housing Factor Performance and Evaluation Report (*ar017p01*)
  - 2002 Performance and Evaluation Report (*ar017q01*)
  - 2001 Performance Housing Factor Performance and Evaluation Report (*ar017r01*)

### Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	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
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	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
X	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
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing	Annual Plan: Rent Determination

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	A & O Policy	
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
X	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
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
<i>X</i>	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
<i>N/A</i>	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
<i>N/A</i>	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>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	1638	5	4	4	3	2	2
Income >30% but <=50% of AMI	1071	4	4	4	2	1	1
Income >50% but <80% of AMI	617	3	3	3	1	1	1
Elderly	645	5	4	3	2	2	2
Families with Disabilities	*	*	*	*	*	*	*
<i>Caucasian (non-Hispanic)</i>	3690	4	3	3	2	1	1
<i>African American (non-Hispanic)</i>	6239	5	4	4	3	2	2
<i>Hispanic</i>	30	5	4	4	3	2	2
<i>Asian/Pacific Islander</i>	25	4	4	4	3	2	2

\* No Data Provided

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: 2004
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

<i>Housing Needs of Families on the Waiting List</i>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input 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	606	100%	
Extremely low income <=30% AMI	370	61%	
Very low income (>30% but <=50% AMI)	170	28%	
Low income (>50% but <80% AMI)	66	11%	
Families with children	493	70%	
Elderly families	30	4%	
Families with Disabilities	83	11%	
<i>Black/African American</i>	553	91%	
<i>White/Non-Hispanic</i>	46	7%	
<i>White/Hispanic</i>	3	1%	
<i>American Indian/Alaska</i>	4	1%	

<b>Housing Needs of Families on the Waiting List</b>			
<i>Native</i>			
<i>Asian</i>	0		
<i>Native Hawaiian/Other Pacific Islander</i>	0		
Characteristics by Bedroom Size (Public Housing Only)			
1BR	N/A	N/A	N/A
2 BR	N/A	N/A	N/A
3 BR	N/A	N/A	N/A
4 BR	N/A	N/A	N/A
5 BR	N/A	N/A	N/A
5+ BR	N/A	N/A	N/A
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 24			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" 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:</b> <i>Planned Sources and Uses</i>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>	4,382,139	
a) Public Housing Operating Fund	377,580	
b) Public Housing Capital Fund	444,892	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	3,520,277	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	39,390	PH Supportive Services
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
Capital Funds	75,380	PH Capital Improvements
<b>3. Public Housing Dwelling Rental Income</b>	320,680	PH Operations
<b>4. Other income (list below)</b>		PH Supportive Services
State Grant	125,000	
Sale of Houses	72,000	
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	4,975,199	

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

[24 CFR Part 903.7 9 (c)]

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

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

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

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

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

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)

##### **(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**  
*The PHA does not operate site-based waiting lists.*

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

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? *N/A*

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

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

- 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: *N/A*

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

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

1 Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 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)
- 1 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 (list)

**(6) Deconcentration and Income Mixing**

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

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

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

- 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) *N/A*

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

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

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

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

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

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

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

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

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

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

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

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

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

**(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)  
    ▪ *Previous landlord information*

**(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: The Section 8 recipient must make the request for an extension in writing. Each request is reviewed by the PHA and evaluated on its merits based on the reason for the request.

**(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 *N/A*

- 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) *N/A*

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

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

**1** Date and Time

Former Federal preferences *N/A*

- 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) *N/A*

- 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) *N/A*

- 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) *N/A*

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

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

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

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

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

- Through published notices
- Other (list below)

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

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

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

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

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- 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) *N/A*

- 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) *N/A*

- 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 (list below)

f. Rent re-determinations:

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

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

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

## **(2) Flat Rents**

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

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

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

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

### **(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) *N/A*

- 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) *N/A*

- 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. (*ar017j01*)
- 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	277	42
Section 8 Vouchers	739	102
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	50	30
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)	N/A	

### **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)

- *Work Order System*
- *Pest Eradication Policy*
- *Maintenance Plan*
- *Uniform Inspection System*
- *Admissions and Occupancy Policy*
- *Admissions and Occupancy Procedures Manual*
- *Fair Housing Policy*
- *Grievance Procedures*
- *Tenant Selection and Assignment Plan*
- *Handicapped Policy*
- *Termination and Eviction*
- *Transfer and Transfer Waiting List*
- *Resident Initiative*
- *FSS Action Plan*
- *Section 3 Plan*
- *Pet Policy for Families*
- *Pet Policy for Elderly*
- *Procurement Policy and Procedures*
- *Personnel Policy*

(2) Section 8 Management: (list below)

- *Administrative Plan*
- *Section 8 Procedures Manual*

**6. PHA Grievance Procedures** [24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below: *N/A*

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) (*ar017j01*)

-or-

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

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

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (*ar017k01*)

-or-

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

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

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

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

1. Development name: *N/A*
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:

## **Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description *N/A*

- 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:	

**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 *N/A*

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: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input 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 type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</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: 7. Coverage of action (select one) <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 *N/A*

- 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: )

Units addressed in a pending or approved HOPE VI Revitalization Plan  
(date submitted or approved: )

Requirements no longer applicable: vacancy rates are less than 10 percent

Requirements no longer applicable: site now has less than 300 units

Other: (describe below)

**B. Reserved for  
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 checked="" 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 checked="" 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) <b>08/05/1997</b>	
5. Number of units affected: <b>20</b>	
6. Coverage of action: (select one)	<input checked="" 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:

- *Income eligible*
- *At admission to voucher program, family is eligible for assistance*
- *Satisfies employment requirements*
- *Has not defaulted on a mortgage securing debt under this program.*
- *Current in lease obligations period of 6 months*
- *No listing of disturbing neighbors*
- *Must have record of taking care of property*
- *Must participate in home-buyers education program.*

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

[24 CFR Part 903.7 9 (I)]

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

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

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 03/25/02

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)
  - *Family Unification Program*

**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. )

<b>Services and Programs</b>				
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)
<i>Money Smart Program</i>	<i>10</i>	<i>Waiting list</i>	<i>Development Sites</i>	<i>Both</i>
<i>Homeownership Workshop</i>	<i>5</i>	<i>Waiting list</i>	<i>Development Sites</i>	<i>Both</i>
<i>Credit Counseling</i>	<i>44</i>	<i>Waiting list</i>	<i>Development Sites</i>	<i>Both</i>
<i>Computer Training</i>	<i>1</i>	<i>Waiting list</i>	<i>Development Sites</i>	<i>Both</i>

**(2) Family Self Sufficiency program/s**

a. Participation Description

<b>Family Self Sufficiency (FSS) Participation</b>		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 11/22/04)
Public Housing	-0-	9
Section 8	-0-	35

- 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**

*The PHA has reinstated the Community Service Policy. Description of Community Service requirements implementation is included as attachment ar017e01.*

### **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)
  - *Measures are already in place, i.e. police officers live on site, rapport with police department*

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)

- *Crime has been deterred in all developments*

#### **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)
  - *Police officers live on site*

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

**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)
- *All developments*

**D. Additional information as required by PHDEP/PHDEP Plan *Not Required***

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

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

Pet Policy (Family) – (ar017f01)  
 Pet Policy (Elderly/Handicapped) – (ar017f01)

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved? *N/A*  
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) **ar017101**  
 Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
  
 Other: (list below)

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

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
  
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)
  
3. Description of Resident Election Process *N/A*
  - a. Nomination of candidates for place on the ballot: (select all that apply)  
 Candidates were nominated by resident and assisted family organizations  
 Candidates could be nominated by any adult recipient of PHA assistance  
 Self-nomination: Candidates registered with the PHA and requested a place on ballot  
 Other: (describe)
  
  - b. Eligible candidates: (select one)  
 Any recipient of PHA assistance  
 Any head of household receiving PHA assistance  
 Any adult recipient of PHA assistance  
 Any adult member of a resident or assisted family organization  
 Other (list)

c. Eligible voters: (select all that apply)

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

### C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: *City of Pine Bluff, Arkansas*

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)
  - *Consolidated Plan sets aside funding for Housing Counseling.*
  - *Funds set aside for assistance with down payment and closing costs exclusively for our 5(h) Homeownership Program.*
  - *Funds are made available for activities to promote drug free life styles.*
  - *Plan promotes Fair Housing. Has set aside \$3500 for the CHRB of which the Housing Authority is a Partner.*
- Other: (list below)

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

- *Actively identifying and addressing the barriers to affordable housing within the City through credit counseling for homebuyers, providing down payment and closing cost assistance, and enduring housing code standards are kept.*
- *The City is affirmatively furthering fair housing by using its Analysis of Impediments to Fair Housing Choice to promote fair housing through education and advertising.*
- *Entering into an Agreement with the PHA to employ a Supportive Housing Program Coordinator to assist homeless clients to create an independent living plan that will assist the client in achieving a wide array of goals and objectives.*

**D. Other Information Required by HUD**

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

## Attachments

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

# PHA Plan Table Library

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

**Annual Statement**    *See attachment ar017b01*  
**Capital Fund Program (CFP) Part I: Summary**

Capital Fund Grant Number      FFY of Grant Approval: \_

Original Annual Statement

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

**Annual Statement**    *See attachment ar017b01*  
**Capital Fund Program (CFP) Part II: Supporting Table**

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

**Annual Statement**      *See attachment ar017b01*  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

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

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

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
<i>See attachment ar017k01</i>				
<b>Total estimated cost over next 5 years</b>				



**Attachment: ar017a01**

**DE-CONCENTRATION AND INCOME TARGETING POLICY  
FOR THE  
HOUSING AUTHORITY OF THE CITY OF PINE BLUFF  
PINE BLUFF, ARKANSAS**

**DE-CONCENTRATION AND INCOME TARGETING POLICY**  
*(of the Public Housing Admissions and Occupancy Policy)*

Sub-Title A, Section 513 of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), establishes two interrelated requirements for implementation by Public Housing Authorities: (1) Economic De-concentration of public housing developments and (2) Income Targeting to assure that families in the “extremely low” income category are proportionately represented in public housing and that pockets of poverty are reduced or eliminated. In order to implement these new requirements the PHA must promote these provisions as policies and revise their Admission and Occupancy policies and procedures to comply.

Therefore, the Housing Authority of the City of Pine Bluff, Pine Bluff, Arkansas (hereinafter referred to as PHA) hereby affirms its commitment to implementation of the two requirements by adopting the following policies:

A. Economic De-concentration:

Admission and Continued Occupancy Policies are revised to include the PHA’s policy of promoting economic de-concentration. Implementation of this program may require the PHA to determine the median income of residents in each development, determine the average income of residents in all developments, compute the Established Income Range (EIR), determine developments outside the EIR, and provide adequate explanations and/or policies as needed to promote economic de-concentration.

Implementation may include one or more of the following options:

- Skipping families on the waiting list based on income;
- Establishing preferences for working families;
- Establish preferences for families in job training programs;
- Establish preferences for families in education or training programs;
- Marketing campaign geared toward targeting income groups for specific developments;
- Additional supportive services;
- Additional amenities for all units;
- Flat rents for developments and unit sizes;
- Different tenant rent percentages per development;
- Different tenant rent percentages per bedroom size;
- Saturday and evening office hours;
- Security Deposit waivers;
- Revised transfer policies;
- Site-based waiting lists;
- Mass Media advertising/Public service announcements; and
- Giveaways.

B. Income Targeting

As public housing dwelling units become available for occupancy, responsible PHA employees will offer units to applicants on the waiting list. In accordance with the Quality Housing and Work Responsibility Act of 1998, the PHA encourages occupancy of its developments by a broad range of families with incomes up to eighty percent (80%) of the median income for the jurisdiction in which the PHA operates. Depending on the availability of applicants with proper demographics, at a minimum, 40% of all new admissions to public housing **on an annual basis** may be families with incomes at or below thirty percent (30%)(extremely low-income) of the area median income. The offer of assistance will be made without discrimination because of race, color, religion, sex, national origin, age, handicap or familial status.

In order to implement the income targeting program, the following policy is adopted:

- ▶ The PHA may select, based on date and time of application and preferences, two (2) families in the extremely low-income category and two (2) families from the lower/very low-income category alternately until the forty percent (40%) admission requirement of extremely low-income families is achieved (2 plus 2 policy).
- ▶ After the minimum level is reached, all selections may be made based solely on date, time and preferences. Any applicants passed over as a result of implementing this 2 plus 2 policy will retain their place on the waiting list and will be offered a unit in order of their placement on the waiting list.
- ▶ To the maximum extent possible, the offers will also be made to effect the PHA's policy of economic de-concentration.
- ▶ The PHA reserves the option at any time, to reduce the targeting requirement for public housing by no more than ten percent (10%), if it increases the target figure for its Section 8 program from the required level of seventy-five percent (75%) of annual new admissions to no more than eighty-five (85%) percent of its annual new admissions. (Optional for PHAs with both Section and Public Housing programs).

## CAPITAL FUND PROGRAM TABLES START HERE

Attachment: ar018b01

<b>Annual Statement /Performance and Evaluation Report</b>	11/13/2004
<b>Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>	

PHA Name: <b>Pine Bluff Housing Authority</b>	Grant Type and Number: Capital Fund Program No: <b>AR37P01750105</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2005</b>
--	---	-------------------------------------

<input checked="" type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserved for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number _____
<input type="checkbox"/> Performance and Evaluation Report for Program Year Ending _____	<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses	50,000.00			
3	1408 Management Improvements	54,600.00			
4	1410 Administration	42,292.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	236,000.00			
11	1465.1 Dwelling Equipment-Nonexpendable	12,000.00			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	50,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>\$444,892.00</b>			
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

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

11/13/2004

PHA Name: <b>Pine Bluff Housing Authority</b>		Grant Type and Number: Capital Fund Program No: <b>AR37P01750105</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2005</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original		Funds Obligated	Funds Expended	
HA-Wide	<b>Operations:</b> <b>Total 1406</b>	1406		<b>50,000.00</b>				
AR001-002-003								
	<b>Management Improvements:</b>							
	Salary/benefits for Maintenance & inventory clerk	1408		25,000.00				
	Part-time RIC	1408		17,000.00				
	Consortium Fees/General Technical Assistance	1408		3,600.00				
	Computer Upgrades	1408		9,000.00				
	<b>Total 1408</b>			<b>54,600.00</b>				
	<b>Administration:</b>							
	Salary for MOD coordinator	1410		28,000.00				
	Salary for Clerk/Inspector			14,292.00				
	<b>Total 1410</b>			<b>42,292.00</b>				
AR017003	<b>Dwelling Structures:</b>							
Cottonwood	Replace Windows	1460		110,000.00				
Park								
AR017001	Repair/Replace Siding, Soffit & fascia	1460		35,000.00				
Hallmark Manor	Change bathroom vent fans to one with a separate switch- remove heat lamp	1460		13,000.00				
	<b>Subtotal 1460</b>			<b>158,000.00</b>				
HA-Wide	<b>Dwelling Equipment:</b>							
AR001-002-003	Purchase stoves and refrigerators	1465		12,000.00				
	<b>Non-Dwelling Equipment</b>							
	Purchase mowing equipment	1475		20,000.00				from yr.2008
	Purchase Sreet Vacuum	1475		30,000.00				from yr 2003
	<b>Total 1475</b>			<b>50,000.00</b>				
Scattered Sites	<b>Dwelling Structures</b>							
	Build a 3 bedroom house	1460		78,000.00				
	<b>Subtotal 1460</b>			<b>78,000.00</b>				
	<b>TOTAL 2005</b>			<b>\$444,892.00</b>				



Housing Authority of the City of Pine Bluff

**Component 3, (6) Deconcentration and Income Mixing**

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

If yes, list these developments as follows:

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

## **Attachment: ar017d01**

### **Housing Authority of the City of Pine Bluff**

#### **Section 8 Homeownership Program Capacity Statement**

The Housing Authority demonstrates its capacity to administer the Section 8 Homeownership program as the following policies are adopted:

- Financing for purchase of a home will be provided; insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

## Attachment: ar017e01

### Community Service Requirements Implementation Documentation of Compliance

- 1) Community Service Policy
- 2) Copy of Notice to all eligible or exempt residents
- 3) Copy of letter on Non-Compliance
- 4) PHA written process for verifying eligibility and informing residents of their status

**COMMUNITY SERVICE POLICY  
FOR THE  
HOUSING AUTHORITY OF THE CITY OF  
PINE BLUFF, ARKANSAS**

## COMMUNITY SERVICE POLICY

Section 512 of the Quality Housing and Work Responsibility Act of 1998, which amends Section 12 of the Housing Act of 1937, established a new requirement for non-exempt residents of public housing to contribute eight (8) hours of community service each month or to participate in a self-sufficiency program for eight (8) hours each month. (24 CFR Subpart F §960.600-609) The Fiscal Year (FY) 2002 HUD/VA Appropriations Act temporarily suspended the community service and self-sufficiency requirement, except for residents of HOPE VI developments. The FY 2003 HUD/VA Appropriations Act reinstated this provision.

The Housing Authority of the City of Pine Bluff (hereinafter referred to as PHA) believes that the community service requirement should not be perceived by the resident to be a punitive or demeaning activity, but rather to be a rewarding activity that will benefit both the resident and the community. Community service offers public housing residents an opportunity to contribute to the communities that support them while gaining work experience.

In order to effectively implement this new requirement, the PHA establishes the following policy.

### A. Community Service

The PHA will provide residents, identified as required to participate in community service, a variety of voluntary activities and locations where the activities can be performed. The PHA does not claim these activities to be appropriate for all participating tenants. Each tenant is responsible to determine the appropriateness of the voluntary service within guidelines in this policy. The activities may include, but are not limited to:

- Unpaid services at the PHA to help improve physicals condition, including building clean-ups, neighborhood clean-ups, gardening and landscape work;
- Unpaid office related services in the development or Administrative Office;
- Assisting other residents through the resident organization;
- Unpaid services in local schools, day care centers, hospitals, nursing homes, youth or senior organizations, drug/alcohol treatment centers, recreation centers, etc.;
- Active participation in neighborhood group special projects;
- Assisting in after-school youth programs or literacy programs;
- Unpaid tutoring of elementary or high school age residents;
- Assisting in on-site computer training centers;

- Any other community service which includes the “performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community”.

**Note: Voluntary political activities are prohibited from being considered to meet the Community Service requirement.**

B. Program Administration

The PHA may administer its own community service program in conjunction with the formation of cooperative relationships with other community based entities such as TANF, Social Services Agencies or other organizations which have as their goal, the improvement and advancement of disadvantaged families. The PHA may seek to contract its community service program out to a third-party.

The PHA may directly supervise community service activities and may develop and provide a directory of opportunities from which residents may select. When services are provided through partnering agencies, the PHA will confirm the resident’s participation. Should contracting out the community service function be determined to be the most efficient method for the PHA to accomplish this requirement, the PHA will monitor the agency for contract compliance.

The PHA will assure that the service is not labor that would normally be performed by PHA employees responsible for the essential maintenance and property services.

In conjunction with its own or partnership program, the PHA will provide reasonable accommodations for accessibility to persons with disabilities.

C. Self-Sufficiency

The PHA will inform residents that participation in self-sufficiency activities for eight (8) hours each month can satisfy the community service requirement and encourage non-exempt residents to select such activities to satisfy the requirement. It should be noted that an individual may satisfy this requirement through a combination of community service and self-sufficiency activities totaling at least eight (8) hours per month. Such activities can include, but are not limited to:

- Apprenticeships and job readiness training;
- Voluntary substance abuse and mental health counseling and treatment;

- English proficiency classes, GED classes, adult education, college, technical schools or other formal education
- Household management, budget and credit counseling, or employment counseling
- Work placement program required by the TANF program
- Training to assist in operating a small business

The PHA may sponsor its own economic self-sufficiency program or coordinate with local social services, volunteer organizations and TANF agencies.

#### D. Geographic Location

The intent of this requirement is to have residents provide service to their own communities, either in the PHA's developments or in the broader community in which the PHA operates.

#### E. Exemptions

The following adult individuals, age 18 or older, of a household may claim an exemption from this requirement if the individual:

- Is age 62 years or older;
- Is blind or disabled (as defined under 216(i)(1) or 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382c) and who certify that because of this disability they are unable to comply with the service provisions; or primary caretakers of such individuals;
- Is engaged in work activities (at least 30 hours per week) as defined in section 407(d) of the Social Security Act (42 U.S.C. 607(d)), specified below:
  1. Subsidized employment;
  2. Subsidized private-sector employment;
  3. Subsidized public-sector employment;
  4. Work experience (including work associated with the refurbishing of publicly assisted housing) only if sufficient private sector employment is not available;
  5. On-the-job-training;
  6. Job-search and job-readiness assistance;
  7. Community service programs;
  8. Vocational educational training (not to exceed 12 months with respect to any individual);

9. Job-skills training directly related to employment;
  10. Education directly related to employment in the case of a recipient who has not received a high school diploma or a certificate of high school equivalency;
  11. Satisfactory attendance at secondary school or in a course of study leading to a certificate of general equivalence, in the case of a recipient who has not completed secondary school or received such a certificate; and
  12. The provision of childcare services to an individual who is participating in a community service program.
- Meets the requirements for being exempt from having to engage in a work activity under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the PHA is located, including a State-administered welfare-to-work program.
  - Is a member of a family receiving TANF assistance, benefits, or service under the State program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 *et seq.*); or under any other welfare program of the State in which the PHA is located, including a State administered welfare-to-work program and has not been found by the State or other administering entity to be in non-compliance with such program.

#### F. Family Obligations

At the time of annual recertification, all public housing household members age eighteen (18) or older must:

- Receive a written description of the community service requirement, information on the process for verifying exemption status and the affect of noncompliance on their tenancy.
- Complete certification forms regarding their exempt or non-exempt status from the community service requirement and submit the executed forms within ten (10) days of their recertification appointment. If a household member claims an exemption from the requirement, he/she must submit written verification of the exemption or provide information for obtaining third-party verification along with their completed exemption form.

At the time of the annual recertification appointment, each non-exempt adult household member must present their completed monthly record and certification form (blank form to be provided by the PHA at time of certification or recertification) of activities performed over the past twelve (12) months.

If a family member is found to be noncompliant, either for failure to provide documentation of community service or for failure to perform community service, he/she and the head of household will sign an agreement with the PHA to make up the deficient hours over the next twelve (12)-month period. The entire household will be allowed to enter into such an agreement only once during the household's entire tenancy with the PHA.

If, during the twelve (12)-month period, a non-exempt person becomes exempt, it is his or her responsibility to report this to the PHA and to provide documentation within ten (10) calendar days of the occurrence. The community service requirement will remain in effect until such time as the exempt status is reported to the PHA and verified.

If, during the twelve (12)-month period, an exempt person becomes non-exempt, it is his or her responsibility to report this to the PHA within ten (10) calendar days of the change in status. He/she will be provided with appropriate forms and information for fulfilling the community service requirement. A household member who fails to report a change from exempt to non-exempt status will be required to enter into an agreement to complete an equivalent of eight (8) hours per month of community service for each month of unreported non-exempt status within ninety (90) days of discovery or the household's lease will be subject to termination.

Each household member must supply the PHA with accurate written information regarding exemption status. Failure to supply such information and/or misrepresentation of information is a serious violation of the terms of the lease and may result in termination of the lease.

#### G. PHA Obligations

To the greatest extent possible and practicable, the PHA will provide names and contacts at agencies that can provide opportunities for residents to fulfill their community service obligation.

The PHA will provide the household a written description of the community service requirement, the process for claiming status as an exempt person for PHA verification of such status in the notice of annual recertification. The PHA will provide the household with appropriate forms on which to claim exempt or non-exempt status and for tracking the community service hours.

The PHA will make the final determination as to whether or not a household member is exempt and/or is compliance with the community service

requirement.

As failure to complete the community service requirement constitutes noncompliance with the terms of the Lease, the family may use the PHA's Grievance Procedures if they disagree with the determination of exemption status or noncompliance.

The PHA will assure that procedures are in place and residents the opportunity to change status with respect to the community service requirement. Such changes include, but are not limited to:

- Going from unemployment to employment;
- Entering a self-sufficiency program;
- Entering a classroom educational program which exceeds eight (8) hours monthly.

All exemptions to the community service requirement will be verified and documented in the resident file. Required verifications may include, but not be limited to:

- Third-party verification of employment, enrollment in a training or education program, welfare to work program or other economic self sufficiency activities;
- Birth certificates to verify age 62 or older; or
- Third-party verification of disabilities preventing performance of community service.

**Families who pay flat rents and live in public housing units or families who income was over income limits when they initially occupied such a public housing unit will not receive an automatic exception.**

#### H. Cooperative Relationships with Welfare Agencies

The PHA may initiate cooperative relationships with local service agencies that provide assistance to its families to facilitate information exchange, expansion of community service/self-sufficiency program options and aid in the coordination of those activities.

#### I. Lease Requirements and Documentation

The PHA's lease has a twelve (12)-month term and is automatically renewable except for non-compliance with the community service requirement. The lease also provides for termination and eviction of the entire household for such non-

compliance. The lease provisions will be implemented for current residents at the next regularly scheduled reexamination and for all new residents effective upon occupancy. The PHA will not renew or extend the lease if the household contains a non-exempt member who has failed to comply with the community service requirement.

Documentation of compliance or non-compliance will be placed in each resident file.

#### J. Noncompliance

A resident who was delinquent in community service hours under the lease in effect at the time of the suspension will still be obligated to fulfill his/her community service and self-sufficiency requirements for FY 2001, provided that the resident was given notice of noncompliance prior to the expiration of the lease in effect at that time.

A copy of that notice of noncompliance should be included with the written notice to residents about the reinstatement of the community service and self-sufficiency requirement. In order to obtain a lease renewal on the expiration of the current lease, residents must be in compliance both with any delinquent community service requirements and current requirements.

If the PHA determines that a resident who is not an "exempt individual" has not complied with the community service requirement, the PHA will notify the resident:

1. of the noncompliance;
2. that the determination is subject to the PHA's administrative grievance procedure;
3. that unless the resident enters into an agreement under paragraph 4. of this section, the lease of the family of which the non-compliant adult is a member may not be renewed. However, if the noncompliant adult moves from the unit, the lease may be renewed;
4. that before the expiration of the lease term, the PHA must offer the resident an opportunity to cure the noncompliance during the next twelve (12)-month period; such a cure includes a written agreement by the non-compliant adult and the head of household (as applicable) to complete as many additional hours of community service or economic self-sufficiency activity needed to make up the total number of hours required over the twelve (12)-month term of the lease.

# NOTICE TO RESIDENTS

## COMMUNITY SERVICE REQUIREMENT

The Community Service requirement for residents of Public Housing has been reinstated.

**All non-exempt residents of Public Housing, age 18 or older, are required to contribute eight (8) hours of community service each month or participate in a self-sufficiency program for eight (8) hours each month.** This community service work is not a service for which the resident is paid; it is strictly volunteer work.

The Community Service Policy is available in the PHA office and describes in detail:

1. which household members may qualify for an exemption from the requirement to perform community service;
2. the types of activities that can be performed to meet the requirement;
3. the family's obligations;
4. the PHA's obligations; and
5. the penalties for non-compliance.

### **Resident Requirements:**

1. If any household adult member is not elderly, disabled, or participating in a work activity for at least 30 hours per week you **must** contact your Community Service Contact listed below no later than:\_\_\_\_\_.
2. The PHA will inform you of all verifications needed.
3. The PHA will make the final determinations.

Community Service Contact:\_\_\_\_\_

Address of Contact:\_\_\_\_\_

Telephone:\_\_\_\_\_

## ***Resident Community Service Compliance Certification***

I/We have received a copy of and have read and understand the contents of the PHA's Community Service/Self Sufficiency Policy.

I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if any non-exempt adult member of the household does not comply with this requirement, our lease will not be renewed and we may receive a 30-day notice of lease termination.

I/We have been given the opportunity to claim an exemption to the requirement for performance of community service and the following adult household members do not claim such exemption.

*List name of each adult household member who does not claim an exemption below*

\_\_\_\_\_

I/We have been given the opportunity to claim an exemption and one or more adult household members will separately certify to his/her eligibility for an exemption.

List name of each adult household member who will separately certify to his/her eligibility for an exemption below

\_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Other Adult Household Member

\_\_\_\_\_  
Date

## **COMMUNITY SERVICE SELF-SUFFICIENCY PROGRAM EXEMPTION CERTIFICATION**

I certify that I am eligible for an exemption from the Community Service requirement for the following reason:

- I am 62 or older.
  - I am blind or disabled, and as a result I cannot comply with the community service requirements. I am verifying my disability by:
    - My receipt of Supplemental Security Income (SSI) or Social Security Disability (SSDI) benefits for a disability recognized by the Social Security Administration (SSA).
    - My receipt of Transitional Assistance Disability benefits (have applied for SSI disability benefits and has been found by DHS to meet the SSI disability standards).
    - My receipt of Aid for Aged, Blind, or Disabled (AABD) benefits.
    - My receipt of worker's compensation for my disability with documentation provided by a medical provider.
    - I am providing documentation provided by a medical provider demonstrating that I meet the disability requirement.
    - I am providing documentation of medical assistance or interim SSDI benefits.
    - I am receiving no benefits but am able to submit documentation from a medical provider that my blindness or disability, as defined by the Social Security Act, prevents them from meeting the community or economic self-sufficiency requirement.
- I am the primary care provider of a (temporarily or permanently) blind or disabled person who meets the disability definition (as described above) and I am submitting the Community Service Exception Certification for verification;
- I am temporarily or chronically ill and am able to submit documentation from my medical provider.
- I am responsible for the full-time care to another household member due to that member's medical condition and am able to submit documentation from a medial provider.
- I am a student enrolled in a recognized school, training program, or school of higher education.
- I am working at least 30 hours per week (*Employment Verification form will serve*

*as documentation).*

- [ ] I am a participant of a State welfare program and am in compliance with all economic sufficiency or work activity requirements or am exempt from program requirements (Must provide verification).
- [ ] A member of my household is receiving assistance, benefits or services under a State welfare program with a work requirement and the family member is in compliance with all program requirements.

**A separate certification must be signed by each exempt adult household member.**

\_\_\_\_\_  
Signature of Resident Claiming Exemption

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address of Resident Claiming Exemption

This certification applies only to the Community Service Exemption per 24 CFR 960.601 and no other PHA program requirements.

<p><b>PHA USE ONLY</b></p> <p>Certification Received by _____ Date _____</p> <p>Supporting Verification:</p> <ul style="list-style-type: none"><li>[ ] Is current and is in the tenant file</li><li>[ ] Was requested on (date)_____ from _____</li><li>[ ] Was received on (date)_____</li></ul> <p><b>Comments (such as change of status details, non-receipt of verification, receipt of verification contradicting certification)</b></p> <p>_____</p> <p>_____</p> <p>_____</p>
--

**COMMUNITY SERVICE EXEMPTION  
CARE PROVIDER VERIFICATION**

I, \_\_\_\_\_, certify that I am the primary care provider for  
\_\_\_\_\_, a resident of the Housing Authority, who lives  
at \_\_\_\_\_.  
Address of Primary Care Provider

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

---

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I certify that \_\_\_\_\_ is my primary care provider.

I certify that I receive:

- Supplemental Security Income (SSI) disability benefits;
- Social Security Disability Insurance (SSDI) disability benefits;
- Transitional Assistance Disability benefits (individual has applied for SSI disability benefits and has been found by DHS to meet the SSI disability standards);
- Aid for Aged, Blind, or Disabled (AABD) benefits; or
- No benefits but am able to submit documentation from a medical provider that my blindness or disability, as defined by the Social Security Act, prevents me from meeting the community or economic self-sufficiency requirement.
- Because of such disability, I cannot perform voluntary work or duties that are a public benefit, and serve to improve the quality of life, enhance resident self-sufficiency or increase resident self-responsibility in the community.

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

\_\_\_\_\_  
Address

**NOTICE of NON-COMPLIANCE**  
**COMMUNITY SERVICE/SELF-SUFFICIENCY REQUIREMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Please be advised that the Housing Authority has not received verification or evidence of completion or exemption from the 96 hours of community service during the past 12 months for the following adult members of your household:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All non-exempt adult members of the household must complete the community service hours as a part of the annual recertification process. If you feel one or more of the above listed household members may be eligible for an exemption, please provide immediate verification to the management office.

If you or any household member were required to perform community service but failed to provide verification of the completion, then this action can be corrected by providing the verification information immediately to the management office. Complete and return the enclosed Exemption Certification with verification.

If you or any household member must fulfill the requirement and have failed to perform 8 hours of community service/self sufficiency per month, this action can be corrected by bringing your requirement current before the end of your lease year. You may be eligible to enter into an agreement to complete deficient service hours.

In the event service hours have not been completed for all non-exempt adult household members, your lease will not be renewed. If your lease is not renewed, you will be issued a 30-day notice to vacate. In accordance with community service policy, you may request a grievance for disputes arising under noncompliance with the community service requirements. You must file a grievance in the management office as stipulated in the PHA's Grievance Policy.

Your cooperation in this matter is needed to assist in preserving your housing opportunity.

Sincerely,

## COMPLIANCE AGREEMENT

### ***COMMUNITY SERVICE/SELF-SUFFICIENCY REQUIREMENT***

A Compliance Agreement must be executed by each non-compliant household member. Each agreement must be signed by the Head of Household, the non-compliant household member and the PHA designee.

In accordance with the provisions of the PHA's Community Service/Self-Sufficiency policy:

- [ ] I/We, \_\_\_\_\_ (*name(s)*), agree to complete all deficient community service hours. The number of deficient service hours for the review year, \_\_\_\_\_ will be completed by \_\_\_\_\_.  
(*insert #*)
- [ ] I/We, \_\_\_\_\_ (*name(s)*), further assure that all members of the family who are subject to the service requirement are currently complying with the service requirement.
- [ ] I/We, \_\_\_\_\_ (*name(s)*), understand that the PHA may issue a 30-day notice of lease termination if the service hour requirements of our lease are not brought into compliance by \_\_\_\_\_. I/We understand what types of volunteer work qualify as community service and what types of programs qualify for self-sufficiency participation.
- [ ] The non-compliant member of the household, \_\_\_\_\_, is no longer living in the unit and will duly be removed from the lease. I/We understand that a member of the household who is removed from the lease after failure to fulfill his/her community service/self-sufficiency requirements may not be added back to the lease in the future.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Other Adult Household Member

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature Authorized PHA Representative

\_\_\_\_\_  
Date

**Attachment: ar017f01**

**PET OWNERSHIP POLICY  
(FAMILY)  
FOR  
THE HOUSING AUTHORITY OF THE CITY OF  
PINE BLUFF, ARKANSAS**

## **PET OWNERSHIP POLICY**

### **OVERVIEW**

Section 526 of the Quality Housing and Work Responsibility Act of 1998 added a new Section 31 (“Pet Ownership in Public Housing”) to the United States Housing Act of 1937. Section 31 establishes pet ownership requirements for residents of public housing other than Federally assisted rental housing for the elderly or persons with disabilities. In brief, this section states that: A resident of a dwelling unit in public housing may own one (1) or more common household pets or have such pets present in the dwelling unit. Allowance of pets is subject to reasonable requirements of the PHA. A proposed rule to implement Section 31 was published in the June 23, 1999, Federal Register. On July 10, 2000, a final rule incorporating comments received was published in the Federal Register. This policy reflects the final rule requirements.

The Housing Authority of the City of Pine Bluff (herein referred to as PHA) will notify eligible new and current residents of their right to own pets subject to the PHA’s rules and will provide them copies of the PHA’s Pet Ownership Rules. To obtain permission, pet owners must agree to abide by those Rules.

In consulting with residents currently living in the PHA’s developments, the PHA will develop appropriate pet ownership rules, include those rules in their Agency Plan and notify all such residents that:

- A. all residents are permitted to own and keep common domesticated household pets, such as a cat, dog, bird, and fish, in their dwelling units, in accordance with PHA pet ownership rules;
- B. a non-refundable nominal pet fee of \$ 25.00 will be charged and is intended to cover the reasonable operating costs to the development directly attributable to a pet or pets in the unit (i.e., fumigation of a unit). A refundable pet deposit of \$200.00 will be assessed and is intended to cover additional costs not otherwise covered which are directly attributable to the pet’s presence (i.e., damages to the unit, yard, fumigation of a unit, etc.);
- C. animals that are used to assist the disabled are excluded from the size, weight, type and non-refundable fee requirements pertaining to ownership of service animals; however, they will be required to assure that proper licensing, inoculations, leash restraints, etc. in accordance with State or local law are observed;
- D. residents may request a copy of the PHA’s pet ownership rules or proposed amendments to the rules at any time; and,

- E. if the dwelling lease of a resident prohibits pet ownership, the resident may request that the lease be amended to permit pet ownership, in accordance with the PHA's pet ownership rules shown below;
- F. Section 31 does not alter, in any way, the regulations applicable to Federally assisted housing for the elderly and persons with disabilities found at Section 227 of the Housing and Urban-Rural Recovery Act of 1983 and located in 24 CFR part 5, subpart C;
- G. **New Section 960.705 of 24 CFR clarifies that the regulations added in Section 31 do not apply to service animals that assist persons with disabilities. This exclusion applies to both service animals that reside in public housing and service animals that visit PHA developments. Nothing in this rule limits or impairs the rights of persons with disabilities, authorizes PHAs to limit or impair the rights of persons with disabilities, or affects any authority PHAs may have to regulate service animals that assist persons with disabilities.**

HOUSING AUTHORITY OF THE CITY OF PINE BLUFF

Pet Ownership Rules for Families

1. Common household pet means a domesticated cat, dog, bird, gerbil, hamster, Guinea pig and fish in aquariums. Reptiles of any kind, with the exception of small turtles or lizards in a terrarium, as well as mice and rats are prohibited. These definitions do not include any wild animal, bird of prey, dangerous fish, snakes, spiders or other insects, or any farm animals.
2. Each household shall have only one pet (except fish or birds). The limit for birds is two (2).
3. The pet owner shall have only a small cat or a dog. The animal's weight shall not exceed *twenty (20) pounds*. The animal's height shall not exceed *fifteen (15) inches*. Such limitations do not apply to a ***service animal*** used to assist a disabled resident.
4. Pet owners shall license their pets (if required by state or local law) yearly with the City of Pine Bluff or as required. The pet owner must show the PHA proof of rabies and distemper booster inoculations and licensing annually.
5. No pet owner shall keep a pet in violation of State or local health or humane laws or ordinances. Any failure of these pet ownership rules to contain other applicable State or local laws or ordinances does not relieve the pet owner of the responsibility for complying with such requirements.
6. The pet owner shall have his or her cat or dog spayed or neutered and shall pay the cost thereof. A veterinarian shall verify that the spaying or neutering has been accomplished.
7. All cats shall be declared. Proof of compliance shall be furnished to management.
8. The pet owner shall house the pet inside the pet owner's dwelling unit. The pet owner shall keep a cat or a dog on a leash and shall control the animal when it is taken out of the dwelling unit for any purpose. The owner of a bird(s) shall confine them to a cage at all times. No pet owner shall allow his or her pet to be unleashed or loose outside the pet owner's dwelling unit.
9. No pet shall be permitted in any common area except as necessary to directly enter and exit the building. This restriction is not applicable to service animals.

10. No pet (other than birds or fish) shall be permitted to remain in an apartment overnight while the resident is away.
11. Management shall furnish to the household a pet sticker if the pet is a dog or cat which must be displayed on the front entrance door of the unit.
12. Resident shall provide the PHA a color photograph of the pet(s).
13. All dogs and cats shall wear a collar at all times. Attached to the collar shall be an ID tag listing the pet owner's name and address.
14. Any resident having a dog or cat shall obtain some type of "scooper" to clean up after the pet outdoors. The resident is responsible for placing all waste in sealed plastic bags and disposing of such material in a trash container.
15. Resident is required to take whatever action necessary to insure that their pet does not bring any fleas or ticks into the building. This may include, but is not limited to, the use of flea collars and flea power. The resident is responsible for the cost of flea/tick extermination.
16. No resident shall keep, raise, train, breed or maintain any pet of any kind at any location, either inside or outside the dwelling unit, for any commercial purpose.
17. No pet owner shall keep a vicious or intimidating pet on the premises (i.e. pit bulls or any other vicious or intimidating breeds). Any animal identified in local or State law or ordinance as dangerous or vicious will be prohibited. If the pet owner declines, delays or refuses to remove such a pet from the premises, the PHA shall do so, in order to safeguard the health and welfare of other residents.
18. No pet owner shall permit his or her pet to disturb, interfere or diminish the peaceful enjoyment of the pet owner's neighbors or other residents. The terms "disturb, interfere, or diminish" shall include but not be limited to barking, howling, biting, scratching, chirping and other activities of a disturbing nature. If the pet owner declines, delays or refuses to remove the pet from the premises, the PHA shall do so.
19. The owner of a cat shall feed the animal at least once per day; provide a litter box inside the dwelling unit; clean the litter box at least every two (2) days; and take the animal to a veterinarian at least once per year. The pet owner shall not permit refuse from the litter box to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a plastic tie sack in a designated trash container outside the building where the pet owner lives.

20. The owner of a dog shall feed the animal at least once per day; take the animal for a walk at least twice per day; remove the animal's droppings at least twice per day; and take the animal to a veterinarian at least once per year. The pet owner shall not permit dog droppings to accumulate or to become unsanitary or unsightly, and shall dispose of such droppings by placing them in a plastic tie sack in a designated trash container outside the building where the pet owner lives.
21. The pet owner shall take the precautions and measures necessary to eliminate pet odors within and around the dwelling unit, and shall maintain the dwelling unit in a sanitary condition at all times, as determined by the PHA.
22. The pet owner shall keep the pet, dwelling unit, and surrounding areas free of fleas, ticks and/or other vermin.
23. No pet owner shall alter the dwelling unit or the surrounding premises to create a space, hole, container or enclosure for any pet.
24. Resident agrees that the PHA shall have the right to remove any pet should the pet become vicious, display symptoms of severe illness or demonstrate other behavior that constitutes an immediate threat to the health or safety of the tenancy as a whole. If the PHA requests that the resident remove the pet from the premises and resident refuses to do so, or if the PHA is unable to contact the resident to make the request, the PHA may take such actions as deemed necessary, e.g. placing the pet in a facility that will provide the pet with care and shelter at the expense of the pet owner for a period not to exceed thirty (30) days. PHA staff shall enter a dwelling unit where a pet has been left untended for twenty-four (24) hours, remove the pet and transfer it to the proper local authorities, subject to any provisions of State or local law or ordinances in this regard. The PHA shall accept no responsibility for the pet under such circumstances.
25. Each pet owner shall pay a non-refundable pet fee of \$25.00 and a refundable pet deposit of \$200.00. A refundable deposit of \$ -0- will be charged for aquariums. There is no pet deposit for birds, gerbils, hamsters, guinea pigs or turtles. The pet fee/deposit is not part of the rent payable by the pet owner, and is in addition to any other financial obligation generally imposed on residents of the development where the pet owner lives. The PHA shall use the non-refundable pet fee only to pay reasonable expenses directly attributable to the presence of the pet in the development, including, but not limited to the cost of repairs and replacements to, and the fumigation of, the pet owner's dwelling unit. The refundable deposit will be used, if appropriate, to correct damages directly attributable to the presence of the pet.

26. The refundable pet deposit will be placed in an escrow account and the PHA will refund the unused portion to the resident within thirty (30) days after the pet owner moves from the dwelling unit or no longer owns or keeps a pet in the dwelling unit.  
Should State or local law require that the pet deposit be placed in an interest bearing account, the PHA will provide for such deposit and will account for all interest individually by pet owner family. Should the State or local law not specifically address the issue of pet deposit interest, the PHA shall determine payment or non-payment of interest based on State or local law with respect to rental security deposit requirements.
27. All residents are prohibited from feeding, housing or caring for stray animals or birds. Such action shall constitute having a pet without permission of the PHA.
28. Each pet owner shall identify an alternate custodian for his or her pet. If the pet owner is ill or absent from the dwelling unit and unable to care for his or her pet, the alternate custodian shall assume responsibility for the care and keeping of the pet, including, if necessary, the removal of the pet from PHA premises.
29. Should any pet housed in the PHA's facilities give birth to a litter, the residents shall remove from the premises all of said pets except one as soon as the baby's are able to survive on their own (a maximum of 6 weeks).
30. Pet Violation Procedures: Resident agrees to comply with the following:
  - a. Notice of Pet Rule Violation: If the PHA determines on the basis of objective facts, supported by written statements, that a pet owner has violated a rule governing the keeping of pets, the PHA will serve a notice to the owner of pet rule violation. The notice of pet rule violation will be in writing and will:
    - (1) Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated.
    - (2) State that the pet owner has ten (10) days from the effective date of service of the notice to correct the violation (including in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation.
    - (3) State that the pet owner is entitled to be accompanied by another person of his or her choice at the meeting.
    - (4) State that the pet owner's failure to correct the violation, to request

a meeting, or to appear at a requested meeting may result in initiation of procedures to have the pet removed and/or terminate the pet owner's lease or both.

- b. **Pet Rule Violation Meeting:** If the pet owner makes a request, within five (5) days of the notice of pet rule violation, for a meeting to discuss the alleged violation, the PHA will establish a mutually agreeable time and place for the meeting within fifteen (15) days from the effective date of service of the notice of pet rule violation. At the pet rule violation meeting, the pet owner and PHA shall discuss any alleged pet rule violation and attempt to correct it. The PHA, may as a result of the meeting, give the pet owner additional time to correct the violation.
  - c. **Notice for Pet Removal:** If the PHA determines that the pet owner has failed to correct the pet rule violation within the time permitted by Paragraph b. of this section (including any additional time permitted by the PHA), or if the parties are unable to resolve the problem, the PHA may serve a notice to the pet owner requiring the pet owner to remove the pet. The notice will be in writing and will:
    - (1) Contain a brief statement of the factual basis for the determination and the pet rule or rules that has been violated.
    - (2) State that the pet owner must remove the pet within ten (10) days of the effective date of the notice of pet removal (or the meeting, if notice is served at the meeting).
    - (3) State that failure to remove the pet may result in initiation of the procedures to have the pet removed or terminate the pet owner's lease or both.
  - d. The procedure does not apply in cases where the pet in question presents an immediate threat to the health, safe, of others or if the pet is being treated in an inhumane manner. In such cases paragraph 24 shall apply.
31. The PHA will not be responsible for any pet which gets out of a unit when maintenance employees enter for the purpose of making repairs. The family is responsible for removing the pet when maintenance is scheduled or assuring that a responsible family member is present to control the pet.
32. If a resident, including a pet owner, breaches any of the rules set forth above, the PHA may revoke the pet permit and evict the resident or pet owner.

**AGREEMENT FOR CARE OF PET**

In accordance with the Pet Ownership Policy of the Housing Authority of the City of Pine Bluff and the Addendum to the Residential Dwelling Lease Agreement dated between:

THE HOUSING AUTHORITY OF THE CITY OF PINE BLUFF  
2503 Belle Road  
Pine Bluff, Arkansas 71611

AND,

\_\_\_\_\_ (Resident's Name)

\_\_\_\_\_ (Resident's Address)

I hereby agree that should \_\_\_\_\_ become  
incapable of caring for \_\_\_\_\_ a \_\_\_\_\_  
(Name of Pet) (Type of Pet)

for any reason whatsoever, I will assume full responsibility for removal of the pet from the premises and for the care and well being of the animal.

Further, the pet shall not be permitted to return to the premises until approval is given by the Housing Authority of the City of Pine Bluff.

A copy of the Addendum to the Residential Dwelling Lease Agreement is attached.

\_\_\_\_\_  
Signature

Sworn and subscribed before me this \_\_\_\_\_ day of  
\_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary of Public

My Commission Expires: \_\_\_\_\_

**PET POLICY ADDENDUM**

I have read and understand the above pet ownership rules and agree to abide by them.

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
PHA Staff member's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type of Animal and Breed

\_\_\_\_\_  
Name of Pet

\_\_\_\_\_  
Description of Pet (color, size, weight, sex, etc.)

The alternate custodian for my pet is:

\_\_\_\_\_

\_\_\_\_\_  
Custodian's first, middle and last name; post office box; street address; zip code; area telephone code and telephone number:

\_\_\_\_\_  
Resident's Signature

\_\_\_\_\_  
Date

Refundable Damage Deposit

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Date

Non-refundable Damage Deposit

\_\_\_\_\_  
Amount Paid

\_\_\_\_\_  
Date

Attachment: ar017g01  
Housing Authority of the City of Pine Bluff

Progress in Meeting 5-Year Plan Goals (2000-2004)

The Housing Authority of the City of Pine Bluff has been successful in achieving its mission and 5 year plan goals during the period FY 2000-2005.

Concerning modernization the PHA has done substantial renovation of: Hallmark Manor, West Meadows, Royal Oaks and Cottonwood Apartments. Substantial renovation has included repair of driveways and sidewalks, repair and replacing of siding, soffits and fascias, construction of a resident center and installation of central air conditioning.

Concerning self-sufficiency and crime and safety, PHA efforts reduced crime in the communities through having a police officer staying on site at each development. The PHA has an on-going working relationship with the Pine Bluff Police Department.

Concerning improving the quality of life, PHA has established several housing development programs headed by its Resident Services Coordinator. These programs enhance the economic and social quality of life for our residents. The PHA also has a voluntary FSS program and a Homeownership Program for Section 8 and Public Housing residents.

Concerning ensuring equal opportunity outreach efforts have been made by making renewed partnerships with community groups and medical facilities.

## Attachment: ar017h01

### Housing Authority of the City of Pine Bluff

- A. Substantial Deviation from the 5-Year Plan:
- Any change to the Mission Statement;
  - 50% deletion from or addition to the goals and objectives as a whole; and
  - 50% or more decrease in the quantifiable measurement of any individual goal or objective.
- B. Significant Amendment or Modification to the Annual Plan:
- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement;
  - Any change being submitted to HUD that requires a separate notification to residents, such as changes in the Hope VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Public Housing Homeownership programs; and
  - Any change in policy or operation that is inconsistent with the applicable Consolidated Plan.

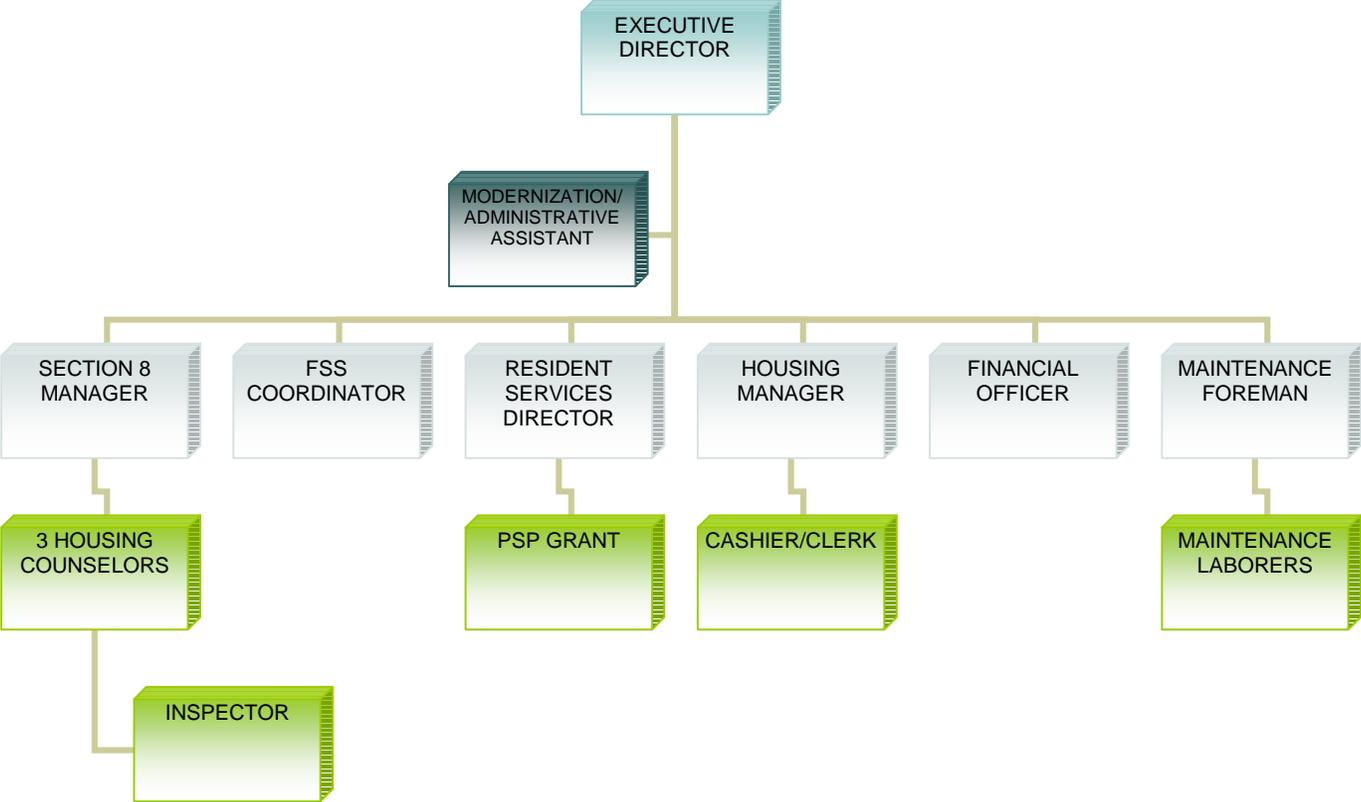
**Attachment: ar017i01**  
**Housing Authority of the City of Pine Bluff**

**Section 8 Project Based Voucher Program**

Agencies utilizing the Section 8 Project Based Voucher Program, including certificate programs that were converted to vouchers or intending to utilize the Section 8 Project Based Voucher Program during the upcoming fiscal year are required to provide the following information.

Our agency is does not currently operate nor intends to operate a Section 8 Project Based Voucher Program.

**Housing Authority of the City of Pine Bluff, AR  
ORGANIZATIONAL CHART Attachment: ar017j01**





# Capital Funds Program Five Year Action Plan

## Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 2 FFY GRANT 2006 PHA FY:2006			Activities for Year: 2 FFY GRANT 2006 PHA FY: 2006		
2005	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Es
See	AR37P017001	Replace clotheslines & poles	5,000.00	HA - Wide	<b>Operations</b>	
	Hallmark Manor					
					<b>Management Improvements:</b>	
					Salary benefits for maint & inv. Clerk	
			-		Computer upgrades	
Annual					Part time RIC	
		<b>Total Hallmark Manor</b>	<b>5,000.00</b>		Consortium fees, General T/A	
	AR37P017003	Install clotheslines & poles	5,000.00		<b>Total Mgm Impr.</b>	
	Cottonwood Park	Repair driveways & sidewalks	10,000.00		<b>Administration:</b>	
Statement					Salary for MOD Coordinator	
		<b>Total Cottonwood Park</b>	<b>15,000.00</b>		Salary for Clerk/inspector	
					<b>Total Administration</b>	
	AR37P017004	Install concrete swales for drainage	20,000.00		<b>Dwelling Equipment:</b>	
	West Meadow	Repair parking lots & sidewalks adding			Purchase stoves and refrigerators	
		handicap accessibility	40,000.00			
		Landscaping	5,000.00		<b>Fees &amp; Costs</b>	
		<b>Total West Meadow</b>	<b>65,000.00</b>			
					<b>Non-Dwelling Equipment</b>	
	AR37P017007	Reroof 3 units	9,600.00		Purchase mini-bus	
	Scattered	Replace fences (3 units)	5,000.00			
	Sites	Repair driveways	6,000.00		<b>Dwelling Structures</b>	
		<b>Total Scattered Sites</b>	<b>20,600.00</b>		Build 2 three bedroom units	
					<b>Total HA Wide</b>	
		<b>TOTAL PHYSICAL IMPROVEMENTS</b>	<b>105,600.00</b>		<b>Estimated Total for CFP 2006</b>	



# Capital Funds Program Five Year Action Plan

## Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 4 FFY Grant 2008 PHA FY: 2008			Activities for Year: 4 FFY GRANT: 2008 PHA FY: 2008		
2005	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Es
See	AR017001	Purchase mini-blinds	2,500.00	HA - Wide	<b>Operations</b>	
	Hallmark Manor	install new metal storage doors	12,500.00			
		Replace shutters	5,000.00		<b>Management Improvements:</b>	
		Install new tile floors	15,000.00		Part-time RIC	
		Replace sheetrock ceilings	60,000.00		Maintenance/Inventory clerk	
Annual		Repair replace siding, soffit & fascia	30,000.00		Consortium Fees	
		Install kitchen cabinets, sinks & faucets	20,000.00		Upgrade telephone system	
		Reroof 4 buildings	20,000.00		<b>Total Management Improvements</b>	
		<b>Total Hallmark Manor</b>	<b>165,000.00</b>			
					<b>Administration:</b>	
	AR017003	Replace elderly tub faucets	2,000.00		Salary for MOD Coordinator & Clerk/	
	Cottonwood	Replace mailboxes	3,500.00		Inspector	
Statement	Park	Replace tile floors	15,000.00			
		Replace kitchen cabinets	35,000.00		<b>Dwelling Equipment:</b>	
		Install new metal storage doors	12,500.00		Purchase stoves and refrigerators	
		Replace unit addresses	1,000.00			
		Install hot water tanks	4,000.00			
		<b>Total Cottonwood Park</b>	<b>73,000.00</b>			
	AR017004	Install screen doors	4,625.00			
	West Meadow	Replace tile floors	8,000.00			
		Install kitchen cabinets, sinks & faucets	18,000.00			
		Replace bathroom vanities & lavatories	5,000.00			
		Replace mailboxes	3,000.00			
		<b>Total West Meadow</b>	<b>38,625.00</b>			
					<b>TOTAL HA-WIDE</b>	
		<b>TOTAL PHYSICAL IMPROVEMENTS</b>	<b>276,625.00</b>		<b>Estimated Total for CFP 2008</b>	

# Capital Funds Program Five Year Action Plan

## Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 5 FFY Grant 2009 PHA FY: 2009			Activities for Year: 5 FFY Grant 2009 PHA FY: 2009		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Es
2005						
See	AR017001	Upgrade playground equipment	29,125.00	HA - Wide	<b>Operations</b>	
	Hallmark Manor	Install cages around air conditioners	10,000.00			
		Add heat & air vents to bathrooms	20,000.00		<b>Management Improvements:</b>	
					Consortium fees, General T/A	
					Part-time RIC	
					Maint/Inventory Clerk	
		<b>Total Hallmark Manor</b>	<b>59,125.00</b>			
					<b>Administration:</b>	
	AR37P017003	Repair parking lots	20,000.00		Salary for MOD Coordinator	
	Cottonwood Park	Install FRP board in bathrooms (25 units)	15,000.00		Salaryfor clerk/inspector	
		Upgrade Playground equipment	35,000.00		<b>Dwelling Equipment:</b>	
		Install cages over A/C	10,000.00		Purchase stoves and refrigerators	
		Replace scfeen doors	8,000.00			
		<b>Total Cottonwood Park</b>	<b>88,000.00</b>			
	AR37P017004	Upgrade playground equipment	20,000.00			
	West Meadow	Install cages over A/C	3,700.00			
		Repair drainage behind bldgs B & C	10,000.00			
Statement						
		<b>Total West Meadow</b>	<b>33,700.00</b>			
	AR37P017005	upgrade playground	35,000.00			
	Royal Oaks	install cages over A/C's	1,800.00			
		Repair drainage system	10,000.00			
		<b>Total Royal Oaks</b>	<b>46,800.00</b>			
	AR37P017007	Install central A/C	40,000.00			
	Scattered Sites					
		<b>Total Scattered Sites</b>	<b>40,000.00</b>		<b>TOTAL HA-WIDE</b>	
		<b>TOTAL PHYSICAL IMPROVEMENTS</b>	<b>267,625.00</b>		<b>Estimated Total for CFP 2009</b>	

**Attachment: ar017101**  
**Housing Authority of the City of Pine Bluff**  
**FYB 2005 PHA Plan**

**Comments of Resident Advisory Board or Boards**  
**RAB Meeting September 3, 2004**

A Resident Advisory Board meeting was held on September 3, 2004 at 4:30 P.M. at the O'Neal Wilson Center of the PHA's main office. There were three (3) staff persons in attendance including the Executive Director, the Modernization/ Administrative Assistance and the Resident Services Manager. There were seven (7) Resident Advisory Board members present. Comments from the Resident Advisory Board members include.

Comment 1: Provide additional security for Cottonwood Apartments.

PHA Response:

Comment 2: Build a community center with extra parking and a convenience store at Cottonwood Apartments.

PHA Response: Each development already has a community center. Two developments have already been designated to develop a convenience store. We will explore the possibility of developing convenience stores at the other developments.

Comment 3: Provide larger letters and numbers on the buildings for emergency purposes at Cottonwood Apartments.

PHA Response: This item to be addressed in 2004.

Comment 4: Build ramps for wheelchair accessibility to the community center at Hallmark Apartments.

PHA Response:

Comment 5: Replace floor tiles, kitchen cabinets, and refrigerators at Hallmark Apartments.

PHA Response: This is ongoing. Kitchen cabinets have been replaced and we maintain an inventory of refrigerators to be replaced when needed. We will replace floor tiles as needed, which is included in 2005,

2006, and 2007.

Comment 6: Build a library at each site.

PHA Response:

Comment 7: Ensure that police officers are available when needed.

PHA Response: Police officers live on the site and are, in effect, available at all times they are at the site.

Meeting adjourned at 5:30 P.M.

## CAPITAL FUND PROGRAM TABLES START HERE

Attachment: ar017m01

Annual Statement /Performance and Evaluation Report					11/13/2004
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: <b>Pine Bluff Housing Authority</b>		Grant Type and Number: Capital Fund Program No: <b>AR37P01750104</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2004</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserved for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number _____	
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <b>9/30/04</b>				<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses	25,000.00		0.00	0.00
3	1408 Management Improvements	39,600.00		0.00	0.00
4	1410 Administration	35,600.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	13,000.00		0.00	0.00
10	1460 Dwelling Structures	320,192.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable	11,500.00		0.00	0.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>\$444,892.00</b>		<b>\$0.00</b>	<b>\$0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

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

11/13/2004

PHA Name: <b>Pine Bluff Housing Authority</b>		Grant Type and Number: Capital Fund Program No: <b>AR37P01750104</b> Replacement Housing Factor Grant No:				Federal FY of Grant: <b>2004</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original		Funds Obligated	Funds Expended	
HA-Wide	<b>Operations:</b> <span style="float:right">Total 1406</span>	1406		<b>25,000.00</b>		<b>0.00</b>	<b>0.00</b>	
AR001-002-003								
	<b>Management Improvements:</b>							
	Salary/benefits for Maintenance & inventory clerk	1408		25,000.00		0.00	0.00	
	Part-time RIC	1408		11,000.00		0.00	0.00	
	Consortium Fees/General Technical Assistance	1408		3,600.00		0.00	0.00	
	<span style="float:right">Total 1408</span>			<b>39,600.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Administration:</b>							
	Salary for MOD Coordinator and Clerk/Inspector	1410		35,600.00		0.00	0.00	
	<span style="float:right">Total 1410</span>			<b>35,600.00</b>		<b>0.00</b>	<b>0.00</b>	
AR017003	<b>Site Improvements:</b>							
Cottonwood	Install basketball court	1450		13,000.00		0.00	0.00	
Park	<span style="float:right">Total 1450</span>			<b>13,000.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>Dwelling Structures:</b>							
	Install Central Air Conditioning	1460		232,194.00		0.00	0.00	
AR017001	Replace tubs, tile & shower stalls 99 units	1460		87,998.00		0.00	0.00	
	<span style="float:right">Total 1460</span>			<b>320,192.00</b>		<b>0.00</b>	<b>0.00</b>	
HA-Wide	<b>Dwelling Equipment:</b>							
AR001-002-003	Purchase stoves and refrigerators	1465		11,500.00		0.00	0.00	
	<span style="float:right">Total 1465</span>			<b>11,500.00</b>		<b>0.00</b>	<b>0.00</b>	
	<b>TOTAL - 2004</b>			<b>\$444,892.00</b>		<b>\$0.00</b>	<b>\$0.00</b>	



## CAPITAL FUND PROGRAM TABLES START HERE

Attachment: ar017n01

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

11/13/2004

PHA Name: <b>Pine Bluff Housing Authority</b>	Grant Type and Number: Capital Fund Program No: <b>AR37P01750103</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
--	---	-------------------------------------

Original Annual Statement   
  Reserved for Disasters/Emergencies   
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending **9/30/04**   
  Final Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses	25,000.00	25,000.00	25,000.00	25,000.00
3	1408 Management Improvements	31,900.00	35,500.00	35,500.00	24,091.84
4	1410 Administration	40,000.00	40,000.00	40,000.00	27,550.97
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,600.00	0.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	244,553.00	244,553.00	234,174.00	231,984.00
11	1465.1 Dwelling Equipment-Nonexpendable	11,841.00	11,841.00	8,010.00	8,010.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>\$356,894.00</b>	<b>\$356,894.00</b>	<b>\$342,684.00</b>	<b>\$316,636.81</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				





## CAPITAL FUND PROGRAM TABLES START HERE

Attachment: ar017o01

Annual Statement /Performance and Evaluation Report					11/18/2004
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: <b>Pine Bluff Housing Authority</b>		Grant Type and Number: Capital Fund Program No: <b>AR37P01750203</b> Replacement Housing Factor Grant No:		Federal FY of Grant: <b>2003</b>	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement/Revision Number _____			
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <b>9/30/04</b>		<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	75,380.00		0.00	0.00
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>\$75,380.00</b>		<b>\$0.00</b>	<b>\$0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				





## CAPITAL FUND PROGRAM TABLES START HERE

Attachment: ar017p01

<b>Annual Statement /Performance and Evaluation Report</b>	11/13/2004
<b>Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary</b>	

PHA Name: <b>Pine Bluff Housing Authority</b>	Grant Type and Number: Capital Fund Program No: Replacement Housing Factor Grant No: <b>AR37RO1502</b>	Federal FY of Grant: <b>2002</b>
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<input type="checkbox"/> Original Annual Statement	<input type="checkbox"/> Reserved for Disasters/Emergencies	<input type="checkbox"/> Revised Annual Statement/Revision Number _____
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <b>9/30/04</b>	<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____	

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Development Activities	9,608.00		9,608.00	0.00
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>\$9,608.00</b>		<b>\$9,608.00</b>	<b>\$0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				



**CAPITAL FUND PROGRAM TABLES START HERE**

Attachment: ar017q01

Annual Statement /Performance and Evaluation Report						11/17/2004
Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: <b>Pine Bluff Housing Authority</b>		Grant Type and Number: Capital Fund Program No: <b>AR37P01750102</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>2002</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserved for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement/Revision Number <u>1</u>		
<input checked="" type="checkbox"/> Performance and Evaluation Report for Program Year Ending <b>9/30/04</b>		<input type="checkbox"/> Final Performance and Evaluation Report for Program Year Ending _____				
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total Non-Capital Funds					
2	1406 Operating Expenses	33,000.00	33,000.00	33,000.00	33,000.00	
3	1408 Management Improvements	40,000.00	40,155.52	40,155.52	40,155.52	
4	1410 Administration	41,089.59	41,089.59	41,089.59	41,089.59	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement	42,390.00	67,487.00	67,487.00	60,738.30	
10	1460 Dwelling Structures	218,158.41	233,174.89	233,174.89	227,254.84	
11	1465.1 Dwelling Equipment-Nonexpendable	17,052.00	9,605.00	9,605.00	9,605.00	
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment	68,000.00	35,178.00	35,178.00	35,178.00	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					
20	1502 Contingency					
21	<b>Amount of Annual Grant (sums of lines 2-20)</b>	<b>\$459,690.00</b>	<b>\$459,690.00</b>	<b>\$459,690.00</b>	<b>\$447,021.25</b>	
22	Amount of line 21 Related to LBP Activities					
23	Amount of Line 21 Related to Section 504 Compliance					
24	Amount of Line 21 Related to Security - Soft Costs					
25	Amount of Line 21 Related to Security - Hard Costs					
26	Amount of Line 21 Related to Energy Conservation Measures					







## CAPITAL FUND PROGRAM TABLES START HERE

Attachment: ar017r01

**Annual Statement /Performance and Evaluation Report** 11/13/2004  
**Capital Funds Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary**

PHA Name: <p style="text-align: center;"><b>Pine Bluff Housing Authority</b></p>	Grant Type and Number: Capital Fund Program No: Replacement Housing Factor Grant No: <b>AR37R017501</b>	Federal FY of Grant: <p style="text-align: center;"><b>2001</b></p>
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Original Annual Statement     Reserved for Disasters/Emergencies     Revised Annual Statement/Revision Number \_\_\_\_\_  
 Performance and Evaluation Report for Program Year Ending **9/30/04**     Final Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operating Expenses				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Development Activities	10,110.00		10,110.00	0.00
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant (sums of lines 2-20)	<b>\$10,110.00</b>		<b>\$10,110.00</b>	<b>\$0.00</b>
22	Amount of line 21 Related to LBP Activities				
23	Amount of Line 21 Related to Section 504 Compliance				
24	Amount of Line 21 Related to Security - Soft Costs				
25	Amount of Line 21 Related to Security - Hard Costs				
26	Amount of Line 21 Related to Energy Conservation Measures				

