

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

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# PHA Plans

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:** Yuma County Housing Department

**PHA Number:** AZ013

**PHA Fiscal Year Beginning: (mm/yyyy)** 07/2005

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**

[24 CFR Part 903.5]

**A. Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- The PHA's mission is: (state mission here)

**The mission of the Yuma County Housing Department is to assist low-income families with safe, decent and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. This mission shall be accomplished by a fiscally responsible, creative organization committed to excellence in public service.**

**B. Goals**

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

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

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: Small PHA Deregulation
  - Improve voucher management: (SEMAP score) 96%
  - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:
  - Provide replacement public housing:
  - Provide replacement vouchers:
  - Other: (list below)
- PHA Goal: Increase assisted housing choices
- Objectives:
- Provide voucher mobility counseling:
  - Conduct outreach efforts to potential voucher landlords
  - Increase voucher payment standards
  - Implement voucher homeownership program:
  - Implement public housing or other homeownership programs:
  - Implement public housing site-based waiting lists:
  - Convert public housing to vouchers:
  - Other: (list below)
- Continue to administer Section 8 Voucher Home Ownership Program**

**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)
- Continue public housing security improvement**

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- Increase the number and percentage of employed persons in assisted families:
  - Provide or attract supportive services to improve assistance recipients' employability:
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.

Other: (list below)

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

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

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

**Annual PHA Plan**  
**PHA Fiscal Year 2005**

[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**Troubled Agency Plan**

**A change in the auditing firm contracted by the Arizona State Auditor General's office, along with a new audit format (GASB 34) delayed release of County Single Audit Reports. This caused problems for several agencies throughout the state and the county, including YCHD which had a late submission to HUD. The problem has since been resolved and the corrective action consists of assuring that this year's audit is submitted at an earlier date.**

**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 Yuma County Housing Department is committed to high-quality performance. Our short and long-term strategies involve continuous on-going partnerships involving our low and moderate-income residents and various community groups/organizations.**

**Our primary short and long-term goals are: (1) enhancing public housing security, (2) improving public housing quality (modernization rehab), (3) seeking additional supportive services to enhance our resident self-sufficiency efforts, (4) strengthening resident leadership through future grant applications and (5) continuing the administration of the section 8 voucher homeownership program.**

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

[24 CFR Part 903.7 9 (r)]

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

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#### **Attachments**

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

#### Required Attachments:

- Admissions Policy for Deconcentration (**ATTACHMENT "A"**)
- FY 2005 Capital Fund Program Annual Statement (**ATTACHMENT "B"**)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) (**ATTACHMENT "C"**)

#### Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan (**ATTACHEMENT "D"**)
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (**ATTACHMENT "H"**)
- Other (List below, providing each attachment name)

## 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
✓	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
✓	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
✓	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
✓	Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	
✓	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
✓	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
✓	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
✓	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

✓	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
✓	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
✓	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
✓	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
✓	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
✓	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
✓	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
✓	Most recent, approved 5 Year Action Plan for the Capital	Annual Plan: Capital Needs
N/A	Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	
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
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
✓	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
✓	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
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

✓	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
✓	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI							
Income >30% but <=50% of AMI							
Income >50% but <80% of AMI							
Elderly							
Families with Disabilities							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							
Race/Ethnicity							

### SEE ATTACHMENT "F"

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Public Housing Families on the PHA's Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	598		216
Extremely low income <=30% AMI	320	54%	
Very low income (>30% but <=50% AMI)	140	23%	
Low income (>50% but <80% AMI)	138	23%	
Families with children	234	39%	
Elderly families	209	35%	
Families with Disabilities	155	26%	
White	164	28%	
African-American	1	0%	
American Indian	3	0%	
Asian/Pacific Islander	0	0%	
Hispanic	425	71%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	220	37%	
2 BR	265	44%	
3 BR	105	18%	
4 BR	8	1%	
5 BR	0	0%	
5+ BR	0	0%	

5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

<b>Housing Needs of Section 8 Families on the Waiting Lists</b>			
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	694		320
Extremely low income <=30% AMI	357	51%	
Very low income (>30% but <=50% AMI)	187	27%	
Low income (>50% but <80% AMI)	155	22%	
Families with children	320	46%	
Elderly families	217	31%	
Families with Disabilities	162	23%	
White	192	27%	
African-American	0	0	
American Indian	1	0	
Asian/Pacific Islander	0	0	
Hispanic	506	72%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	223	32%	
2 BR	224	32%	
3 BR	231	33%	
4 BR	20	3%	
5 BR	1	0%	

5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

**The Yuma county Housing Department strives to address the housing needs of approximately 2,054 families. Because of the limited number of county-owned housing units and Section 8 Vouchers administered by Housing Department, only 40% of those families are presently being housed.**

**With no new development funds coupled with limited modernization, the Housing Department is now faced with primarily serving very low-income families while facing competition from local private developers in attracting moderate income families. The undesired effect of this situation is poverty concentration.**

**Under the Housing Department's existing housing programs, 63% of the families currently housed have incomes of less than 30% of median. To the contrary, we find that over 48% of the working families on the waiting list have incomes of 50 -80% of median.**

**To be more competitive and deconcentrate poverty in our developments, the Housing Department must attract higher income families into its lower-income developments. Accordingly, we shall apply for Public Housing Capital Funds to make the necessary modernization improvements to our existing housing units.**

**In addition, we plan to address the housing needs of families in the jurisdiction and on the waiting list through continued efforts to market the Section 8 program to owners (i.e., particularly those outside the areas of minority and poverty concentration). The Housing Department shall also apply for additional Section 8 units, should they become available.**

**(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)

**Family Self Sufficiency**

**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)

**Family Self Sufficiency**

**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)
- Invite guest speakers to address Staff, Landlords and Tenants on Fair Housing.**

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

**(2) Reasons for Selecting Strategies**

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

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

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

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	626,039	
b) Public Housing Capital Fund	299,975	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	2,144,916	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
	30,100	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	0	
<b>3. Public Housing Dwelling Rental Income</b>	293,037	
<b>4. Other income (list below)</b>		
Interest Income	2,500	Operations
<b>Fraud/Recovery Collection</b>	7,500	Operations
<b>4. Non-federal sources (list below)</b>		

<b>Total resources</b>	3,404,067	

### **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)

**When a family is next on the waiting list.**

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)
- **Criminal/immigration status.**
  - **Prior landlord references.**
  - **History of disturbing neighbors or destruction of property.**
  - **Fraud in connection with any Housing Program.**
  - **Alcohol abuse that interferes with the health, safety or right to peaceful enjoyment by others.**

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**

N/A

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

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

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

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

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

**(3) Assignment**

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

- One
- Two
- Three or More

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

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

#### **(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

- Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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

- At an annual reexamination and lease renewal
- Any time family composition changes
- At family request for revision
- Other (list)  
**Change in citizenship/immigration status.**

**(6) Deconcentration and Income Mixing**

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

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

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

- Adoption of site based waiting lists  
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

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

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

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

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

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

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

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

## **B. Section 8**

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

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

### **(1) Eligibility**

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

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

**Housing Agency Debt.**

- 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)
- Pecan Shadows Apartments -Yuma, Arizona**
- Moctezuma Apartments -San Luis, Arizona**

**(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:

**If the family documents their efforts, and additional time can reasonably be expected to result in a successful search, or if the family contains a person with a disability.**

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Victims of domestic violence

Substandard housing

Homelessness

High rent burden

Other preferences (select all that apply)

Working families and those unable to work because of age or disability

Veterans and veterans' families

Residents who live and/or work in your jurisdiction

Those enrolled currently in educational, training, or upward mobility programs

Households that contribute to meeting income goals (broad range of incomes)

Households that contribute to meeting income requirements (targeting)

Those previously enrolled in educational, training, or upward mobility programs

Victims of reprisals or hate crimes

Other preference(s) (list below)

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

Date and time of application

Drawing (lottery) or other random choice technique

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

This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

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

The PHA applies preferences within income tiers

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

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

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

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

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

- Through published notices
- Other (list below)

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

[24 CFR Part 903.7 9 (d)]

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

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

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

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

**Section 8 Administrative Plan and Public Housing ACOP**

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:

**The YCHD has set the minimum rent at \$50.00**

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below)

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

**Section 8 Administrative Plan.**

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

**The Yuma County Housing Department is responsible for leasing, customer service and case management. It's funded 55% with Low Rent Public Housing operating funds and 45% with Section 8 Voucher grant funds.**

**There are three units within the Housing Division. In Eligibility, clients qualify for public housing occupancy and Section 8 rental assistance. In Resident Services, residents receive guidance in self-sufficiency efforts and home ownership. In Inspection, leased housing units are kept decent, safe and sanitary.**

**The Finance Division is responsible for budget preparation, purchasing, accounts payable, accounts receivable and financial processing and financial processing funds and 45% with Section 8 Voucher grant funds.**

**The Maintenance Division is responsible for maintenance, repair and modernization of Water and Wastewater Treatment Plants. It is funded 90% with Low Rent Public Housing, 10% with Water Co. funds. Modernization is funded 100% with Capital Grant funds.**

## B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	159	54
Section 8 Vouchers	401	80
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
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)

1. Admissions and Continued Occupancy Policy
2. Tenant Grievance Procedures
3. Rent Collection Policy
4. Pest Control Policy
5. Maintenance Plan
6. Family Self-Sufficiency Action Plan

(2) Section 8 Management: (list below)

1. Section 8 Administrative Plan
2. Grievance Procedures
3. Section 8 Home-Ownership
4. Family Self-Sufficiency Action Plan

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- PHA main administrative office
  - PHA development management offices
  - Other (list below)

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

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

If yes, list additions to federal requirements below:

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

## **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) ATTACHEMENT B

-or-

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

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

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) ATTACHMENT "D"

-or-

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

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

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

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

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

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

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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number: N/A	
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: (DD/MM/YY)	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	N/A
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:	(DD/MM/YY)
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

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

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

<b>Public Housing Homeownership Activity Description (Complete one for each development affected)</b>
1a. Development name: 1b. Development (project) number: N/A
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

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

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

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

#### b. PHA-established eligibility criteria

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

If yes, list criteria below:

### **PARTICIPATION IN SECTION 8 FSS PROGRAM**

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

[24 CFR Part 903.7 9 (1)]

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

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

#### 1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? DD/MM/YY

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

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

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

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

- Yes  No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of residents? (If "yes", complete the following table; if "no" skips 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)
Education & Employment Program		Random	YPIC	Both
Somerton, AZ/Yuma, AZ		Selection		
Financial Counseling & Home Ownership Counseling		Waiting List	Housing America Corporation	Both
Somerton, AZ				
Education		Specific	Arizona Western	Both
Yuma, AZ; Somerton, AZ		Criteria	College	
San Luis, AZ				

**(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: DD/MM/YY)
Public Housing	35	35 1/5/05
Section 8	22	25 1/5/05

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

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.

- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

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

[24 CFR Part 903.7 9 (m)]

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

**THIS SECTION IS NOT APPLICABLE AS PHDEP NO LONGER EXISTS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

PHAs eligible for FY 2005 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 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

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

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

Attached at Attachment (File name)

Provided below:

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**

**YCHD is a component of County Government. Its Governing Board is the County Board of Supervisors, elected by the Public within the Supervisorial Districts.**

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

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

3. Description of Resident Election Process

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

Candidates were nominated by resident and assisted family organizations

Candidates could be nominated by any adult recipient of PHA assistance

Self-nomination: Candidates registered with the PHA and requested a place on ballot

Other: (describe)

b. Eligible candidates: (select one)

Any recipient of PHA assistance

Any head of household receiving PHA assistance

Any adult recipient of PHA assistance

Any adult member of a resident or assisted family organization

Other (list)

c. Eligible voters: (select all that apply)

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

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

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

1. Consolidated Plan jurisdiction: (provide name here)

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

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

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

### **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.

- 1. Policy for Deconcentration – Attachment “A”**
- 2. Capital Fund Annual Statement – Attachment “B”**
- 3. Approved Budget FY 2004-2005 – Attachment “C”**
- 4. FY 2004 Capital Fund Program 5 Year Action Plan – Attachment “D”**
- 5. Agency Plan Resolution and Certifications – Attachment “E”**
- 6. U.S. Census Data Comprehensive Housing Affordability Strategy – Attachment “F”**

# PHA Plan Table Library

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

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

Capital Fund Grant Number AZ20201320105 FFY of Grant Approval: 07/2005

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	<b>\$ 24,775.00</b>
3	1408 Management Improvements	
4	1410 Administration	<b>\$ 30,100.00</b>
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	<b>\$ 30,000.00</b>
10	1460 Dwelling Structures	<b>\$167,700.00</b>
11	1465.1 Dwelling Equipment-Nonexpendable	<b>\$ 17,500.00</b>
12	1470 Nondwelling Structures	<b>\$ 24,900.00</b>
13	1475 Nondwelling Equipment	<b>\$ 5,000.00</b>
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>	<b>\$ 299,975.00</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**  
**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
	OPERATIONS	1406	\$ 24,775.00
	ADMINISTRATION	1410	30,100.00
Valley Vista 13-1	Repair Parking Lots	1450	10,000.00
	Repair Playground Equipment	1475	5,000.00
Valley Vista 13-2	Repair Parking Lots	1450	5,000.00
Valley Vista 13-5	Replace Floor Tile	1460	25,000.00
	Paint Exterior Walls & Trim	1460	22,000.00
	Repair Parking Lots	1450	5,000.00
	Upgrade Sprinkler System	1450	5,000.00
	Paint Interior Walls & Trim	1460	37,500.00
Valley Vista 13-6	Replace Screen Doors	1460	5,700.00
	Paint Interior Walls & Trim	1460	28,500.00
Moctezuma 13-9	Seal Coat Parking Lots	1450	5,000.00
	Install Kitchen Garbage Disposals	1460	12,000.00
	Replace Kitchen Cabinets	1460	30,000.00
Pecan Shadows 13-18	Replace bathroom Shower Faucets	1460	7,000.00
	Replace Gas Ranges	1465.1	17,500.00
	Remodel Office and Community Building	1470	24,900.00
	TOTAL		\$ 299,975.00

**Annual Statement**

**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
13-1 Valley Vista Repair Parking Lots Repair Playground Equipment	09/06	03/08
13-2 Valley Vista Repair Parking Lots	09/06	03/08
13-5 Valley Vista Replace Floor Tile Paint Interior Wall & Trim Repair Parking Lots Upgrade Sprinkler System Paint Interior Walls & Trim.	09/06	03/08
13-6 Valley Vista Replace Screen doors Paint Interior Walls & Trim	09/06	03/08
13-9 Moctezuma Seal Coat Parking lots Install Kitchen Garbage Disposals Replace Kitchen Cabinets	09/06	03/08
13-18 Pecan Shadows Replace Gas Ranges Remodel Office and Community Building	09/06	03/08

## 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	
13-1	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Paint Exterior Walls			\$ 40,000.00	PHA FY 2007
Replace Hose Bibs			2,000.00	
Replace Laundry Room Faucets			2,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 44,000.00</b>	

## 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	
13-1	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade Sprinkler System			\$ 10,000.00	PHA FY 2008
Replace Bathroom Exhaust Fans			5,000.00	
Replace Kitchen & Bathroom Faucets			6,000.00	
Replace Bathroom Tub Drain Lines			4,000.00	
Replace Kitchen Garbage Disposals			2,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 27,000.00</b>	

## 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	
13-1	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Smoke Detectors			\$ 4,000.00	PHA FY 2009
Replace Window Blinds			8,000.00	
Replace Ceiling Fans			8,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 20,000.00</b>	

## 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	
13-1	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Termite Post Treatment			\$ 16,000.00	PHA FY 2010
Total estimated cost over next 5 years			\$ 16,000.00	

## 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	
13-2	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Paint Exterior Walls & Trim			\$ 30,000.00	PHA FY 2007
Replace Damaged Sidewalks			3,600.00	
Replace Kitchen & Bathroom Faucets			6,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 39,000.00</b>	

## 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	
13-2	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Install Interior Dry Walls & Installation			\$ 40,000.00	PHA FY 2008
Paint Interior Walls & Trim			15,000.00	
Replace Electric Outlets & Switches			8,000.00	
Replace Water Heaters			8,000.00	
Replace Water Meters			6,000.00	
Replace Floor Tile			20,000.00	
Replace Kitchen Cabinets			30,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$127,000.00</b>	

## 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	
13-2	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Gas Ranges			\$ 8,000.00	PHA FY 2009
Total estimated cost over next 5 years			\$ 8,000.00	

## 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	
13-2	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Termite Post Treatment			\$ 16,000.00	PHA FY 2010
Install Ceiling Fans			6,960.00	
Replace Kitchen Cabinets			30,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 52,960.00</b>	

## 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	
13-5	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Kitchen & Bathroom Faucets Paint Exterior Walls & Trim			\$ 7,500.00 37,500.00	PHA FY 2007
Total estimated cost over next 5 years			\$ 45,000.00	

## 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	
13-5	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Bathroom Exhaust Fans			\$ 2,525.00	PHA FY 2008
Total estimated cost over next 5 years			\$ 2,525.00	

## 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	
13-5	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Bathroom Lavatories			\$ 2,500.00	PHA FY 2009
Replace Water Heaters			10,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 12,500.00</b>	

## 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	
13-5	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Termite Post Treatment			\$ 16,000.00	PHA FY 2010
Replace A/C Units with Heat Pumps			27,865.00	
Replace Roof Shingles			42,500.00	
Replace Interior Door Knobs			8,000.00	
Repair Water Plant Filters			10,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 104,365.00</b>	

## 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	
13-6	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Kitchen & Bathroom Faucets			\$ 5,700.00	PHA FY 2007
Paint Exterior Walls & Trim			38,000.00	
Replace Medicine Cabinets			4,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 47,700.00</b>	

## 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	
13-6	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Damaged Sidewalks			\$ 5,000.00	PHA FY 2008
Total estimated cost over next 5 years			\$ 5,000.00	

## 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	
13-6	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Window Blinds			\$ 7,600.00	PHA FY 2009
Replace Bathroom Sinks			1,900.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 9,500.00</b>	

## 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	
13-6	VALLEY VISTA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Termite Post Treatment Remodel Main Office			\$ 16,000.00 8,000.00	PHA FY 2010
Total estimated cost over next 5 years			\$ 24,000.00	

## 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	
13-9	MOCTEZUMA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Kitchen Hoods			\$ 4,000.00	PHA FY 2007
Replace Kitchen Cabinets			30,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 34,000.00</b>	

## 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	
13-9	MOCTEZUMA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Screen Doors			\$ 12,000.00	PHA FY 2008
Paint Exterior Walls & Trim			60,000.00	
Replace Bathroom Faucets			8,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 80,000.00</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
13-9	MOCTEZUMA APARTMENTS			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace Windows			\$ 40,000.00	PHA FY 2009
Replace Kitchen & Bathroom Faucets			12,000.00	
Replace Exterior Doors			32,000.00	
Replace Electric Stoves			16,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$100,000.00</b>	

## 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	
13-9	MOCTEZUMA APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Tree Trimming			\$ 12,000.00	PHA FY 2010
New Lawnmower Tractor			5,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 17,000.00</b>	

## 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	
13-18	PECAN SHADOW APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Refrigerators			\$ 21,000.00	PHA FY 2007
Replace Water Heaters			14,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$35,000.00</b>	

## 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	
13-18	PECAN SHADOW APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Kitchen Hoods			\$ 3,500.00	PHA FY 2008
Total estimated cost over next 5 years			\$ 3,500.00	

## 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	
13-18	PECAN SHADOW APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Window Blinds			\$ 14,000.00	PHA FY 2009
Replace Exterior Door Locks			21,000.00	
Paint Exterior Walls and Trim			52,500.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 87,500.00</b>	

## 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	
13-18	PECAN SHADOW APARTMENTS			
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Recoat Parking Lots			\$ 10,000.00	PHA FY 2010
Install Fire Extinguishers			2,800.00	
Install Ceiling Fans			10,000.00	
Replace Interior Door Knobs			8,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$ 30,800.00</b>	

**ATTACHMENT “A”**

**POLICY**

**FOR**

**DECONCENTRATION**

Yuma County  
Yuma, Arizona

OFFICE OF  
THE BOARD OF SUPERVISORS

198 Main Street  
Yuma, Arizona 85364



BOB McCLENDON  
DISTRICT 1  
LUCY SHIPP  
DISTRICT 2  
KATHRYN "CASEY" PROCH  
DISTRICT 3  
MARCO A. (TONY) REYE  
DISTRICT 4  
GREG FERGUSON  
DISTRICT 5  
WALLY HILL  
COUNTY ADMINISTRATOR

**THE BOARD OF SUPERVISORS, HOUSING DEPARTMENT OF YUMA COUNTY  
RESOLUTION NO. 00- 11**

**ADOPTING THE DECONCENTRATION POLICY FOR THE LOW RENT PUBLIC  
HOUSING DEVELOPMENTS OF THE YUMA COUNTY HOUSING DEPARTMENT**

WHEREAS, the U.S. Department of Housing and Urban Development and the Board of Supervisors of the County of Yuma, Arizona, requires the Housing Department to prepare a Deconcentration Policy and amend its Admissions Policy for the Low Rent Public Housing Developments, that is responsive to local conditions and complies with the Quality Housing Work Responsibility Act;

WHEREAS, the Housing Department prepared and submitted to the Board of Supervisors for their review and approval, the Deconcentration Policy and amended Admissions Policy that will afford deconcentration of poverty and encouragement of income mixing in the public housing developments of the Yuma County Housing Department;

NOW THEREFORE, BE IT RESOLVED, after review of the Deconcentration Policy for the Public Housing Program, the Board of Supervisors hereby adopts and authorizes said policy.

PASSED AND ADOPTED BY THE BOARD OF SUPERVISORS OF YUMA COUNTY THIS  
MARCH 20, 2000 by the following vote of the Board of Supervisors:

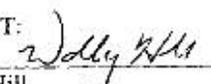
AYES: FOUR

NAYS: NONE

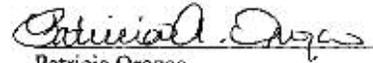
ABSENT: GREG FERGUSON

ABSENT:

ATTEST:

  
Wally Hill,  
Clerk of the Board/County Administrator

  
Lucy Shipp, Chairman  
Yuma County Board of Supervisors

  
Patricia Orozco,  
County Attorney

YUMA COUNTY, ARIZONA  
Low Rent Public Housing  
Deconcentration Policy  
3/20/00

Purpose

In compliance with the Quality Housing and Work Responsibility Act of 1998, a public housing agency shall submit with its Annual Public Housing Agency Plan, an Admission's Policy and Deconcentration Policy designed to provide for deconcentration of poverty and income mixing by bringing higher income tenants into lower income developments and lower income residents into higher income developments.

Analysis

The analysis of the income categories for the three (3) Low Rent Public Housing Developments concluded that all developments of the Yuma County Housing Departments have a concentration of poverty.

AREAS OF REVIEW

1. Income levels of families residing in each of the developments.
2. Income levels of census tracts.
3. Income levels of families on the waiting list.

RESULTS

69% of the total resident population of the Yuma County Housing Department have incomes of less than 30 percent of the median income.  
An average of 41.9% (i.e., Yuma-44.7%; Somerton-43.6%; and San Luis-37.4%) of the general population in the census tracts for the three-(3) developments have incomes of less than 30 percent of the median income.  
60% of the resident families on the waiting list have incomes of 50-80% of median income.

Plan

Based on the analysis, to achieve deconcentration of poverty and income mixing, the Housing Department amended the Admission's Policy. It is the Yuma County Housing Department's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families to the developments. We will accomplish this in a uniform and nondiscriminating manner.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement and will recommend changes to this policy as needed.

# **ATTACHMENT “B”**

## **CAPITAL FUND**

### **ANNUAL STATEMENT**

FY 2005 Annual Plan

# PHA Plan Table Library

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

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

Capital Fund Grant Number AZ20201320105 FFY of Grant Approval: 07/2005

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	<b>\$ 24,775.00</b>
3	1408 Management Improvements	
4	1410 Administration	<b>\$ 30,100.00</b>
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	<b>\$ 30,000.00</b>
10	1460 Dwelling Structures	<b>\$167,700.00</b>
11	1465.1 Dwelling Equipment-Nonexpendable	<b>\$ 17,500.00</b>
12	1470 Nondwelling Structures	<b>\$ 24,900.00</b>
13	1475 Nondwelling Equipment	<b>\$ 5,000.00</b>
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>	<b>\$ 299,975.00</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**  
**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
	OPERATIONS	1406	\$ 24,775.00
	ADMINISTRATION	1410	30,100.00
Valley Vista 13-1	Repair Parking Lots	1450	10,000.00
	Repair Playground Equipment	1475	5,000.00
Valley Vista 13-2	Repair Parking Lots	1450	5,000.00
Valley Vista 13-5	Replace Floor Tile	1460	25,000.00
	Paint Exterior Walls & Trim	1460	22,000.00
	Repair Parking Lots	1450	5,000.00
	Upgrade Sprinkler System	1450	5,000.00
	Paint Interior Walls & Trim	1460	37,500.00
Valley Vista 13-6	Replace Screen Doors	1460	5,700.00
	Paint Interior Walls & Trim	1460	28,500.00
Moctezuma 13-9	Seal Coat Parking Lots	1450	5,000.00
	Install Kitchen Garbage Disposals	1460	12,000.00
	Replace Kitchen Cabinets	1460	30,000.00
Pecan Shadows 13-18	Replace bathroom Shower Faucets	1460	7,000.00
	Replace Gas Ranges	1465.1	17,500.00
	Remodel Office and Community Building	1470	24,900.00
	TOTAL		\$ 299,975.00

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
13-1 Valley Vista Repair Parking Lots Repair Playground Equipment	09/06	03/08
13-2 Valley Vista Repair Parking Lots	09/06	03/08
13-5 Valley Vista Replace Floor Tile Paint Interior Wall & Trim Repair Parking Lots Upgrade Sprinkler System Paint Interior Walls & Trim.	09/06	03/08
13-6 Valley Vista Replace Screen doors Paint Interior Walls & Trim	09/06	03/08
13-9 Moctezuma Seal Coat Parking lots Install Kitchen Garbage Disposals Replace Kitchen Cabinets	09/06	03/08
13-18 Pecan Shadows Replace Gas Ranges Remodel Office and Community Building	09/06	03/08

**ATTACHMENT “C”**

**APPROVED BUDGET**

**FY 2004-2005**

<b>Yuma County Board of Supervisors</b> <b>NOTICE of OFFICIAL BOARD ACTION (NOBA)</b>						COPY
Meeting date:	03/01/04	Action by:	To:	AGENCY HEAD	Date sent:	
Item No:	1A	<input checked="" type="checkbox"/> Board of Supervisors	Agency:	HOUSING DEPARTMENT		
		<input type="checkbox"/> Board of Directors				03/03/04
Agenda Wording:	Adopt and authorize the Chairman to sign Resolution No. 04-09, approving the Fiscal Year 2004-05 Calculation of Performance Funding System Operating Subsidy and Operating Budget for Low Rent Public Housing in the amount of \$1,340,916.00.					
<b>2 RECORD OF ACTION(S)</b>						
<input type="checkbox"/> <b>Public hearing conducted:</b> <i>In matters requiring public hearing, this certifies that the below constitutes official action after a legally advertised public hearing and duly called meeting of the Yuma County Board of Supervisors (or Board of Directors per agenda wording) and will be recorded without amendment or modification in the official records of said political body.</i>						
<input checked="" type="checkbox"/> Approved as presented. <input type="checkbox"/> Approved as recommended <input type="checkbox"/> Approved as amended Amendment:				Vote: <i>Council Under Consent</i>		<input type="checkbox"/> Denied <input type="checkbox"/> No Action
<input type="checkbox"/> Item continued:	Date & Time:				<input type="checkbox"/> Agency submits AIR-Form for future meeting.	
<input type="checkbox"/> Public Hearing set:	Date & Time:				<input type="checkbox"/> Agency submits AIR-Form for future meeting.	
<b>3 CLERK OF THE BOARD'S CERTIFICATION:</b>						
Signature: <i>See Stallworth</i> <small>See Stallworth, Clerk of the Board</small>				Date: 03/01/04		
<b>4 FOLLOW-UP (FU) ACTIONS REQUIRED:</b>						
<input type="checkbox"/> Clerk of Board obtains signatures on original document(s). <input type="checkbox"/> Agency obtains signatures on original document(s) and provides to Clerk of Board one (1 ORIGINAL, fully executed document). <input type="checkbox"/> Agency <input type="checkbox"/> Clerk of Board submits Purchase Requisition to Financial Services. <input type="checkbox"/> Agency <input type="checkbox"/> Clerk of Board causes recordation of (list): <input type="checkbox"/> Agency <input type="checkbox"/> Clerk of Board causes publication. (Agency provides copy of Public Notice to Clerk of Board.) <input checked="" type="checkbox"/> Other instructions/actions:						
<i>All original Documents attached, recorded Res over to follow under separate cover.</i>						
ENCLOSURES:	Motions:	Contract:	Resolution:	Other (list):		
<input checked="" type="checkbox"/> AIR-FORM	<input type="checkbox"/> Draft Motions	<input type="checkbox"/> Original(s) <input checked="" type="checkbox"/> Copy(s)	<input type="checkbox"/> Original(s) <input checked="" type="checkbox"/> Copy(s)			
COPIED TO:	<input type="checkbox"/> County Attorney	<input checked="" type="checkbox"/> Finance Director	<input type="checkbox"/> Human Resources Director	<input checked="" type="checkbox"/> Other (list): <i>Gloria Mallek</i>		
SS/kjm	For questions/information regarding this agenda item contact:				Revised: 01-14-05 P:\Followup\Corresp\NOBAs\2004\03-01-04\#1A.doc	
	<i>Karen Malatt</i> <small>Name/Title</small>			Phone # 373-1103		

**PHA/IHA Board Resolution**

Approving Operating Budget or Calculation of Performance Funding System Operating Subsidy

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

OMB Approval No. 2577-0026 (Exp. 6/3)

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect information unless it displays a valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Acting on behalf of the Board of Commissioners of the below-named Public Housing Agency (PHA)/Indian Housing Authority (IHA) as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

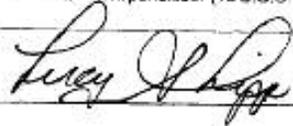
(date)

- Operating Budget Submitted on: 03/01/2004
- Operating Budget Revision Submitted on: \_\_\_\_\_
- Calculation of Performance Funding System Submitted on: 03/01/2004
- Revised Calculation of Performance Funding System Submitted on: \_\_\_\_\_

I certify on behalf of the: (PHA/IHA Name) YUMA COUNTY HOUSING DEPARTMENT that:

1. All regulatory and statutory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations;
6. All proposed rental charges and expenditures will be consistent with provisions of law;
7. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d);
8. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i) or 24 CFR 905.120 and
9. The PHA/IHA will comply with the requirements for the reexamination of family income and composition under 24 CFR 960.2990.115 and 905.315.

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 38)

Board Chairman's Name (Type)	Signature	Date
LUCY SHIPP		

Previous edition is obsolete

Form HUD-52574 (10/01) ref. Handbook 757

## SUMMARY

(For the sake of clarity, the Board is not being asked to approve a budget, per se. Rather, the Board is asked for a resolution approving the calculations. The final budget and operating subsidy is to be approved by HUD.)

The U. S. Department of Housing and Urban Development (HUD) requires Public Housing Authorities (PHAs) to complete their FFY 2004 (FY 2005) operating budgets and subsidy calculations (PFS) according to the Guidance on Methods and Schedules provided by HUD's Notice PIH 2003-22. The completed PFS calculation along with required certifications and PHA Board approval will be submitted to HUD for final approval and determination of PHA's appropriate level of funding.

The Yuma County Housing Department's (YCHD) operating budget of \$1,340,916 consists of the following:

Estimated Rental Receipts	\$284,349
Estimated Earned Interest	\$ 1,800
Current Operating Reserves	\$434,402
100% HUD Funding (PFS)	\$620,365

The above estimated budget is to administer, operate and maintain the three (3) public housing sites: Pecos Shadows Apartments in Yuma, Valley Vista Apartments in Somerton and Moctezuma Apartments in San Luis, Arizona.

**Operating Budget**

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

OMB Approval No. 2577-0026 (exp. 10/31/07)

Public reporting burden for this collection of information is estimated to average 110 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026) Washington, D.C. 20503. Do not enter this completion form to enter in the above addresses.

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending JUNE 30, 2005	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> Other (Specify) _____	d. Type of HUD assisted Project(s) 01 PHA/PIA-Owned Rental Hsg 02 PHA-Owned Mutual Help Homeownership 03 PHA/PIA Leased Rental Hsg 04 PHA/PIA-Owned TurnKey BI Homeownership 05 PHA/PIA Leased Homeownership
e. Name of Public Housing Agency/Indian Housing Authority (IHA) <b>YUMA COUNTY HOUSING DEPARTMENT</b>				
f. Address (city, state, zip code) <b>8450 W. HIGHWAY 95, SUITE 88 SOMERTON, AZ 85350</b>				
g. ACC Number <b>SF-1784</b>		h. FAS/LOCES Proj No. <b>AZ01300605J</b>		i. HUD Field Office <b>PHOENIX, AZ</b>

Line No.	Acct No.	Description (1)	ACQUIS last fiscal yr. 20 03 PUM (2)	Estimates or Actual Current Budget Yr 2004 PUM (3)	2005 Requested Budget Estimates			
					PHA/PIA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Homebuyers Monthly Payments for:</b>								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total Break-Even Amount (sum of lines 010,020, and 030)							
<b>Operating Receipts</b>								
060	3110	Dwelling Rental	131.15	141.87	149.03	284,349	149.03	
070	3120	Excess Utilities	0.00			0		
080	3190	Non dwelling Rental	0.00			0		
090	Total Rental Income (sum of lines 060, 070, 080)		131.15	141.87	149.03	284,349	149.03	
100	3610	Int on Gen Fund Investment	1.71	0.74	0.94	1,800	0.94	
130	3690	Other Inc	27.48	22.26	0.00	0	0.00	
140	Total Operating Income (090+100+130)		160.34	164.87	149.97	286,149	149.97	
<b>Operating Expenditures-Administration</b>								
180	4110	Administrative Salaries	107.19	112.97	100.40	191,566	100.40	
	4111	FSS Coordinator	0.00	12.90	13.56	25,908	13.56	
190	4132	Empl Benefit Contrib - Admin	18.63	24.20	35.63	67,987	35.63	
200	4140	Staff Training	0.16	0.26	0.26	500	0.26	
210	4150	Travel	7.57	4.77	4.09	7,800	4.09	
220	4170	Accounting Fees	0.38	0.00	0.00	0	0.00	
221	4171	Auditing Fees	0.80	1.31	1.31	2,500	1.31	
230	4190	Other Administrative Expenses	25.85	21.00	28.92	55,171	28.92	
231	4195	Outside Management Fees						
240	Total Admin Expenses (sum of line 180 thru 231)		161.48	187.50	184.19	351,432	184.19	
<b>Tenant Services:</b>								
250	4210	Salaries	0.00	0.00	0.00	0	0.00	
260	4220	Recreation, Pubs, & Oth Servs	0.00	0.00	0.52	1,000	0.52	
270	Resident Participation Activities		2.05	2.08	2.08	3,975	2.08	
280	Total Tenant Services (lines 250+260+270)		2.05	2.08	2.60	4,975	2.60	
<b>Utilities:</b>								
290	4310	Water	68.79	64.20	69.71	133,000	69.71	
300	4320	Elec	16.88	16.93	18.96	36,184	18.96	
310	4330	Gas	0.30	0.30	0.25	498	0.25	
320	4340	Fuel	0.00			0	0.00	
330	4350	Labor	0.00			0	0.00	
340	4390	Other Util Exp	40.19	33.34	41.10	78,411	41.10	
350	Total Utilities Exp (sum of line 290 thru 340)		128.14	116.63	130.03	248,091	130.03	

Name of PHA/PIA

Fiscal Year Ending

Line No.	Acct. No.	Description (1)	Actuals	Estimates	2005 Requested Budget Estimates			
			Last Fiscal Yr.	or Actual Current Budget Yr. 2004	PHM/HA Estimates		HUD Modifications	
			20 04 PUM (2)	PUM (3)	PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Ordinary Maintenance and Operation:</b>								
360	4410	Labor	91.48	82.22	79.70	162,083	79.70	
370	4420	Materials	20.32	24.96	23.64	45,103	23.64	
380	4430	Contract Costs	18.51	18.05	17.03	32,498	17.03	
381	4431	Garbage and Trash Removal	10.58	9.91	9.87	18,825	9.87	
390		<b>Total Ordinary Maintenance &amp; Operation Exp (Lines 360 to 381)</b>	<b>140.89</b>	<b>133.14</b>	<b>130.24</b>	<b>248,499</b>	<b>130.24</b>	
<b>Protective Services:</b>								
400	4480	Labor						
410	4470	Materials						
420	4480	Protective Services - Alarm/Security	2.22	2.36	2.36	4,500	2.36	
430		<b>Total Protective Services Exp (lines 400 to 420)</b>	<b>2.22</b>	<b>2.36</b>	<b>2.36</b>	<b>4,500</b>	<b>2.36</b>	
<b>General Expense:</b>								
440	4510	Insurance	6.34	10.06	8.69	16,581	8.69	
450	4520	Pyms in Lieu of Taxes	0.00	0.73	0.73	1,400	0.73	
460	4120	Compensated Absences	0.00			0	0.00	
470	4433	Employee Benefit Contribution	12.35	13.34	15.09	26,797	15.09	
480	4570	Collection Losses	1.04	0.83	0.83	1,200	0.83	
500	4590	Other General Expense	5.80	0.00		0	0.00	
510		<b>Total General Expense (sum 440 to 500)</b>	<b>24.57</b>	<b>24.78</b>	<b>25.14</b>	<b>47,978</b>	<b>25.14</b>	
520		<b>Total Routine Expense (lines 240, 280, 350, 390, 430 and 510)</b>	<b>465.01</b>	<b>466.69</b>	<b>474.57</b>	<b>905,465</b>	<b>474.56</b>	
<b>Rent for Leased Dwellings:</b>								
560	4710	Rents to Owners of leased dwellings				0	0.00	
570		<b>Total Operating Expense (lines 520 and 560)</b>	<b>465.01</b>	<b>466.69</b>	<b>474.57</b>	<b>905,465</b>	<b>474.56</b>	
<b>Nonroutine Expenditures:</b>								
530	4910	Extraordinary Maintenance	0.00				0.00	
580	7520	Replace Nonexp Equipment	0.00	0.00	0.00	0	0.00	
590	7540	Property Betterments & additions	0.00	0.00	0.00	0	0.00	
610		<b>Total Nonroutine Expenditures (lines 530 to 580)</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	
620		<b>Total Operating Expenditures (lines 570 and 610)</b>	<b>465.01</b>	<b>466.69</b>	<b>474.57</b>	<b>905,465</b>	<b>474.56</b>	
<b>Prior Year Adjustments:</b>								
630	8010	Prior Year Adjustments Affecting Residual Receipts	5.81	0.52	0.55	1,046	0.55	
<b>Other Expenditures:</b>								
640		Deposits in Rental Debt Service Account					0.00	
670		<b>Total Operating Expenditures, Includ prior year adjustments and other expenditures (line 620 +/- line 630 plus line 640)</b>	<b>470.82</b>	<b>467.21</b>	<b>475.11</b>	<b>906,514</b>	<b>475.11</b>	
680		<b>Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 670)</b>	<b>-310.48</b>	<b>-302.34</b>	<b>-325.14</b>	<b>-620,365</b>	<b>-325.14</b>	
<b>HUD Contributions:</b>								
690	8010	Basic Annual Contribution Earned-Leased Proj Cur Yr					0.00	
700	8011	Prior Yr Adjustments - (Debit) Credit					0.00	
710		<b>Total Basic Annual Contribution (line 690 +/- line 700)</b>	<b>0.00</b>			<b>0</b>	<b>0.00</b>	
720	8020	Contributions Earned - Op Sub-Cur Yr (before year end adj)	313.00	320.00	325.14	620,365	325.14	
730		Mandatory PFS Adj (net):			0.00		0.00	
740		Other (specify): Unfunded Portion Due to Proration 0.5%		0.00	0.00		0.00	
750		<b>Total Year-End Adjustments/Other (+/- lines 730 to 740)</b>	<b>0.00</b>		<b>0.00</b>	<b>0</b>	<b>0.00</b>	
760	8020	<b>Total Operating Subsidy-Cur Yr (line 720 +/- line 750)</b>	<b>313.00</b>	<b>320.00</b>	<b>325.14</b>	<b>620,365</b>	<b>325.14</b>	
770		<b>Total HUD Contributions (710 and 760)</b>	<b>313.00</b>	<b>320.00</b>	<b>325.14</b>	<b>620,365</b>	<b>325.14</b>	
780		<b>Residual Receipts(or Deficit) (sum of line 680 plus line 770)</b>	<b>2.52</b>	<b>17.66</b>	<b>0.00</b>	<b>0</b>	<b>0.00</b>	
Enter here and on line 620								

Operating Reserve		PHA/IHA Estimates	HUD Modifications
740	2821 Part I - Maximum Operating Reserve - End of Current Budget Year PHA/IHA - Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564		
<b>Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End</b>			
780	Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): 6/30/03	434,402	
800	Provision for Operating Reserves - Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE 6/30/04 <input type="checkbox"/> Actual for FYE 6/30/02	0	
810	Operating Reserve at End of Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE 6/30/04 <input type="checkbox"/> Actual for FYE	434,402	
820	Provision for Operating Reserve - Requested Budget Year Estimated for FYE 2003 Enter Amount from Line 780	0	
830	Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of Line 810 and 820)	434,402	
840	Cash Reserve Requirement - <u>50</u> % of line 570	452,733	

PHA/IHA Approval Name BARRY R. NORMAN  
 Title DIRECTOR  
 Signature *Barry Norman*  
 Field Office Approval Name N/A  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_

Date 2/13/04

Date \_\_\_\_\_

# **ATTACHMENT “D”**

## **FY 2005 CAPITAL FUND PROGRAM**

### **5 YEAR ACTION PLAN**

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>13-1</b>	<b>VALLEY VISTA APARTMENTS</b>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Paint Exterior Walls</b>			<b>\$</b>	<b>PHA FY 2007</b>
<b>Replace Hose Bibs</b>			<b>40,000.00</b>	
<b>Replace Laundry Room Faucets</b>			<b>2,000.00</b>	
			<b>2,000.00</b>	
<b>Total estimated cost over next 5 years</b>			<b>\$</b>	
			<b>44,000.00</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-1</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Upgrade Sprinkler System</b>		<b>\$</b>	<b>PHA FY 2008</b>
<b>Replace Bathroom Exhaust Fans</b>		<b>10,000.00</b>	
<b>Replace Kitchen &amp; Bathroom Faucets</b>		<b>5,000.00</b>	
<b>Replace Bathroom Tub Drain Lines</b>		<b>6,000.00</b>	
<b>Replace Kitchen Garbage Disposals</b>		<b>4,000.00</b>	
		<b>2,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$</b> <b>27,000.00</b>	

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

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<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-1</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Smoke Detectors</b>		<b>\$ 4,000.00</b>	<b>PHA FY 2009</b>
<b>Replace Window Blinds</b>		<b>8,000.00</b>	
<b>Replace Ceiling Fans</b>		<b>8,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$ 20,000.00</b>	

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

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<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-1</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Termite Post Treatment</b>		<b>\$ 16,000.00</b>	<b>PHA FY 2010</b>
<b>Total estimated cost over next 5 years</b>		<b>\$ 16,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
13-2	VALLEY VISTA APARTMENTS			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Paint Exterior Walls & Trim			\$	PHA FY 2007
Replace Damaged Sidewalks			30,000.00	
Replace Kitchen & Bathroom Faucets			3,600.00	
			6,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$</b>	
			<b>39,000.00</b>	

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

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<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-2</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Install Interior Dry Walls &amp; Installation</b>		<b>\$</b>	<b>PHA FY 2008</b>
<b>Paint Interior Walls &amp; Trim</b>		<b>40,000.00</b>	
<b>Replace Electric Outlets &amp; Switches</b>		<b>15,000.00</b>	
<b>Replace Water Heaters</b>		<b>8,000.00</b>	
<b>Replace Water Meters</b>		<b>8,000.00</b>	
<b>Replace Floor Tile</b>		<b>6,000.00</b>	
<b>Replace Kitchen Cabinets</b>		<b>20,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>30,000.00</b>	
		<b>\$127,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
13-2	VALLEY VISTA APARTMENTS			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace Gas Ranges			\$ 8,000.00	PHA FY 2009
<b>Total estimated cost over next 5 years</b>			<b>\$ 8,000.00</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-2</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Termite Post Treatment</b>		<b>\$</b>	<b>PHA FY 2010</b>
<b>Install Ceiling Fans</b>		<b>16,000.00</b>	
<b>Replace Kitchen Cabinets</b>		<b>6,960.00</b>	
		<b>30,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$</b>	
		<b>52,960.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
13-5	VALLEY VISTA APARTMENTS			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace Kitchen & Bathroom Faucets Paint Exterior Walls & Trim			\$ 7,500.00 37,500.00	PHA FY 2007
<b>Total estimated cost over next 5 years</b>			<b>\$ 45,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
13-5	VALLEY VISTA APARTMENTS			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace Bathroom Exhaust Fans			\$ 2,525.00	PHA FY 2008
<b>Total estimated cost over next 5 years</b>			<b>\$ 2,525.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
13-5	VALLEY VISTA APARTMENTS		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace Bathroom Lavatories Replace Water Heaters		\$ 2,500.00 10,000.00	PHA FY 2009
<b>Total estimated cost over next 5 years</b>		<b>\$ 12,500.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-5</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Termite Post Treatment</b>		<b>\$</b>	<b>PHA FY 2010</b>
<b>Replace A/C Units with Heat Pumps</b>		<b>16,000.00</b>	
<b>Replace Roof Shingles</b>		<b>27,865.00</b>	
<b>Replace Interior Door Knobs</b>		<b>42,500.00</b>	
<b>Repair Water Plant Filters</b>		<b>8,000.00</b>	
		<b>10,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$</b>	
		<b>104,365.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>13-6</b>	<b>VALLEY VISTA APARTMENTS</b>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Kitchen &amp; Bathroom Faucets</b>			<b>\$ 5,700.00</b>	<b>PHA FY 2007</b>
<b>Paint Exterior Walls &amp; Trim</b>			<b>38,000.00</b>	
<b>Replace Medicine Cabinets</b>			<b>4,000.00</b>	
<b>Total estimated cost over next 5 years</b>			<b>\$ 47,700.00</b>	

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

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<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-6</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Damaged Sidewalks</b>		<b>\$ 5,000.00</b>	<b>PHA FY 2008</b>
<b>Total estimated cost over next 5 years</b>		<b>\$ 5,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-6</b>	<b>VALLEY VISTA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Window Blinds</b>		<b>\$ 7,600.00</b>	<b>PHA FY 2009</b>
<b>Replace Bathroom Sinks</b>		<b>1,900.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$ 9,500.00</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>13-6</b>	<b>VALLEY VISTA APARTMENTS</b>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Termite Post Treatment Remodel Main Office</b>			<b>\$ 16,000.00</b>	<b>PHA FY 2010</b>
			<b>8,000.00</b>	
<b>Total estimated cost over next 5 years</b>			<b>\$ 24,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-9</b>	<b>MOCTEZUMA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Kitchen Hoods</b>		<b>\$ 4,000.00</b>	<b>PHA FY 2007</b>
<b>Replace Kitchen Cabinets</b>		<b>30,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$ 34,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-9</b>	<b>MOCTEZUMA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Screen Doors</b>		<b>\$</b>	<b>PHA FY 2008</b>
<b>Paint Exterior Walls &amp; Trim</b>		<b>12,000.00</b>	
<b>Replace Bathroom Faucets</b>		<b>60,000.00</b>	
		<b>8,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$</b>	
		<b>80,000.00</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-9</b>	<b>MOCTEZUMA APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Windows</b>		<b>\$</b>	<b>PHA FY 2009</b>
<b>Replace Kitchen &amp; Bathroom Faucets</b>		<b>40,000.00</b>	
<b>Replace Exterior Doors</b>		<b>12,000.00</b>	
<b>Replace Electric Stoves</b>		<b>32,000.00</b>	
		<b>16,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$100,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
<b>13-9</b>	<b>MOCTEZUMA APARTMENTS</b>			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Tree Trimming</b>			<b>\$</b>	<b>PHA FY 2010</b>
<b>New Lawnmower Tractor</b>			<b>12,000.00</b>	
			<b>5,000.00</b>	
<b>Total estimated cost over next 5 years</b>			<b>\$</b>	
			<b>17,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
13-18	PECAN SHADOW APARTMENTS			
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace Refrigerators			\$	PHA FY 2007
Replace Water Heaters			21,000.00	
			14,000.00	
<b>Total estimated cost over next 5 years</b>			<b>\$35,000.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-18</b>	<b>PECAN SHADOW APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Kitchen Hoods</b>		<b>\$ 3,500.00</b>	<b>PHA FY 2008</b>
<b>Total estimated cost over next 5 years</b>		<b>\$ 3,500.00</b>	

### 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-18</b>	<b>PECAN SHADOW APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Replace Window Blinds</b>		<b>\$ 14,000.00</b>	<b>PHA FY 2009</b>
<b>Replace Exterior Door Locks</b>		<b>21,000.00</b>	
<b>Paint Exterior Walls and Trim</b>		<b>52,500.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$ 87,500.00</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
<b>13-18</b>	<b>PECAN SHADOW APARTMENTS</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
<b>Recoat Parking Lots</b>		<b>\$</b>	<b>PHA FY 2010</b>
<b>Install Fire Extinguishers</b>		<b>10,000.00</b>	
<b>Install Ceiling Fans</b>		<b>2,800.00</b>	
<b>Replace Interior Door Knobs</b>		<b>10,000.00</b>	
		<b>8,000.00</b>	
<b>Total estimated cost over next 5 years</b>		<b>\$</b> <b>30,800.00</b>	

# **ATTACHMENT ‘E’**

## **AGENCY PLAN - RESOLUTIONS**

### **AND CERTIFICATIONS**

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the *Standard Annual, Standard 5-Year/Annual, and  
Streamlined 5-Year/Annual PHA Plans***

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the    standard Annual,    standard 5-Year/Annual or    streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning 2005, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites, and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7( c)( 1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Lower Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105( a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Yuma County Housing Department

AZ013

PHA Name

PHA Number/HA Code

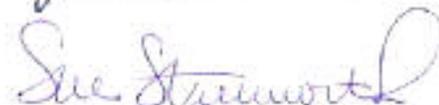
Standard PHA Plan for Fiscal Year: 20\_\_

Standard Five-Year PHA Plan for Fiscal Years 2005- 2009, including Annual Plan for FY 2005

Streamlined Five-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_, including Annual Plan for FY 20\_\_

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Casey Prochaska	Chairman of the Board/Yuma County
Signature	Date
X 	

ATTEST:   
SUE STALLWORTH, CLERK OF THE BOARD

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Yuma County Housing Department

Program/Activity Receiving Federal Grant Funding

PHDEP

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. **Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Casey Prochaska

Title

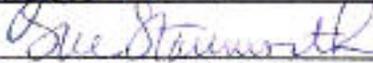
Chairman of the Board/Yuma County

Signature

X 

Date

ATTEST:

  
SUE STALLWORTH, CLERK OF THE BOARD

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

YUMA COUNTY HOUSING DEPARTMENT

Program/Activity Receiving Federal Grant Funding

PHEDP

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Casey Prochaska

Title

Chairman of the Board/Yuma County

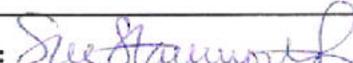
Signature



Date (mm/dd/yyyy)

Previous edition is obsolete

ATTEST:

  
SUE STALLWORTH, CLERK OF THE BOARD

form HUD 50071 (3/98)  
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Registrant</b> <i>(if individual, last name, first name, MI):</i>	<b>b. Individuals Performing Services</b> <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
<b>11.</b> Information reported through this form is authorized by 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the law above when the transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$50,000 and not more than \$100,000 for each such failure.	Signature: <u>Casey Prochaska</u> Print Name: <u>Casey Prochaska</u> Title: <u>Chairman of the Board/Yuma County</u> Telephone No.: _____ Date: _____	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Approved by CMB  
0348-0048

Reporting Entity: Yuma County Housing Department

Page 1 of 3

# **ATTACHMENT “F”**

## **U.S CENSUS DATA**

### **COMPREHENSIVE HOUSING**

### **AFFORDABILITY STRATEGY**

## SOCDS CHAS Data: Housing Problems Output for Black Non-Hispanic Households

Name of Jurisdiction: Yuma County, Arizona		Source of Data: CHAS Data Book			Data Current as of: 2000				
Household by Type, Income, & Housing Problem	Renters				Owners				Total Households
	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1. Household Income ≤50% MFI	10	79	28	117	29	35	12	76	193
2. Household Income ≤30% MFI	10	25	24	59	25	20	4	49	108
% with any housing problems	100.0	60.0	83.3	76.3	100.0	50.0	0.0	71.4	74.1
3. Household Income >30 to ≤50% MFI	0	54	4	58	4	15	8	27	85
% with any housing problems	N/A	92.6	100.0	93.1	0.0	100.0	50.0	70.4	85.9
4. Household Income >50 to ≤80% MFI	20	45	50	115	15	10	0	25	140
% with any housing problems	100.0	55.6	60.0	65.2	100.0	0.0	N/A	60.0	64.3
5. Household Income >80% MFI	0	190	85	275	35	170	25	230	505
% with any housing problems	N/A	21.1	11.8	18.2	0.0	17.6	0.0	13.0	15.8
6. Total Households	30	314	163	507	79	215	37	331	838
% with any housing problems	100.0	41.4	39.3	44.2	50.6	25.6	10.8	29.9	38.5

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Note: When using Internet Explorer, please save file in Excel format.

## SOCDS CHAS Data: Housing Problems Output for Hispanic Households

Name of Jurisdiction: Yuma County, Arizona		Source of Data: CHAS Data Book			Data Current as of: 2000				
Household by Type, Income, & Housing Problem	Renters				Owners				Total Households
	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1. Household Income <=50% MFI	400	2,580	290	3,270	500	2,410	215	3,125	6,395
2. Household Income <=30% MFI	205	1,110	170	1,485	225	875	80	1,180	2,665
% with any housing problems	80.5	82.4	64.7	80.1	71.1	83.4	81.3	80.9	80.5
3. Household Income >30 to <=50% MFI	195	1,470	120	1,785	275	1,535	135	1,945	3,730
% with any housing problems	59.0	83.0	87.5	80.7	45.5	83.7	40.7	75.3	77.9
4. Household Income >50 to <=80% MFI	75	1,295	150	1,520	285	2,540	70	2,895	4,415
% with any housing problems	80.0	64.5	23.3	61.2	43.9	72.6	42.9	69.1	66.4
5. Household Income >80% MFI	90	1,880	250	2,220	590	6,030	295	6,915	9,135
% with any housing problems	27.8	41.0	4.0	36.3	14.4	37.6	25.4	35.1	35.4
6. Total Households	565	5,755	690	7,010	1,375	10,980	580	12,935	19,945
% with any housing problems	64.6	65.0	37.7	62.3	36.0	55.8	38.8	53.0	56.2

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Source:

## SOCDS CHAS Data: Housing Problems Output for Native American Non-Hispanic Households

Name of Jurisdiction: Yuma County, Arizona		Source of Data: CHAS Data Book			Data Current as of: 2000				
Household by Type, Income, & Housing Problem	Renters				Owners				Total Households
	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1. Household Income ≤50% MFI	N/A	N/A	N/A	155	N/A	N/A	N/A	75	230
2. Household Income ≤30% MFI	N/A	N/A	N/A	105	N/A	N/A	N/A	45	150
% with any housing problems	N/A	N/A	N/A	66.7	N/A	N/A	N/A	77.8	70.0
3. Household Income >30 to ≤50% MFI	N/A	N/A	N/A	50	N/A	N/A	N/A	30	80
% with any housing problems	N/A	N/A	N/A	40.0	N/A	N/A	N/A	50.0	43.8
4. Household Income >50 to ≤80% MFI	N/A	N/A	N/A	55	N/A	N/A	N/A	19	74
% with any housing problems	N/A	N/A	N/A	45.5	N/A	N/A	N/A	78.9	54.1
5. Household Income >80% MFI	N/A	N/A	N/A	119	N/A	N/A	N/A	184	303
% with any housing problems	N/A	N/A	N/A	29.4	N/A	N/A	N/A	29.3	29.4
6. Total Households	N/A	N/A	N/A	329	N/A	N/A	N/A	278	607
% with any housing problems	N/A	N/A	N/A	45.6	N/A	N/A	N/A	42.8	44.3

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Source:

## SOCDS CHAS Data: Housing Problems Output for Mobility & Self Care Limitation

Name of Jurisdiction: Yuma County, Arizona		Source of Data: CHAS Data Book			Data Current as of: 2000				
Household by Type, Income, & Housing Problem	Renters				Owners				Total Households
	Extra Elderly 1 & 2 Member Households	Elderly 1 & 2 Member Households	All Other Households	Total Renters	Extra Elderly 1 & 2 Member Households	Elderly 1 & 2 Member Households	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1. Household Income ≤50% MFI	260	195	735	1,190	490	474	814	1,778	2,968
2. Household Income ≤30% MFI	110	95	405	610	160	175	300	635	1,245
% with any housing problems	81.8	89.5	79.0	81.1	78.1	60.0	78.3	73.2	77.1
3. Household Income >30 to ≤50% MFI	150	100	330	580	330	299	514	1,143	1,723
% with any housing problems	43.3	55.0	83.3	68.1	59.1	43.5	68.1	59.1	62.1
4. Household Income >50 to ≤80% MFI	155	65	420	640	675	405	615	1,695	2,335
% with any housing problems	58.1	69.2	66.7	64.8	18.5	29.6	56.9	35.1	43.3
5. Household Income >80% MFI	150	100	640	890	1,409	1,775	2,440	5,624	6,514
% with any housing problems	53.3	0.0	34.4	33.7	5.3	13.0	27.5	17.3	19.6
6. Total Households	565	360	1,795	2,720	2,574	2,654	3,869	9,097	11,817
% with any housing problems	57.5	51.4	61.0	59.0	20.2	22.0	41.5	29.8	36.5

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### Definitions for Mobility & Self-Care Table:

**Extra Elderly:** 1 or 2 Member households, either person 75 years or older

**Elderly:** 1 or 2 Member Households, either person 62 to 74 years

**Mobility or Self Care Limitations:** This includes all households where one or more persons has 1) a long-lasting condition that substantially limits one or more basic physical activity, such as walking, climbing stairs, reaching, lifting, or carrying and/or 2) a physical, mental, or emotional condition lasting more than 6 months that creates difficulty with dressing, bathing, or getting around inside the home.

Source: [CHAS Data Book](#)

## SOCDS CHAS Data: Housing Problems Output for Pacific Islander Non-Hispanic Households

Name of Jurisdiction: Yuma County, Arizona		Source of Data: CHAS Data Book			Data Current as of: 2000				
Household by Type, Income, & Housing Problem	Renters				Owners				Total Households
	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	
1. Household Income <=50% MFI	N/A	N/A	N/A	4	N/A	N/A	N/A	0	4
2. Household Income <=30% MFI	N/A	N/A	N/A	4	N/A	N/A	N/A	0	4
% with any housing problems	N/A	N/A	N/A	0.0	N/A	N/A	N/A	N/A	0.0
3. Household Income >30 to <=50% MFI	N/A	N/A	N/A	0	N/A	N/A	N/A	0	0
% with any housing problems	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
4. Household Income >50 to < 80% MFI	N/A	N/A	N/A	0	N/A	N/A	N/A	0	0
% with any housing problems	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
5. Household Income >80% MFI	N/A	N/A	N/A	0	N/A	N/A	N/A	34	34
% with any housing problems	N/A	N/A	N/A	N/A	N/A	N/A	N/A	11.8	11.8
6. Total Households	N/A	N/A	N/A	4	N/A	N/A	N/A	34	38
% with any housing problems	N/A	N/A	N/A	0.0	N/A	N/A	N/A	11.8	10.5

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Source:

### SOCDS CHAS Data: Housing Problems Output for Asian Non-Hispanic Households

Name of Jurisdiction: Yuma County, Arizona		Source of Data: CHAS Data Book		Data Current as of: 2000					
Household by Type, Income, & Housing Problem	Renters				Owners				
	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Renters	Elderly 1 & 2 Member Households	Family Households	All Other Households	Total Owners	Total Households
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
1. Household Income <=50% MFI	N/A	N/A	N/A	69	N/A	N/A	N/A	19	88
2. Household Income <=30% MFI	N/A	N/A	N/A	40	N/A	N/A	N/A	4	44
% with any housing problems	N/A	N/A	N/A	75.0	N/A	N/A	N/A	100.0	77.3
3. Household Income >30 to <=50% MFI	N/A	N/A	N/A	29	N/A	N/A	N/A	15	44
% with any housing problems	N/A	N/A	N/A	86.2	N/A	N/A	N/A	100.0	90.9
4. Household Income >50 to <=80% MFI	N/A	N/A	N/A	45	N/A	N/A	N/A	20	65
% with any housing problems	N/A	N/A	N/A	44.4	N/A	N/A	N/A	0.0	30.8
5. Household Income >80% MFI	N/A	N/A	N/A	89	N/A	N/A	N/A	170	259
% with any housing problems	N/A	N/A	N/A	33.7	N/A	N/A	N/A	29.4	30.9
6. Total Households	N/A	N/A	N/A	203	N/A	N/A	N/A	209	412
% with any housing problems	N/A	N/A	N/A	51.7	N/A	N/A	N/A	33.0	42.2

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# **ATTACHMENT “G”**

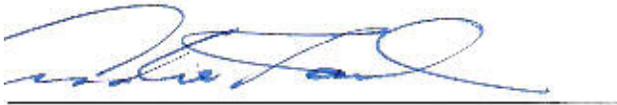
## **PHA CERTIFICATION OF**

### **COMPLIANCE WITH THE STATE OF**

#### **ARIZONA’S CONSOLIDATED PLAN**

**Certification by State or Local Official of PHA Plans Consistency with  
the Consolidated Plan**

I, Andrew Rael the Programs Administrator certify  
that the Five Year and Annual PHA Plan of the Yuma County Housing Department is  
consistent with the Consolidated Plan of State of Arizona prepared  
pursuant to 24 CFR Part 91.



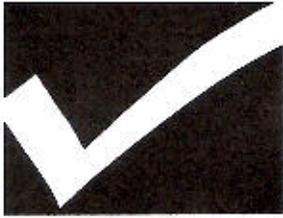
Signed / Dated by Appropriate State or Local Official

# **ATTACHMENT “I”**

## **COMMENTS OF RESIDENT**

### **ADVISORY BOARD**





# YUMA COUNTY HOUSING DEPARTMENT CENTRAL ADVISORY RESIDENT COUNCIL

February 18, 2005  
Valley Vista Conference Room

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**Meeting Title**     Resident Council Board Meeting     **Time:**     10:00 a.m.

## PERSONS ATTENDING

1.     Guillermo Becerra, President GB
2.     Maria Cenicerros, Vice President Maria Cenicerros
3.     Monica Corral, Treasurer Monica Corral
4.     Luz Bustos, Secretary Luz Bustos
5.     Teresa Sanchez, Housing Program Specialist Teresa Sanchez

## ITEMS TO BE DISCUSSED

1.     Review and approve the YCHD amended Section 8 Administrative Plan.
2.     Review and approve the YCHD amended Low Rent Public Housing Program Admissions and Continued Occupancy Policy (ACOP)
3.     Review and approve the Public Housing Agency Annual Plan for Fiscal Year 2005, and 5-Year Plan for 2005-2009.

## NOTES

1. Reviewed & Approved
2. Reviewed & Approved
3. Reviewed & Approved with recommendations.

Meeting Adjourned: 11:45 a.m.

**MINUTES**  
**RESIDENT ADVISORY BOARD MEETING**  
**FEBRUARY 18, 2005**

MEMBERS PRESENT:     Guillermo Becerra, President  
                              Maria Cenicerros, Vice-President  
                              Monica Corral, Treasurer  
                              Luz Bustos, Secretary  
                              Teresa Sanchez, Housing Program Specialist

1.     Call to order by Teresa Sanchez at 10:00 a.m.

**TOPICS DISCUSSED:**

1.     Review and Approve the YCHD amended Section 8 Administrative Plan
2.     Review and Approve the YCHD amended Low Rent Public Housing Program Admissions and Continued Occupancy Policy (ACOP)
3.     Review and Approve the Public Housing Agency Annual Plan for Fiscal Year 2005 and 5 Year Plan for 2005-2009.

**DISCUSSION:**

1.     **Review and Approve the YCHD amended Section 8 Administrative Plan:**  
Teresa introduced the amended Section 8 Administrative Plan to the Resident Council Members. Resident Council Members approved the plan with no recommendations.
2.     **Review and Approve the YCHD amended Low Rent Public Housing Program Admissions and Continued Occupancy Policy (ACOP):** Teresa introduced the ACOP Plan to the Resident Council Members. Resident Council Members approved the plan with no recommendations.
3.     **Review and Approve the Public Housing Agency Annual Plan for Fiscal Year 2005 and 5 Year Plan for 2005-2009:** Teresa presented the Annual and 5 Year Plan to the Resident Council Members. The Member Approve the Annual and 5 Year Plan with the following recommendations:

**Recommendations**

Project 13-2:

- FY 2005 install ceiling fans, instead of FY 2008
- FY 2009 Repair Parking Lots, instead of FY 2005

Project 13-5:

-FY 2008 Replace A/C units with heat pump, instead of FY 20010

Project 13-18:

-FY 2006 Replace Refrigerators, instead of FY 2007

-FY 2007 Install Ceiling Fans instead of FY 20010

-FY 2008 Remodel Office and Community Building, instead of FY 2005

No further comments.

Meeting Adjourned: 11:45 a.m.