

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:** The West Palm Beach Housing Authority

**PHA Number:** FL009

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

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

**A. Mission**

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

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

The West Palm Beach Housing Authority's mission is: To provide safe, decent and affordable housing to persons and families with limited financial resources and to provide residents with access to programs which will assist them in making the transition to greater financial security.

**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.

**PHA Goal: To manage the West Palm Beach Housing Authority's existing housing stock in an efficient and effective manner and seek to expand the stock of affordable housing in West Palm Beach.**

- The West Palm Beach Housing Authority shall continue to improve its vacancy rate to at least 2%
- The West Palm Beach Housing Authority shall continue to decrease the number of days for unit turnaround to less than 10 days.
- The West Palm Beach Housing Authority will improve and re-emphasize policies and procedures for resident orientation.
- The West Palm Beach Housing Authority shall strive to eliminate pest infestations in all developments.
- The West Palm Beach Housing Authority shall maintain Section 8 lease up at 100%.
- The West Palm Beach Housing Authority shall increase its score by at least four points to reach high performer status.

- The West Palm Beach Housing Authority shall increase the percentage of rents collected to 99% or more.
  - The West Palm Beach Housing Authority shall strive to implement its asset management plan no later than December 31, 2006
  - The West Palm Beach Housing Authority will contemplate purchases of expiring use buildings as well as other viable real estate options.
  - Acquire existing properties and land for subsequent development
  - Revitalize the Dunbar Village and Pleasant City Developments by Hope VI Revitalization and/or Demolition grants or by any other means possible.
  - The West Palm Beach Housing Authority will pursue opportunities to partner with the City of West Palm Beach, BRIC (Broadway Reinvestment Corporation), Housing Partnership, NBDC (Northwood Business Development Corporation), LISC (Local Initiative Support Corporation) and other viable housing development entities.
  - Develop income streams from rent for recently vacant offices of the West Palm Beach Housing Authority
  - Pursue the development of a continuum of care from independent living to assisted living that may include multi-generational housing
  - Establish a local Financial Institution at 1612 Tamarind Avenue.
- PHA Goal: To improve community quality of life and economic viability.  
Objectives:
- The West Palm Beach Housing Authority shall achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System, specifically in the areas of Safety, Communication and Neighborhood appearance.
  - The West Palm Beach Housing Authority shall continue to remove all graffiti within 24 hours of discovering it.
  - The West Palm Beach Housing Authority shall achieve proper curb appeal for all of its public housing development through landscaping, lawn maintenance, trash pick-up and other means.
  - The West Palm Beach Housing Authority shall create an appealing, up-to-date environment in its developments.
  - The West Palm Beach Housing Authority shall continue to use its Deconcentration policies in an effort to mix its public housing development populations as much as possible with respect to ethnicity, race and income.
  - The West Palm Beach Housing Authority will pursue plans to implement mixed finance/mixed income housing developments using public/private collaborations.
  - To emphasize quality of life issues for WPBHA elderly residents by improving social services and health care on-site.
  - Create a Health Center or Gymnasium for Residents

- Partner with the City for Vickers House South to secure provision of services in the Southern area
  - Create Economic Initiatives, Department of Financial Services to include a Bank and an IDA (Individual Development Account)
  - Establish revenue streams by offering contracted services to a public and private sector customer base.
- PHA Goal: To provide a safe and secure environment in the West Palm Beach Housing Authority's public housing developments.
- Objectives:
- The West Palm Beach Housing Authority shall maintain the position of Public Safety Office through and beyond December 31, 2004.
  - The West Palm Beach Housing Authority shall continue to evaluate all developments using Crime Prevention through Environmental Design criteria and implement the recommendations.
  - The West Palm Beach Housing Authority continues to reduce crime in its developments.
  - The West Palm Beach Housing Authority shall develop more youth activities by partnering with existing social service agencies.
  - The West Palm Beach Housing Authority shall continue to eliminate trash dumps that create a place for perpetrators to hide.
  - The West Palm Beach Housing Authority shall refine the memorandum of understanding between the jurisdiction's police force and this agency in order to develop strategies for identifying and reducing crime and in order to reduce police response time.
  - The West Palm Beach Housing Authority shall reduce its evictions due to violations of criminal laws by 50% by December 31, 2009, by implementing aggressive screening procedures.
- PHA Goal: To promote self-sufficiency and asset development of families and individuals.
- Objectives:
- The West Palm Beach Housing Authority shall, continue working with its partners, to ensure that 100% of its TANF residents are working or engaged in job training
  - Partner with local service providers for Section 8 Homeownership Opportunity
- PHA Goal: Reduce dependency on federal funding.
- Objectives:
- The West Palm Beach Housing Authority shall operate so that income exceeds expenses every year.

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

[24 CFR Part 903.12]

**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)**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan (optional)**

[24 CFR Part 903.12 (b), 24 CFR 903.7(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.

**Executive Summary of the Annual PHA Plan**

The West Palm Beach Housing Authority recognizes that the 21<sup>st</sup> Century presents unprecedented challenges to the affordable housing industry. Our mission is no less than to rise to those challenges and succeed. We have crafted our annual plan as an attempt to meet the housing crisis in our area, and will work diligently to preserve and increase the supply of safe, decent dwellings.

The MerryPlace neighborhood project continues as a top priority. We have partnership agreements with Lennar Homes and Banc of America CDC to develop ownership opportunities and Housing Tax Credit rentals. Although the WPBHA initially planned a mixed finance project including twenty units of public housing, negotiations with the City of West Palm Beach caused a reconfiguration of both finance and housing types. It is anticipated that our approved Replacement Housing Factor Plan will be amended to reflect the fact that no HUD funding or ACC supported units will be incorporated onto this site. The WPBHA now plans to include sixty-eight units of additional public housing on the Dunbar Village site. This seventeen acre parcel is underdeveloped by approximately 250 units. Additional units above those anticipated under ACC, will be a combination of ownership and market rental.

The WPBHA intends to pursue opportunities to purchase existing housing, including the acquisition of developable land. New avenues for additional income streams will be explored, including the provision of financial services for low income families, including establishment of a banking facility at Dunbar Village, partnerships with community based economic enterprises and entrepreneurial opportunities. In response

to the needs of seniors, the WPBHA will develop plans for a continuum of care facility at Southridge. We intend to provide a range of services from independent living to assisted housing. Additionally, we will explore the possibility of partnering with an agency to create intergenerational housing, reaching out to young adults who are leaving the foster care system and have no access to decent, affordable housing. Concurrently, we will strive to meet all of our objectives for traditional PHA management: 100% lease up rates for the Housing Choice Voucher and public housing programs; TAR's at less than 2%; no infestations; maximum curb appeal of our units and a safe, drug free environment for all children in our programs. We will place special emphasis on programs for female head of households in the 18 to 24 year range, and attempt to address their special needs for economic and social progress. We will continue to fine tune the Excellence in Education Program, expand our FSS program, and maximize our ability to obtain grants and public financing.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.12(b)]

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 **F1009h01**
- FY 2005 Capital Fund Program Annual Statement **F1009a01, F1009c01, F1009d01, F1009e01, F1009f01, F1009g01**
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

**Optional Attachments:**

- PHA Management Organizational Chart **F1009i01**
- FY 2005 Capital Fund Program 5-Year Action Plan: **F1009b01**
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- 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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs of families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Deconcentration Income Analysis	Annual Plan:

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
		Eligibility, Selection, and Admissions
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers in Public Housing <input type="checkbox"/> check here if included in the public housing A&O Policy	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
X	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
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	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 903.12 (b), 903.7(a)]

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

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

<b>Housing Needs of Families in the Jurisdiction – Palm Beach County by Family Type</b>							
<b>Family Type</b>	<b>Overall</b>	<b>Afford-ability</b>	<b>Supply</b>	<b>Quality</b>	<b>Access-ibility</b>	<b>Size</b>	<b>Loca-tion</b>
Income <= 30% of AMI	50,485	5	5	3	5	3	5
Income >30% but <=50% of AMI	52,200	5	5	3	5	3	5
Income >50% but <80% of AMI	86,415	4	4	3	4	3	5
Elderly	85,895	3	1	3	4	3	5
Families with Disabilities	79,835	3	3	3	5	4	5
Race/Ethnicity – White	83,907	1	1	1	2	1	3
Race/Ethnicity - Black	25,095	3	3	2	2	3	5
Race/Ethnicity – Hispanic –	17,702	3	3	2	2	3	5

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. 2000 Census data: American Fact Finder
- American Housing Survey data  
Indicate year:
- Other housing market study – Florida Housing Data ClearingHouse (FHDC)  
Indicate year: 2000
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<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/sub jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	5123		282
Extremely low income <=30% AMI	3785	74	
Very low income (>30% but <=50% AMI)	1323	25	
Low income (>50% but <80% AMI)	15	.29	

<b>Housing Needs of Families on the Waiting List</b>			
Families with children	3990	78	
Elderly families	538	10	
Families with Disabilities	727	14	
Race – White	1178	23	
Race- Black	3688	72	
Race – Indian	16	.31	
Race – Asian	10	.20	
Ethnicity – Hispanic	512	10	
Ethnicity – Non Hispanic	4610	90	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	803	16	
2 BR	2062	40	
3 BR	1720	33	
4 BR	538	10	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 28			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub jurisdiction:			
	# of families	% of total families	Annual Turnover

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list total	883		289
Extremely low income <=30% AMI	851	96	
Very low income (>30% but <=50% AMI)	29	3	
Low income (>50% but <80% AMI)	3	.34	
Families with children	403	46	
Elderly families	70	8	
Families with Disabilities	47	5	
Race/White	304	34	
Race/Black	574	65	
Race/Indian	1	.11	
Race/Asian	1	.11	
Ethnicity-Hispanic	230	26	
Ethnicity-Non-Hispanic	653	74	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	448	50	
2 BR	307	34	
3 BR	110	12	
4 BR	18	2.0	
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 12			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

### C. Strategy for Addressing Needs

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

**(1) Strategies**

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

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24 CFR Part 903.12 (b), 903.7 (c)]

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	2,272,754	
b) Public Housing Capital Fund	1,170,433	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	13,907,926	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	250,000	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
Family Self-Sufficiency	34,174	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	1,020,000	
<b>4. Other income (list below)</b>		
(a) Late Charges	21,120	
(b) Laundry Commission	1,100	
(c) Non-dwelling Commission	72,000	
(d) Excess Utilities	16,500	
(e) Interest Income	1,100	
<b>5. Non-federal sources (list below)</b>		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
<b>Total resources</b>		
	<b>18,767,107</b>	

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

[24 CFR Part 903.7 9 (c)]

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

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

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

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

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

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

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

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

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

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

##### **(2) Waiting List Organization**

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

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

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

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

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

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

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

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

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

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

### **(3) Assignment**

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

- One
- Two
- Three or More

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

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

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

- Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- Residents who live and/or work in the jurisdiction

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

Graduates of educational training programs designed to prepare the individual for the job market

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

#### 1 Date and Time

Former Federal preferences:

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

- 2 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)

**(6) Deconcentration and Income Mixing**

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

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

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

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

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

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

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

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

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

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

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

## **B. Section 8**

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

### **(1) Eligibility**

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

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

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

- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
- Other (describe below)
- Current and prior address if known by the WPBHA
- Name and address (if know by the WPBHA) of the landlord at the family's current and prior address

**(2) Waiting List Organization**

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

**(3) Search Time**

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

If yes, state circumstances below:

- (1) Hard to house families
- (2) Units that have failed HQS inspections causing resident to look for another unit
- (3) Medical
- (4) Failure to find available unit within the payment standard

**(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)

Graduates of educational training programs designed to prepare the individual for the job market

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

1 Date and Time

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 2 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)

Graduates of educational training programs designed to prepare the individual for the job market

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)
  - Advertisement in local newspaper
  - Advise local faith-based organizations
  - Signs in Lobby

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

[24 CFR Part 903.7(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:

If a family requests a hardship exemption, the West Palm Beach Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A. A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program;
2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
3. When the income of the family has decreased because of changed circumstances, including loss of employment;
4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
5. When a death has occurred in the family.

B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.

C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with the Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.

D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.

E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure.

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

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

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

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

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

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

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

For specified general occupancy developments

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

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

Other (list below)

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

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

***Families are only required to report increases in income at their annual re-examination. However, they must report immediately any additions to the family through birth or court awarded custody, or if members of the family are leaving or have left.***

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)

If a family requests a hardship exemption, the West Palm Beach Housing Authority will immediately suspend the minimum rent for the family until the Housing Authority can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A. A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is waiting an eligibility determination for a Federal, State, or local assistance program;
2. When the family would be evicted as a result of the imposition of the minimum rent requirement;
3. When the income of the family has decreased because of changed circumstances, including loss of employment;
4. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;
5. When a death has occurred in the family.

B. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent for the time of suspension.

C. Temporary hardship. If the Housing Authority reasonably determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will be not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a repayment agreement in accordance with the Section 19 of this policy for any rent not paid during the period of suspension. During the suspension period the Housing Authority will not evict the family for nonpayment of the amount of tenant rent owed for the suspension period.

D. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.

- E. Appeals. The family may use the grievance procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the grievance procedure

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

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

### **B. HUD Programs Under PHA Management**

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	712	80
Section 8 Vouchers	1916	18
Section 8 Certificates	0	
Section 8 Mod Rehab	69	6
Special Purpose Section 8 Certificates/Vouchers (list individually)	100 Disabled Vouchers	
Public Housing Drug Elimination Program (PHDEP)		
Other Federal - Programs(list	90	5

individually) ROSS		

### **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)

- Admissions and Continued Occupancy Policy (ACOP)
- Maintenance & Preventative Maintenance – manual
- Infestation Control
- Risk Control - manual
- Policies and Procedures – manual
- Human Resource – manual
- Internal Control Policies & Procedures

(2) Section 8 Management: (list below)

- Section 8 Administrative Plan
- Policies & Procedures - manual
- Human Resource – manual
- Internal Control Policies & Procedures

### **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

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

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment : **FL009a01, F1009c01, F1009d01, F1009e01, F1009f01, F1009g01**

-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 : **F1009b01**

-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)

If yes, list developments or activities below:

### **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:

**Dunbar Village**  
**Pleasant City**  
**Southridge**

- 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:

**Pleasant City**  
**Dunbar Village**  
**Southridge**

- 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:

**Mixed finance for a mixed income development in Dunbar Village and also plans to pursue options for acquisition.**

## **8. Demolition and Disposition**

[24 CFR Part 903.7 (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: Pleasant City, Dunbar Village, Southridge 1b. Development (project) number: F1009004, F1009001, F1009002
2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(10/01/05)</u>
5. Number of units affected: 6. Coverage of action (select one) <input checked="" 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:	9-2
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 checked="" type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA’s Designation Plan	<input checked="" type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	(11/14/1972)
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:	148
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input checked="" type="checkbox"/> Total development	

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

[24 CFR Part 903.7 9 (j)]

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

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

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

completing streamlined submissions may skip to component 11.)

2. Activity Description

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

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

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

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

(DD/MM/YYYY)

5. Number of units affected:  
6. Coverage of action: (select one)  
 Part of the development  
 Total development

## B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (I)]

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

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

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 08/15/01

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) **NON-FINANCIAL AGREEMENT** with Workforce Development Board and WAGES Program.

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

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
ROSS	80	TANF eligible	PHA Main Office	Public Housing
Career Development Center	40	Resident applicants	Dunbar Village Campus	Public Housing
Senior Services	250	Elderly Residents	On Site	Public Housing
Elderly Feeding Site	150	Elderly Residents	Southridge	Public Housing

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 01/01/05)
Public Housing	0	33
Section 8	25	37

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

**C. Welfare Benefit Reductions**

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

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

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

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

[24 CFR Part 903.7 9 (m)]

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

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

1. Describe the need for measures to ensure the safety of public housing residents

(select all that apply)

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

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

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports

- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

Active Program participation by WPBHA Public Safety Coordinator

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

Dunbar Village  
Twin Lakes  
Pleasant City  
Robinson Village

**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)

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

Dunbar Village  
Robinson Village  
Twin Lakes  
Pleasant City

**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)

- Dunbar Village
- Twin Lakes
- Pleasant City
- Robinson Village

**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)]

**PET POLICY**

**Exclusions**

Except for assistive animals, which are excluded, residents must have the prior approval of the Authority before moving a pet into their unit.

**Approval**

Residents must have the prior approval of the Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership form that must be fully completed before the Authority will approve the request.

**Types and Number of Pets**

The Authority will allow only domesticated dogs, cats, birds and fish in aquariums or animals that are housed in a container in units. All dogs and cats must be neutered.

Only one (1) pet per unit will be allowed.

Any animal deemed to be harmful to the health or safety of others will not be allowed. Attack of fight trained dogs and poisonous creatures will not be allowed.

*No animal may exceed a weight of thirty (30) pounds.*

### **Inoculations**

*In order to be registered, pets must be appropriately inoculated against rabies and other conditions prescribed by local ordinances.*

### **Pet Deposit**

A pet deposit of \$75 is required at the time of registering a pet. The deposit is refundable when the pet or the family vacate the unit, less any amount owe due to damage beyond normal wear and tear. In addition, a non-refundable fee of \$100 is required.

### **Financial Obligation of Residents**

*Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner, and the Authority reserves the right to exterminate and charge the resident.*

### **Nuisance or Threat to Health or Safety**

*The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.*

Repeated substantiated complaints by neighbors or the Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste or other nuisance will result in the owner having to remove the pet or move him/herself.

### **Designation of Pet Areas**

Pets must be kept in the owner's apartment or on a leash at all times when outside (no outdoor cages may be constructed). Pets will be allowed only in designated areas on the grounds of the projects. Pet owners must clean up after their pets and are responsible for disposing of pet waste.

## Visiting

No visiting pets are allowed.

## Removal of Pets

The Authority, or an appropriate community authority, will require the removal of any pet from a development if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the development or of other persons in the community where the development is located.

## **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 903.13]

### **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:

Residents requests were centered around physical improvement. Dunbar Residents wanted new roofs, landscaping, new windows and Doors. They also wanted to have a fitness center, and a playground for the children. Southridge residents wanted new windows, roofs, accessible bathtubs, central A/C, closet doors, sidewalk replacement and bollards installed on Lake Avenue. They also wanted to see improved landscape maintenance. Twin Lakes requested interior painting, baseboard replacement, a fence around their playground, and improved landscape maintenance. Pleasant City residents would like to have more defensible spacing, new roofs, interior painting, replacement of heaters, and improved landscaping. Robinson Village wanted an improved playground and enclosed dumpsters,

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:

The Capital Fund Five Year Plan was amended to include most of the items requested above. A playground for Dunbar Village, new window, roofs, accessible bathtubs, central A/C, defensible spacing, renovation of the interior of the

units, and improvements for increased energy efficiency. Relevant staff was contacted to address and resolve the issues tenants had regarding landscape maintenance.

Other: (list below)

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

1.  Yes  No: Does the PHA meet the exemption criteria provided in 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**

[24 CFR Part 903.15]

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

1. Consolidated Plan jurisdiction: City of West Palm Beach

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.

Other: (list below)

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

**The City has aggressively planned to improve and rebuild the housing stock in predominately low-income neighborhoods, as well as other neighborhoods where deterioration has occurred. A major effort will be made to assist persons to purchase rental units in order to stabilize the neighborhoods and assist renters to become home owners in the City. The City's Economic and Community Development Department will work with the West Palm Beach Housing Authority, to offer public housing residents the opportunity and encouragement to become homeowners through First Time Home Buyer Assistance Program. In addition the city has established a process by which the City considers, before adoption, those policies procedures, ordinances, regulations or plan provisions that have significant impact on the cost of housing. The City has also approved incentives to expedite processing of building permits for affordable housing units.**

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

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

#### **Criteria for Substantial Deviations and Significant Amendments**

The West Palm Beach Housing Authority will consider the following changes to its Annual and 5-year plan to be "significant".

~~Any~~ Any Change required by amendment in federal statutes, regulations or HUD notices that in the opinion of the West Palm Beach Housing Authority (WPBHA), has either substantial programmatic or financial or administrative burdens beyond the programs under administration at the start of the Plan Year.

~~Any~~ Any change that the WPBHA Board determines to be significant.

~~Any~~ Any plans for demolition of any housing owned or managed by the WPBHA/

## **PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan**

### **STATEMENT OF PROGRESS**

The MerryPlace development site unanimously passed the first reading of ordinance with the West Palm Beach City Commission. We have signed Memorandums of Understanding with Lennar Homes and Banc of America CDC, our development partners. Lennar Homes will build all of the 112 for sale homes (a combination of single family, townhouse and condominiums); Banc of America CDC is the fee developer preparing our 9% tax credit application to Florida Housing Finance Authority. A 128 unit rental complex will be built around a town green, complete with community center and cultural plaza, memorializing the rich heritage of this historic neighborhood.

The Housing Authority's 2004 HOPE VI revitalization application for Dunbar Village was not funded. The Housing Authority Board of Commissioners has agreed by consent not to pursue this funding again; the WPBHA has been unsuccessful in all four of its HOPE VI applications. As with MerryPlace, we will revitalize Dunbar Village with alternate sources of funds and creative partnerships.

The Housing Authority has attempted to pursue its strategy of direct purchase of existing properties in West Palm Beach. However, property values and lack of suitable inventory have made this increasingly difficult. We are now looking at purchasing units suitable for conversion to condominiums. A first time homebuyer program will identify qualified residents currently living in public housing as the target population.

Plans to develop affordable Assisted Living are proceeding. Two viable organizations responded to our RFQ for development partners. Secure funding streams for this program are difficult to identify, but our commitment to provide this necessary service for low income seniors continues unabated.

As were many other Housing Authorities in Florida, the WPBHA was slammed by two hurricanes (Frances and Jeanne) this year. Our residents and staff were severely stressed, but rose to the challenge. We are working with HUD and FEMA to repair the physical damages. No one was seriously hurt, and we marveled at the durability of buildings built in 1940. The worst damages came from water intrusion through windows and doors. Dade County pine trusses held roofs in place, despite loss of shingles.

Two months after the hurricanes, we are again at full occupancy, with all services in place.

## **Attachments**

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



## Annual Statement/Performance and Evaluation Report

### Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name: West Palm Beach Housing Authority	Grant Type and Number Capital Fund Program Grant No: FL14P00950105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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XX Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no:    )  
  Performance and Evaluation Report for Period Ending:      
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	175,000			
3	1408 Management Improvements	25,000			
4	1410 Administration	50,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	25,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	40,000			
10	1460 Dwelling Structures	436,433			
11	1465.1 Dwelling Equipment—Nonexpendable	18,000			
12	1470 Nondwelling Structures	50,000			
13	1475 Nondwelling Equipment	20,000			
14	1485 Demolition	0			
15	1490 Replacement Reserve	0			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	1,000			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	250,000			
20	1502 Contingency	80,000			
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,170,433			
22	Amount of line 21 Related to LBP Activities	0			
23	Amount of line 21 Related to Section 504 compliance	50,000			
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	50,000			
26	Amount of line 21 Related to Energy Conservation Measures	50,000			

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

PHA Name: West Palm Beach Housing Authority		Grant Type and Number Capital Fund Program Grant No: FL14P00950105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA wide	Operations	1406		175,000				
PHA wide	Software and Computer Upgrade	1408		25,000				
PHA wide	Summer Camp Scholarships	1410		15,000				
PHA wide	Resident Services Coordinator	1410		35,000				
PHA wide	Professional Services	1430		20,000				
PHA wide	Sundry	1430		5,000				
9 -1	Install Landscape Trees	1450		20,000				
9-2	Remove hazardous trees	1450		20,000				
9-1	Bathroom Renovations	1460	100	350,000				
9-2	Replace Gas Pipes	1460	150	60,000				
9-3	Unit Repair	1460	10	46,433				
9-1	Community Center	1470		25,000				
9-2	Community Center	1470		25,000				
PHA wide	Appliance replacement	1465		18,000				
PHA Wide	Construction Equipment	1475		20,000				
PHA wide	Moving Expenses	1495		1,000				
PHA wide	Credit Enhancement	1501		250,000				
PHA wide	Contingency	1502		80,000				

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

PHA Name: West Palm Beach Housing Authority		Grant Type and Number Capital Fund Program No: FL14P00950105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
1406	3/31/07			3/31/09			
1408	3/31/07			3/31/09			
1410	3/31/07			3/31/09			
1430	3/31/07			3/31/09			
1440	3/31/07			3/31/09			
1450	3/31/07			3/31/09			
1460	3/31/07			3/31/09			
1465	3/31/07			3/31/09			
1470	3/31/07			3/31/09			
1485	3/31/07			3/31/09			
1495	3/31/07			3/31/09			
1501	3/31/07			3/31/09			
1502	3/31/07			3/31/09			

## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
	Annual Statement				
FL 9-1 Dunbar		Bathroom Renovations \$ 200,000	Rehabilitate Units \$150,00	Rehabilitate units \$100,000	Resident Servies upgrade \$450,000
<i>FL 9-2 Southidge</i>		Renovate Bathrooms \$150,000	Replace Electric Heaters \$100,000	Repiant interiors \$150,000	
FL 9-3 Twin lakes			Irrigation and Landscape \$50,000		
FL 9-4 Pleasant City		Site Upgrades \$50,000	Site upgrade \$50,000 Renovate units \$100,000	Site Upgrages \$50,000	
FL 9-5 Robinson		Site Improvements 50,000		Window Replacements \$150,000	
PHA wide		\$550,00	\$550,000	550,000	550,000
CFP Funds Listed for 5-year planning		\$ 1,200,000	\$ 1,200,000	\$ 1,200,000	\$ 1,200,000
Replacement Housing Factor Funds		\$70,000	\$ 70,000	\$ 70,000	\$ 70,000









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

PHA Name: <b>West Palm Beach Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>FL14 P009501-02</b>	Federal FY of Grant: <b>2002</b>
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Original Annual Statement    
 Reserve for Disasters/Emergencies    
 Revised Annual Statement (revision no. **3** )  
 Performance and Evaluation Report for Program Year Ending **9/30/2004**    
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	75,000.00	75,000.00	75,000.00	75,000.00
	1408 Management Improvements	70,000.00	70,000.00	70,000.00	11,972.00
4	1410 Administration	55,000.00	35,000.00	35,000.00	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	30,000.00	30,000.00	15,221.00	1,509.23
8	1440 Site Acquisition	181,321.00	-	-	-
9	1450 Site Improvement	100,000.00	108,960.08	108,410.08	108,410.08
10	1460 Dwelling Structures	568,387.00	638,699.99	673,257.89	583,257.89
11	1465.1 Dwelling Equipment - Nonexpendable	25,000.00	25,264.00	#REF!	25,264.00
12	1470 Nondwelling Structures	175,000.00	196,783.93	189,788.34	181,398.54
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	45,000.00	55,000.00	55,000.00	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	2,000.00	2,000.00	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	90,000.00	90,000.00	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 1,326,708.00	\$ 1,326,708.00	#REF!	\$ 986,811.74
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-	-



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

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>West Palm Beach Housing Authority</b>		Capital Fund Program Grant No: <b>FL14 P009501-02</b> Replacement Housing Factor Grant I <b>0</b>				<b>2002</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL 9-1	Emergency Repairs	1460.00	15	80,000.00	80,000.00	80,000.00		bidding
FL 9-2	Unit Repair and Upgrade	1460.00	70	200,000.00	200,000.00	10,000.00		planning stage
FL 9-1	Gas plpe Replacement	1460.00			55,000.00	55,000.00	55,000.00	
FL 9-3	HVAC Install	1460.00	116	133,387.00	519,666.31	519,666.31	519,666.31	under contract
FL 9-3	Fire Repair	1460.00	2		8,591.58	8,591.58	8,591.90	emergency re
FL9-4	Unit Renovations	1460.00	10	75,000.00	41,620.00			
FL 9-5	Complete Renovation 619 6th St.	1460.00	20	80,000.00	80,000.00			bidding
PHA Wide	Appliance Replacement	1465.10	40	25,000.00	25,264.00	25,264.00	25,264.00	complete
FL 9-4	Pleasant City Resident Services	1470.00	4		25,000.00	25,000.00	24,086.00	complete
FL 9-3	Twin Lakes Community Center	1470.00		25,000.00	31,000.34	31,000.34	31,000.34	complete
FL 9-1	Central Maintenance Facility	1470.00		135,000.00				moved to nex
FL 9-2	Southridge Management Office	1470.00			6,995.59			
FL 9-1	Resident Services completion			15,000.00	108,788.00	108,788.00	108,788.00	completed
FL 9-1	Dunbar Recreation Center							
FL 9-4	Demolition of Vacant Buildings	1485.00		45,000.00	55,000.00	55,000.00		pending
PHA Wide	Relocation Costs	1495.10		2,000.00	-			delayed
PHA Wide	Contingency	1502.00			90,000.00	90,000.00		



**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>West Palm Beach Housing Authority</b>	Comprehensive Grant Number <b>FL14 P009501-02</b>
	FFY of Grant Approval <b>2002</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 1,326,708.00</b>
B. Revised Funds Approved	<b>1,326,708.00</b>
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	<b>986,811.74</b>
E. Amount to be Recaptured (A-D)	<b>339,896.26</b>
F. Excess of Funds Advanced (C-D)	<b>\$ (986,811.74)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;  
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;  
 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and  
 5. That the time in which such liens could be filed has expired.

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

Signature  <b>X</b>	Date  <b>2/7/2005</b>
---------------------------	-----------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>West Palm Beach Housing Authority</b>	Modernization Project Number: <b>FL14 P009501-02</b>
--	---

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	<b>1,326,708.00</b>
B. Funds Disbursed	\$	<b>986,811.74</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>986,811.74</b>
D. Amount to be Recaptured (A - C)	\$	<b>339,896.26</b>
E. Excess of Funds Disbursed (B - C)	\$	<b>-</b>

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

**X**

**2/7/2005**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

**X**

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

Output Range				
Acct	Original	Revised	Obligated	Expended
1406.00	75,000.00	75,000.00	75,000.00	75,000.00
1408.00	70,000.00	70,000.00	70,000.00	11,972.00
1410.00	55,000.00	35,000.00	35,000.00	0.00
1411.00	0.00	0.00	0.00	0.00
1415.00	0.00	0.00	0.00	0.00
1430.00	30,000.00	30,000.00	15,221.00	1,509.23
1440.00	181,321.00	0.00	0.00	0.00
1450.00	100,000.00	108,960.08	108,410.08	108,410.08
1460.00	568,387.00	984,877.89	673,257.89	583,258.21
1465.10	25,000.00	25,264.00	25,264.00	25,264.00
1470.00	160,000.00	62,995.93	56,000.34	55,086.34
1475.00	0.00	0.00	0.00	0.00
1485.00	45,000.00	55,000.00	55,000.00	0.00
1490.00	0.00	0.00	0.00	0.00
1492.00	0.00	0.00	0.00	0.00
1495.10	2,000.00	0.00	0.00	0.00
1499.00	0.00	0.00	0.00	0.00
1501.00	0.00	0.00	0.00	0.00
1502.00	0.00	90,000.00	90,000.00	0.00

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

PHA Name:  <b>West Palm Beach Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <span style="float: right;"><b>P009 501-03</b></span>	Federal FY of Grant:  <b>2003</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. **2** )  
 Performance and Evaluation Report for Program Year Ending **9/30/2004**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	125,000.00	125,000.00	125,000.00	125,000.00
	1408 Management Improvements		70,000.00	-	-
4	1410 Administration	39,825.00	39,825.00	5,000.00	5,000.00
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	30,000.00	30,000.00	11,635.88	11,635.88
8	1440 Site Acquisition		-	-	-
9	1450 Site Improvement	100,000.00	100,000.00	96,464.33	96,464.33
10	1460 Dwelling Structures	568,387.00	540,387.00	271,000.00	-
11	1465.1 Dwelling Equipment - Nonexpendable	30,000.00	30,000.00	-	-
12	1470 Nondwelling Structures	65,000.00	65,000.00	46,028.29	46,028.29
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	40,000.00		-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	2,000.00		-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-		-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 1,000,212.00	\$ 1,000,212.00	\$ 555,128.50	\$ 284,128.50
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	10,000.00	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	20,000.00	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	22,400.00	-	-	-



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

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>West Palm Beach Housing Authority</b>		Capital Fund Program Grant No: <b>FL14P009501-03</b> Replacement Housing Factor Grant I <b>0</b>				<b>2003</b>		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
FL 9-1	Emergency Repairs	1460.00	15	103,387.00	-			used prior
	Roofing replacement	1460.00			180,000.00	180,000.00		
FL 9-2	Unit Repair and Upgrade	1460.00	70	70,000.00	70,000.00			
FL 9-3	HVAC Install	1460.00	112	200,000.00	-			used prior
FL9-4	Unit Renovations	1460.00	8	95,000.00	140,000.00			
FL 9-5	Complete Renovation 619 6th St.	1460.00	20	100,000.00	150,387.00	91,000.00		underway
PHA Wide	Appliance Replacement	1465.10	40	30,000.00	30,000.00			
FL 9-1	ebuild Maintenance/Old Admin Cent	1470.00		35,000.00	18,971.71			postponed
FL 9-2	Renovate Community Center	1470.00		30,000.00	46,028.29	46,028.29	46,028.29	complete
FL 9-4	Demolition of Vacant Buildings	1485.00		40,000.00				pending
PHA Wide	Relocation Costs	1495.10		2,000.00				

# Annual Statement / Performance and Evaluation Report

## Capital fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part III: Implementation Schedule

<b>PHA Name:</b> <b>West Palm Beach Housing Authority</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>FL14P009501-03</b> Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> <b>2003</b>	
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide Operations	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
Wide Management Improvem	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
PHA Wide Administration	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
PHA Wide Fees and Costs	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
Site Acquisition	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
Site Improvement	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
FL 9-1 Dunbar Village	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
FL 9-2 Southridge	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
FL 9-3 Twin Lakes	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
FL 9-4 Pleasant City	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
FL 9-5 Robinson Village	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
Non Dwelling Structures	9/30/2005	3/31/2005		9/30/2006	3/31/2007		
Dwelling Equipment	9/30/2005	3/31/2005		9/30/2006	3/31/2007		

**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>West Palm Beach Housing Authority</b>	Comprehensive Grant Number <b>P009 501-03</b>
	FFY of Grant Approval <b>2003</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 1,000,212.00</b>
B. Revised Funds Approved	<b>1,000,212.00</b>
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	<b>284,128.50</b>
E. Amount to be Recaptured (A-D)	<b>716,083.50</b>
F. Excess of Funds Advanced (C-D)	<b>\$ (284,128.50)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;  
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;  
 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and  
 5. That the time in which such liens could be filed has expired.

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

Signature  <b>X</b>	Date  <b>2/7/2005</b>
---------------------------	-----------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>West Palm Beach Housing Authority</b>	Modernization Project Number: <b>P009 501-03</b>
--	---

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	<b>1,000,212.00</b>
B. Funds Disbursed	\$	<b>284,128.50</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>284,128.50</b>
D. Amount to be Recaptured (A - C)	\$	<b>716,083.50</b>
E. Excess of Funds Disbursed (B - C)	\$	<b>-</b>

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

**X**

**2/7/2005**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

**X**

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

<b>Output Range</b>				
<b>Acct</b>	<b>Original</b>	<b>Revised</b>	<b>Obligated</b>	<b>Expended</b>
1406.00	125,000.00	125,000.00	125,000.00	125,000.00
1408.00	0.00	70,000.00	0.00	0.00
1410.00	39,825.00	39,825.00	5,000.00	5,000.00
1411.00	0.00	0.00	0.00	0.00
1415.00	0.00	0.00	0.00	0.00
1430.00	30,000.00	30,000.00	11,635.88	11,635.88
1440.00	0.00	0.00	0.00	0.00
1450.00	100,000.00	100,000.00	96,464.33	96,464.33
1460.00	568,387.00	540,387.00	271,000.00	0.00
1465.10	30,000.00	30,000.00	0.00	0.00
1470.00	65,000.00	65,000.00	46,028.29	46,028.29
1475.00	0.00	0.00	0.00	0.00
1485.00	40,000.00	0.00	0.00	0.00
1490.00	0.00	0.00	0.00	0.00
1492.00	0.00	0.00	0.00	0.00
1495.10	2,000.00	0.00	0.00	0.00
1499.00	0.00	0.00	0.00	0.00
1501.00	0.00	0.00	0.00	0.00
1502.00	0.00	0.00	0.00	0.00



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

PHA Name: <b>West Palm Beach Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL14P00950203</b>	Federal FY of Grant: <b>2003</b>
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Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision no. **1**)  
 Performance and Evaluation Report for Program Year Ending **9/30/2004**     
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	20,000.00	30,000.00	20,000.00	20,000.00
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	-	12,551.00	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	10,000.00	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	30,000.00	35,000.00	-	-
10	1460 Dwelling Structures	100,000.00	100,000.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	40,000.00	40,000.00	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	17,551.00	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 217,551.00	\$ 217,551.00	\$ 20,000.00	\$ 20,000.00
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	10,000.00	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	10,000.00	-	-	-





**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>West Palm Beach Housing Authority</b>	Comprehensive Grant Number <b>0</b>
	FFY of Grant Approval <b>2003</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 217,551.00</b>
B. Revised Funds Approved	<b>217,551.00</b>
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	<b>20,000.00</b>
E. Amount to be Recaptured (A-D)	<b>197,551.00</b>
F. Excess of Funds Advanced (C-D)	<b>\$ (20,000.00)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;  
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;  
 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and  
 5. That the time in which such liens could be filed has expired.

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

Signature  <b>X</b>	Date  <b>2/7/2005</b>
---------------------------	-----------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>West Palm Beach Housing Authority</b>	Modernization Project Number: <b>0</b>
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The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	<b>217,551.00</b>
B. Funds Disbursed	\$	<b>20,000.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>20,000.00</b>
D. Amount to be Recaptured (A - C)	\$	<b>197,551.00</b>
E. Excess of Funds Disbursed (B - C)	\$	<b>-</b>

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

**X**

**2/7/2005**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

**X**

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

Output Range				
Acct	Original	Revised	Obligated	Expended
1406.00	20,000.00	30,000.00	20,000.00	20,000.00
1408.00	0.00	0.00	0.00	0.00
1410.00	0.00	12,551.00	0.00	0.00
1411.00	0.00	0.00	0.00	0.00
1415.00	0.00	0.00	0.00	0.00
1430.00	10,000.00	0.00	0.00	0.00
1440.00	0.00	0.00	0.00	0.00
1450.00	30,000.00	35,000.00	0.00	0.00
1460.00	100,000.00	100,000.00	0.00	0.00
1465.10	0.00	0.00	0.00	0.00
1470.00	40,000.00	40,000.00	0.00	0.00
1475.00	0.00	0.00	0.00	0.00
1485.00	0.00	0.00	0.00	0.00
1490.00	0.00	0.00	0.00	0.00
1492.00	0.00	0.00	0.00	0.00
1495.10	0.00	0.00	0.00	0.00
1499.00	17,551.00	0.00	0.00	0.00
1501.00	0.00	0.00	0.00	0.00
1502.00	0.00	0.00	0.00	0.00

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

PHA Name:  <b>West Palm Beach Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No:  Replacement Housing Factor Grant No: <span style="float: right;"><b>FL14 R009501-03</b></span>	<b>Federal FY of Grant:</b>  <b>2003</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. )

Performance and Evaluation Report for Program Year Ending **9/30/2004**     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	-	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	-	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	29,816.00	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 29,816.00	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-	-





**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>West Palm Beach Housing Authority</b>	Comprehensive Grant Number <b>0</b>
	FFY of Grant Approval <b>2003</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 29,816.00</b>
B. Revised Funds Approved	-
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	<b>29,816.00</b>
F. Excess of Funds Advanced (C-D)	<b>\$ -</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;  
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;  
 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and  
 5. That the time in which such liens could be filed has expired.

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

Signature  <b>X</b>	Date  <b>2/7/2005</b>
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**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
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The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
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**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

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HA Name: <b>West Palm Beach Housing Authority</b>	Modernization Project Number: <b>0</b>
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The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	-
B. Funds Disbursed	\$	-
C. Funds Expended (Actual Modernization Cost)	\$	-
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

**X**

**2/7/2005**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

**X**

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

Output Range				
Acct	Original	Revised	Obligated	Expended
1406.00	0.00	0.00	0.00	0.00
1408.00	0.00	0.00	0.00	0.00
1410.00	0.00	0.00	0.00	0.00
1411.00	0.00	0.00	0.00	0.00
1415.00	0.00	0.00	0.00	0.00
1430.00	0.00	0.00	0.00	0.00
1440.00	0.00	0.00	0.00	0.00
1450.00	0.00	0.00	0.00	0.00
1460.00	0.00	0.00	0.00	0.00
1465.10	0.00	0.00	0.00	0.00
1470.00	0.00	0.00	0.00	0.00
1475.00	0.00	0.00	0.00	0.00
1485.00	0.00	0.00	0.00	0.00
1490.00	0.00	0.00	0.00	0.00
1492.00	0.00	0.00	0.00	0.00
1495.10	0.00	0.00	0.00	0.00
1499.00	29,816.00	0.00	0.00	0.00
1501.00	0.00	0.00	0.00	0.00
1502.00	0.00	0.00	0.00	0.00

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

PHA Name: <b>West Palm Beach Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>FL 14R009501-04</b>	Federal FY of Grant: <b>2004</b>
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Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision no. )  
 Performance and Evaluation Report for Program Year Ending **9/30/2004**     
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	-	-	-	-
4	1410 Administration	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	-	-	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	-	-	-	-
10	1460 Dwelling Structures	-	-	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	-	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	34,890.00	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 34,890.00	\$ -	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	-	-	-	-





**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>West Palm Beach Housing Authority</b>	Comprehensive Grant Number <b>0</b>
	FFY of Grant Approval <b>2004</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 34,890.00</b>
B. Revised Funds Approved	-
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	-
E. Amount to be Recaptured (A-D)	<b>34,890.00</b>
F. Excess of Funds Advanced (C-D)	<b>\$ -</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;  
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;  
 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and  
 5. That the time in which such liens could be filed has expired.

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

Signature  <b>X</b>	Date  <b>2/7/2005</b>
---------------------------	-----------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>West Palm Beach Housing Authority</b>	Modernization Project Number: <b>0</b>
--	---

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	-
B. Funds Disbursed	\$	-
C. Funds Expended (Actual Modernization Cost)	\$	-
D. Amount to be Recaptured (A - C)	\$	-
E. Excess of Funds Disbursed (B - C)	\$	-

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

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)

Signature of Executive Director & Date:

**X**

**2/7/2005**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

**X**

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

**X**

Output Range				
Acct	Original	Revised	Obligated	Expended
1406.00	0.00	0.00	0.00	0.00
1408.00	0.00	0.00	0.00	0.00
1410.00	0.00	0.00	0.00	0.00
1411.00	0.00	0.00	0.00	0.00
1415.00	0.00	0.00	0.00	0.00
1430.00	0.00	0.00	0.00	0.00
1440.00	0.00	0.00	0.00	0.00
1450.00	0.00	0.00	0.00	0.00
1460.00	0.00	0.00	0.00	0.00
1465.10	0.00	0.00	0.00	0.00
1470.00	0.00	0.00	0.00	0.00
1475.00	0.00	0.00	0.00	0.00
1485.00	0.00	0.00	0.00	0.00
1490.00	0.00	0.00	0.00	0.00
1492.00	0.00	0.00	0.00	0.00
1495.10	0.00	0.00	0.00	0.00
1499.00	34,890.00	0.00	0.00	0.00
1501.00	0.00	0.00	0.00	0.00
1502.00	0.00	0.00	0.00	0.00

## **DECONCENTRATION POLICY**

It is the policy of the West Palm Beach Housing Authority to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into higher income developments.

**Towards this end, upon examination of the waiting list, the next eligible family's income limit, will determine the development in which the family will be housed. We will accomplish this in a uniform and non-discriminating manner.**

The West Palm Beach Housing Authority will affirmatively market our housing to all eligible income groups. Lower income residents will not be steered toward lower income developments and higher income people will not be steered toward higher income developments.

Prior to the beginning of each fiscal year, we will analyze the income levels of families residing in each of our developments, the income levels of census tracts in which our developments are located, 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. Particular emphasis will be placed on marketing to higher families.

# WEST PAM BEACH HOUSING AUTHORITY ORGANIZATION CHART

