

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

Housing Authority Of The City Of Sylvester

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009
Annual Plan for Fiscal Year 01/2005

(ga104v01)

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

**PHA Plan
Agency Identification**

PHA Name: Housing Authority Of The City Of Sylvester

PHA Number: GA104

PHA Fiscal Year Beginning: (mm/yyyy) 01/2005

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

A. Mission

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

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

THE MISSION OF THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER IS TO ENSURE SAFE, DECENT AND AFFORDABLE HOUSING; ENCOURAGE HIGHER QUALITY FAMILY LIFE FOR ELIGIBLE RESIDENTS; CREATE OPPORTUNITIES FOR RESIDENT ECONOMIC SELF-SUFFICIENCY; ESTABLISH A DRUG AND CRIME FREE ENVIRONMENT; AND ASSURE FISCAL INTEGRITY IN ALL PROGRAMS ADMINISTERED BY THE HOUSING AUTHORITY WITHOUT DISCRIMINATION

B. Goals

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

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

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

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

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

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

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

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

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

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

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

Other PHA Goals and Objectives: (list below)

GOAL: MANAGE THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.

Objectives:

- 1. HUD shall recognize the Housing Authority of the City of Sylvester as a high performer under the Public Housing Assessment System for our fiscal year ending December 31, 2009.**

GOAL: ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING UNITS

Objectives:

- 1. The Housing Authority of the City of Sylvester shall achieve a level of customer satisfaction that gives the agency the highest**

score possible in this element of the Public Housing Assessment System. This objective will be accomplished by December 31, 2009.

2. The Housing Authority of the City of Sylvester shall continue to maintain and enhance proper curb appeal for its public housing developments by improving its landscaping, keeping its grass cut, making the properties litter-free. This is an on-going objective.

GOAL: IMPROVE RESIDENT AND COMMUNITY PERCEPTION OF SAFETY AND SECURITY IN THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING DEVELOPMENT

Objective:

1. The Housing Authority of the City of Sylvester shall improve resident perception of safety and security by replacing exterior lighting, replacing exterior doors, installing new door locks, upgrading security systems, replacing smoke detectors, replacing stoops, making site improvements, and other actions. These objectives will be accomplished by June 30, 2009.

GOAL: OPERATE THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER IN FULL COMPLIANCE WITH ALL EQUAL OPPORTUNITY LAWS AND REGULATIONS AND AFFIRMATIVELY FURTHER FAIR HOUSING

Objective:

1. The Housing Authority of the City of Sylvester shall undertake affirmative measures to provide a suitable living environment for families living in public housing, regardless of race, color, religion, national origin, sex, familial status and disability. This is an on-going objective.

Annual PHA Plan
PHA Fiscal Year 01/2005 – 12/31/2005
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

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

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

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

We have adopted the following mission statement to guide the activities of the Housing Authority of the City of Sylvester.

THE MISSION OF THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER IS TO ENSURE SAFE, DECENT AND AFFORDABLE HOUSING; ENCOURAGE HIGHER QUALITY FAMILY LIFE FOR ELIGIBLE RESIDENTS; CREATE OPPORTUNITIES FOR RESIDENT ECONOMIC SELF-SUFFICIENCY; ESTABLISH A DRUG AND CRIME FREE ENVIRONMENT; AND ASSURE FISCAL INTEGRITY IN ALL PROGRAMS ADMINISTERED BY THE HOUSING AUTHORITY WITHOUT DISCRIMINATION

We have also adopted the following goals and objectives for the next five years.

GOAL: MANAGE THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.

Objective:

1. HUD shall recognize the Housing Authority of the City of Sylvester as a high performer under the Public Housing Assessment System for our fiscal year ending December 31, 2009.

GOAL: ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING UNITS

Objective:

1. The Housing Authority of the City of Sylvester shall achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System. This objective will be accomplished by December 31, 2009.
2. The Housing Authority of the City of Sylvester shall continue to maintain and enhance proper curb appeal for its public housing developments by improving its landscaping, keeping its grass cut, making the properties litter-free. This is an on-going objective.

GOAL: IMPROVE RESIDENT AND COMMUNITY PERCEPTION OF SAFETY AND SECURITY IN THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING DEVELOPMENTS

Objective:

1. The Housing Authority of the City of Sylvester shall improve resident perception of safety and security by replacing exterior lighting, replacing exterior doors, installing new door locks, upgrading security systems, upgrading baseboard heating, replacing smoke detectors, replacing stoops, making site improvements, and other actions. These objectives will be accomplished by June 30, 2009.

GOAL: OPERATE THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER IN FULL COMPLIANCE WITH ALL EQUAL OPPORTUNITY LAWS AND REGULATIONS AND AFFIRMATIVELY FURTHER FAIR HOUSING

Objective:

- 1. The Housing Authority of the City of Sylvester shall undertake affirmative measures to provide a suitable living environment for families living in public housing, regardless of race, color, religion, national origin, sex, familial status and disability. This is an on-going objective.**

Our Annual Plan is based on the premise that if we accomplish our goals and objectives we will be working towards the achievement of our mission.

The plans, statements, budget summary, policies, etc. set forth in the Annual Plan all lead towards the accomplishment of our goals and objectives. Taken as a whole, they outline a comprehensive approach towards our goals and objectives and are consistent with the Consolidated Plan.

Summary of Program Changes

For the ensuing fiscal year, we have made numerous changes to our policies and/or programs based on changes in statutes and/or HUD regulations that have occurred in the past year.

Admissions and Continued Occupancy Policy

- Added a policy provision regarding cooperating with law enforcement agencies;
- Updated the section on acceptable methods of verification to be compatible with HUD recommended procedures;
- Incorporated a policy regarding Housing Authority mistakes when calculating rent;
- Increased the late charges for late rent payments;
- Increased resident termination notice to 30 days;
- Revised our preferences to clarify a working family.
- Incorporated the “One Strike” provisions
- Increased our minimum rent to \$50

Dwelling Lease

- Updated to incorporate changes to Admissions and Continued Occupancy Policy

Other:

- **UPDATE:** One of the goals of the Housing Authority of the City of Sylvester (HACS) is to provide additional affordable housing to the people of Worth County. As a part of this effort, the Housing Authority purchased three (3) parcels of land. The Housing Authority has been approved for development funding from the Department of Community Affairs for the construction of up to 12 units with HOME

funds. Two of the parcels of land will be utilized for this development. Construction will begin promptly upon DCA approval.

In summary we are on course to improve the condition of affordable housing in Sylvester, Georgia.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

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

Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan: Attachment C
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (Included in this PHA Plan text)

Other (List below, providing each attachment name)

- Attachment D: Capital Fund Program FY 2004 Annual Statement
 Attachment E: Capital Fund Program FY 2003 P & E Report (GA06P10450103)
 Attachment F: Capital Fund Program FY 2003 P 7 E Report (GA06P10450203)
 Attachment G: Non-Capital Fund Program FY 2002 P & E Report/Budget
 (GA06P10450102 – Replacement Reserve Account)
 Attachment H: Non Capital Fund Program FY 2001 P & E Report/Budget
 (GA06P10450101 – Replacement Reserve Account)
- Attachment I: Non Capital Fund Program FY 2000 P & E Report/Budget
 (GA06P10450100 – Replacement Reserve Account)
- Attachment J: Resident Membership of the PHA Governing Board
 Attachment K: Membership of the Resident Advisory Board
 Attachment L: Definition of Substantial Deviation and Significant Amendment
 or Modification
- Attachment M: Deconcentration and Income Mixing
 Attachment N: Pet Policy Statement
 Attachment O: Implementation of Community Service Requirements
 Attachment P: Statement of Progress in Meeting the 5-Year Plan, Mission and
 Goals
- Attachment Q: FY 2003 Resident Survey Follow-up Plan

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
NA	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 Quality Housing and Work Responsibility Act Initial Guidance; Notice and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
NA	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
NA	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
NA	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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
NA	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents Policy on Administration of Community Service Requirements Deconcentration and Income Mixing Documentation	ACOP/Annual Plan ACOP/Annual Plan

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	529	3	4	3	3	3	3
Income >30% but <=50% of AMI	169	3	4	3	3	3	3
Income >50% but <80% of AMI	149	3	4	3	3	3	3
Elderly	153	3	4	3	3	3	3
Families with Disabilities	NA	3	4	3	3	3	3
Race/Ethnicity-Black	1871	3	4	3	3	3	3
Race/Ethnicity-Hispanic	37	3	4	3	3	3	3
Race/Ethnicity-Native American	40	3	4	3	3	3	3
Race/Ethnicity-Asian/Pacific Is	0	3	4	3	3	3	3

Worth County

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

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

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	63		39 units
Extremely low income <=30% AMI	54	86%	
Very low income (>30% but <=50% AMI)	7	11%	
Low income (>50% but <80% AMI)	2	4%	
Families with children	57	90%	
Elderly families	1	2%	
Families with Disabilities	2	4%	
Race/ethnicity- White	5	8%	
Race/ethnicity- Black	58	92%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	8	12%	18 units
2 BR	23	37%	16 units
3 BR	16	25%	3 units
4 BR	14	22%	2 units
5 BR	2	4%	0

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

C. Strategy for Addressing Needs

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

(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)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

13.4 The Flat Rent

The Sylvester Housing Authority has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its age, condition, amenities, services, and neighborhood. The Sylvester Housing Authority determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied at the end of the annual lease (for more information on flat rents, see Section 15.3).

The Sylvester Housing Authority will post the flat rents at each of the developments and at the central office. Flat rents are incorporated in this policy upon approval by the Board of Commissioners.

There is no utility allowance for families paying a flat rent because the Sylvester Housing Authority has already factored who pays for the utilities into the flat rent calculation.

13.5 CEILING RENT

The Sylvester Housing Authority has set a ceiling rent for each public housing unit prior to October 1, 1999. The amount of the ceiling rent will be reevaluated annually and the adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family.

The Sylvester Housing Authority will post the ceiling rents at each of the developments and at the central office. Ceiling rents are incorporated in this policy upon approval by the Board of Commissioners.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Sylvester Housing Authority will select families based on the date and time of their application, within each bedroom size category, based on our local housing needs and priorities:

- A. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.**
- B. Applicants living in Worth County with an adult family member enrolled in an employment training program, currently working twenty (20) or more hours a week, or attending school on a full-time basis. This preference is extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.**
- C. Applicants currently not living in Worth County with an adult family member enrolled in an employment training program, currently working twenty (20) or more hours a week, or attending school on a full-time basis. This preference is extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.**
- D. Applicants living in Worth County.**
- E. Applicants not living in Worth County**
- F. All other applicants.**

The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

Based on the above preferences, all families in preference A will be offered housing before any families in preference B; all families in preference B will be offered housing before any families in preference C; all families in preference C will be offered housing before any families in preference D; and all families in preference E will be offered housing before families in preference F.

The date and time of application will be noted and utilized to determine the sequence within the above-prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

13.4 The Flat Rent

The Sylvester Housing Authority has set a flat rent for each public housing unit. In doing so, it considered the size and type of the unit, as well as its age, condition, amenities, services, and neighborhood. The Sylvester Housing Authority determined the market value of the unit and set the rent at the market value. The amount of the flat rent will be reevaluated annually and adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied at the end of the annual lease (for more information on flat rents, see Section 15.3).

The Sylvester Housing Authority will post the flat rents at each of the developments and at the central office. Flat rents are incorporated in this policy upon approval by the Board of Commissioners.

There is no utility allowance for families paying a flat rent because the Sylvester Housing Authority has already factored who pays for the utilities into the flat rent calculation.

13.5 CEILING RENT

The Sylvester Housing Authority has set a ceiling rent for each public housing unit prior to October 1, 1999. The amount of the ceiling rent will be reevaluated annually and the adjustments applied. Affected families will be given a 30-day notice of any rent change. Adjustments are applied on the anniversary date for each affected family.

The Sylvester Housing Authority will post the ceiling rents at each of the developments and at the central office. Ceiling rents are incorporated in this policy upon approval by the Board of Commissioners.

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)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

The Sylvester Housing Authority will select families based on the date and time of their application, within each bedroom size category, based on our local housing needs and priorities:

- B. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal Disaster Relief Laws.**
- B. Applicants living in Worth County with an adult family member enrolled in an employment training program, currently working twenty (20) or more hours a week, or attending school on a full-time basis. This preference is extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.**
- C. Applicants currently not living in Worth County with an adult family member enrolled in an employment training program, currently working twenty (20) or more hours a week, or attending school on a full-time basis. This preference is extended equally to all elderly families and all families whose head or spouse is receiving income based on their inability to work.**
- D. Applicants living in Worth County.**

E. Applicants not living in Worth County

F. All other applicants.

The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

Based on the above preferences, all families in preference A will be offered housing before any families in preference B; all families in preference B will be offered housing before any families in preference C; all families in preference C will be offered housing before any families in preference D; and all families in preference E will be offered housing before families in preference F.

The date and time of application will be noted and utilized to determine the sequence within the above-prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

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)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

10.0 TENANT SELECTION AND ASSIGNMENT PLAN

10.1 PREFERENCES

Families who are elderly, disabled, or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled: Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify

for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

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)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

10.0 Tenant Selection and Assignment Plan

10.1 PREFERENCES

Buildings Designed for the Elderly and Disabled: Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other

applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies. Any family required to transfer will be given a 30-day notice.

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)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

1.0 FAIR HOUSING

It is the policy of the Housing Authority of the City of Sylvester to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. The Housing Authority of the City of Sylvester shall affirmatively further fair housing in the administration of its public housing program.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Housing Authority of the City of Sylvester's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Housing Authority of the City of Sylvester will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be

victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Housing Authority of the City of Sylvester office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Housing Authority of the City of Sylvester will assist any family that believes they have suffered illegal discrimination by providing them copies of the appropriate housing discrimination forms. The Housing Authority of the City of Sylvester will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses
--

Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2004 grants)		
a) Public Housing Operating Fund	563,226	
b) Public Housing Capital Fund	409,983	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	0	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
CFP FY 2004 (estimate only)	409,983	
3. Public Housing Dwelling Rental Income	218,462	PH Operations
4. Other income (list below)		
Interest on General Fund Investments	2,000	PH Operations
4. Non-federal sources (list below)		
Late Charges	5,000	PH Operations
Total resources	1,608,654	

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:
- Other: (describe)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.

Upon receipt of the family's pre-application, the Housing Authority of the City of Sylvester will make a preliminary determination of eligibility. The Housing Authority of the City of Sylvester will notify the family in writing of the date and time of placement on the waiting list, and the approximate wait before housing may be offered. If the Housing Authority of the City of Sylvester determines the family to be ineligible, the notice will state the reasons therefore and will offer the family the opportunity of an informal review of the determination.

The applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The Housing Authority of the City of Sylvester will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.

The second phase is the final determination of eligibility, referred to as the full application. The full application takes place when the family nears the top of the waiting list. The Housing Authority of the City of Sylvester will ensure that verification of all preferences, eligibility, suitability and selection factors are current in order to determine the family's final eligibility for admission into the Public Housing Program.

9.3 Families Nearing the Top of the Waiting List

When a family appears to be nearing the top of the waiting list, the family will be invited to an interview and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer qualifies to be near the top of the list, the family's name will be returned to

the appropriate spot on the waiting list. The Sylvester Housing Authority must notify the family in writing of this determination and give the family the opportunity for an informal review.

Once the preference has been verified, the family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

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)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

8.3 SUITABILITY

- A. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in noncompliance with the public housing lease. The Sylvester Housing Authority will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other tenants, Sylvester Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.
- B. The Sylvester Housing Authority will consider objective and reasonable aspects of the family's background, including the following:
 - 1. History of meeting financial obligations, especially rent and any utility payments;
 - 2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;
 - 3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that

would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;

3. History of disturbing neighbors or destruction of property;
4. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and
5. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

C. The Sylvester Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Sylvester Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:

1. A credit check of the head, spouse, co-head, and any other adult family members;
2. A rental history check of all adult family members;
3. A criminal background check on all adult household members, including live-in aides. This check will be made through State or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, the Sylvester Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC). This criminal background check will proceed after each adult household member has signed a consent form designed by the Sylvester Housing Authority.

The information received as a result of the criminal background check shall be used solely for screening, lease enforcement and eviction purposes. The information derived from the criminal background check shall be shared only with employees of the Sylvester Housing Authority who have a job-related need to have access to the information. The information shall be maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose(s) for which it was requested has been accomplished and the period for filing a challenge to the Housing Authority's action has expired without a challenge or final

disposition of any litigation has occurred;

4. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No household with an individual registered under a State sex offender registration will be admitted to public housing. The Sylvester Housing Authority will check with our State registry and if the applicant has resided in another State(s), with that State(s)'s list.

If an applicant is about to be denied housing based on either the criminal check or the sex offender registration program, the applicant will be informed of this fact and given an opportunity to dispute the accuracy of the information before the denial or eviction occurs.

- 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 (except for good reason or deconcentration incentives)
 - Two
 - Three or More

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

10.6 OFFER OF A UNIT

When the Sylvester Housing Authority discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The Sylvester Housing Authority will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the family was contacted by telephone or from the date the letter was mailed to contact the Sylvester Housing Authority regarding the offer.

The family will be offered the opportunity to view the unit. After the opportunity to view the unit, the family will have two (2) business days to accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Sylvester Housing Authority will send the family a letter documenting the offer and the rejection.

10.7 REJECTION OF UNIT

If in making the offer to the family the Sylvester Housing Authority skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the Sylvester Housing Authority did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause, the family will forfeit their application's date and time. The family will keep their preferences, but the date and time of application will be changed to the date and time the unit was rejected.

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause, among other things, includes reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal review of the decision to alter their application status.

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)

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

16.0 Unit Transfers

16.1 OBJECTIVES OF THE TRANSFER POLICY

The objectives of the Transfer Policy include the following:

- A. To address emergency situations.
- B. To fully utilize available housing resources while avoiding overcrowding by insuring that each family occupies the appropriate size unit.
- C. To facilitate a relocation when required for modernization or other management purposes.
- D. To facilitate relocation of families with inadequate housing accommodations.
- E. To provide an incentive for families to assist in meeting the Housing Authority of the City of Sylvester's deconcentration goal.
- F. To eliminate vacancy loss and other expenses due to unnecessary transfers.

16.2 CATEGORIES OF TRANSFERS

Category A: Emergency transfers. These transfers are necessary when conditions pose an immediate threat to the life, health, or safety of a family or one of its members. Such situations may involve defects of the unit or the building in which it is located, the health condition of a family member, a hate crime, the safety of witnesses to a crime, or a law enforcement matter particular to the neighborhood.

Category B: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization work to proceed.

Category C: Regular administrative transfers. These transfers are made to offer incentives to families willing to help meet certain Housing Authority of the City of Sylvester occupancy goals, to correct occupancy standards where the unit size is inappropriate for the size and composition of the family, to allow for non-emergency but medically advisable transfers, and other transfers approved by the Housing Authority of the City of Sylvester when a transfer is the only or best way of solving a serious problem.

16.3 DOCUMENTATION

When the transfer is at the request of the family, the family may be required to provide third party verification of the need for the transfer.

16.4 INCENTIVE TRANSFERS

Transfer requests will be encouraged and approved for families who live in a development where their income category (below or above 30% of area median) predominates and wish to move to a development where their income category does not predominate.

16.5 PROCESSING TRANSFERS

Transfers on the waiting list will be sorted by the above categories and within each category by date and time.

Transfers in category A and B will be housed ahead of any other families, including those on the applicant waiting list. Transfers in category A will be housed ahead of transfers in category B.

Transfers in category C will be housed along with applicants for admission at a ratio of one transfer for every seven admissions.

Upon offer and acceptance of a unit, the family will execute all lease up documents and pay any rent and/or security deposit within two (2) days of being informed the unit is ready to rent. The family will be allowed seven (7) days to complete a transfer. The family will be responsible for paying rent at the old unit as well as the new unit for any period of time they have possession of both. The prorated rent and other charges (key deposit and any additional security deposit owing) must be paid at the time of lease execution.

The following is the policy for the rejection of an offer to transfer:

- A. If the family rejects with good cause any unit offered, they will not lose their place on the transfer waiting list.
- B. If the transfer is being made at the request of the Housing Authority of the City of Sylvester and the family rejects two offers without good cause, the Housing Authority of the City of Sylvester will take action to terminate their tenancy. If the reason for the transfer is that the current unit is too small to meet the Housing Authority of the City of Sylvester's optimum occupancy standards, the family may request in writing to stay in the unit without being transferred so long as their occupancy will not exceed two people per living/sleeping room.

- C. If the transfer is being made at the family's request and the rejected offer provides deconcentration incentives, the family will maintain their place on the transfer list and will not otherwise be penalized.
- D. If the transfer is being made at the family's request, the family may, without good cause and without penalty, turn down one offer that does not include deconcentration incentives. After turning down a second such offer without good cause, the family's name will be removed from the transfer list.

c. Preferences

1. Yes No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences: (select below)

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

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

5 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 2 Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 2 Residents who live and/or work in the jurisdiction
- 2 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
- 3 Other preference(s) (list below)

4 Applicants living in Worth County
5 Applicants not living in Worth County
6 All Other Applicants

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

This section intentionally left blank in accordance with Notice HUD PIH 99-51. See Attachment M.

- 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 - NA

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

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

(1) Eligibility

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

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

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

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

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

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

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

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

(3) Search Time

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

If yes, state circumstances below:

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs NA

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

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

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

- Through published notices
 Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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)
- 95th percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

Ceiling rents are the same as for Flat Rents.

f. Rent re-determinations:

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

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

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance - NA

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR

Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

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

Our agency is governed by a Board of Commissioners. The Executive Director reports to the Board. The Executive Director directly supervises the Office Manager and Maintenance Supervisor. The Office Manager supervises four employees consisting of a Site Manager, Administrative Assistant/Occupancy Specialist, Resident Initiatives Manager and Work Control Coordinator. The Maintenance Supervisor supervises the Working Foreman, Maintenance Contract/Employee RDC Properties. The Working Foreman supervises the maintenance staff.

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	260 units	39 units
Section 8 Vouchers	NA	
Section 8 Certificates	NA	
Section 8 Mod Rehab	NA	
Special Purpose Section 8 Certificates/Vouchers (list individually)	NA	
Public Housing Drug Elimination Program (PHDEP)	NA	
ROSS Grant	32 families	None
Other Federal	NA	

Programs(list individually)		

C. Management and Maintenance Policies

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

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

- Agency Plan
- Admissions and Continued Occupancy Policy
- Capitalization Policy
- Capital Fund Program Annual Statement and 5-Year Action Plan
- Check Signing Policy
- Community Space Policy
- Criminal Records Management Policy
- Deconcentration Policy
- Disposition Policy
- Drug-Free Workplace Policy
- Dwelling Lease
- Equal Housing Opportunity Policy
- Ethics Policy
- Funds Transfer Policy
- Grievance Procedures
- Personnel Policy
- Investment Policy
- Maintenance Policy
- Procurement Policy
- Pet Policy
- Pest Control Policy
- Schedule of Flat Rents
- Schedule of Standard Charges to Residents

(2) Section 8 Management: (list below)

NA

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 - NA

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment B

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
<p>1a. Development name:</p> <p>1b. Development (project) number:</p>

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:

<p>2. Designation type:</p> <p>Occupancy by only the elderly <input type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p>
<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)</p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected:</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

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.

Conversion of Public Housing Activity Description
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.)

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

B. Section 8 Tenant Based Assistance -NA

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 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

Yes No: Has the PHA 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? 09/02/01

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)

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)
After school program/ once annually	80 children	Open to all children	Resident Council	PH Resident
Before school program/once annually	80 children	Open to all children	Resident Council	PH Resident

GED Programs	All age 16 or above	Open to All age 16 or above	PHA main office	PH Resident
Male Mentoring	Youth 10 to 19	Youth 10 to 19	PHA main office	PH Resident
Meals on Wheels	All age 50 and above	Open to all age 50 or above	PHA main office	PH Resident
Life Skills	All residents	All Residents	PHA main office	PH Resident
Youth Activities	All PH children 18 and under	All PH children 18 and under	PHA main office	PH Resident
Elderly Activities	All age 50 and above	Open to all age 50 or above	PHA main office	PH Resident
Basketball team	Males 13 to 18	Males 13 to 18	PHA main office	PH Resident
Annual Easter Egg Hunt	All youth	All youth	PHA main office	PH Resident

(2) Family Self Sufficiency program/s - NA

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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

C. Welfare Benefit Reductions

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

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

- Establishing a protocol for exchange of information with all appropriate TANF agencies (will be included in our cooperative agreement with DFACS)
- Other: (list below)

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

See our ACOP and Attachment O: Implementation of the Community Service Requirements.

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.

The Housing Authority of the City of Sylvester is not participating in PHDEP and is not submitting a PHDEP Plan with this PHA Plan.

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

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

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

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

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

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

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

None

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)

We employ a Resident Coordinator on each of our public housing sites to report any criminal or drug-related activity directly to the police department as it occurs and monthly to the Executive Director.

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

C. Coordination between PHA and the police

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

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

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

Police patrol all public housing developments.

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

See Attachment N: Housing Authority of the City of Sylvester Pet Policy Statement

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

All residents in attendance at the Resident Advisory Board meeting were supportive and agreed with the Annual Plan. The RAB submitted the following list:

1. Gas vs. Total Electric (No Gas) Residents scared of gas.
2. Screen Doors – can residents purchase for apartments after modernization is complete.
3. Have tougher fees for violations, such as: trash on ground, parking, etc. (mgt issue)
4. Storage Space is desperately needed.
5. More security lighting in all developments.
6. Resident input re: security
7. Carbon Monoxide Detectors in each apartment with gas.
8. Recreation activities for all residents. (mgt issue)
9. Hedges need cutting: Princeton Place (maint. Issue)
10. Housing Authority Curfew. (mgt Issue)
11. Infestation: possible rats at Pecan Trace Apartments. (maint. Issue)
12. Van Driver needed. (Melissa cannot do it all.) (mgt issue)

3. In what manner did the PHA address those comments? (select all that apply)
- Considered comments, but determined that no changes to the PHA Plan were necessary.

The PHA changed portions of the PHA Plan in response to comments
List changes below:

Other: (list below)

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

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

In cooperation with the Resident Council and the Board of Commissioners, a resident has been selected to serve as the Resident Commissioner on the Board of Commissioners. See attachment ga104c01.

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

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

- Any recipient of PHA assistance
- Any head of household receiving PHA assistance
- Any adult recipient of PHA assistance
- Any adult member of a resident or assisted family organization
- Other (list)

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: **State of Georgia**

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

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

- The Housing Authority of the City of Sylvester will continue to provide a drug free workplace.
- The Housing Authority of the City of Sylvester will continue to maintain and renovate its public housing units.
- The Housing Authority of the City of Sylvester will continue to meet the special needs of elderly families and families with disabilities by providing appropriate and accessible housing in the public housing program.
- The Housing Authority of the City of Sylvester will continue to market its public housing program to make families and individuals aware of the availability of decent, safe, sanitary and affordable housing in the jurisdiction of the Housing Authority.
- The Housing Authority of the City of Sylvester Admission and Continued Occupancy Policy requirements are established and designed to:
 - (1) Provide improved living conditions for very low and low-income families while maintaining their rent payments at an affordable level.
 - (2) To operate a socially and financially sound public housing agency that is violence and drug-free, decent, safe and sanitary housing with a suitable living environment for residents and their families.
 - (3) To avoid concentrations of economically and socially deprived families in our public housing developments.

- (4) Deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to our employees.
- (5) To attempt to house a tenant body that is composed of families with incomes and rent-paying abilities that are representative of the range of incomes of low-income families in our jurisdiction.
- (6) To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal fair housing laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

Our agency is part of the entire effort undertaken by the City of Sylvester, Worth County and the State of Georgia to address our jurisdiction's affordable housing needs. In accordance with our goals and objectives included in this Plan, we are addressing some of the identified need by using appropriate resources to maintain and preserve our existing stock. We are applying for additional grants and loans from federal, state and local sources, including private sources to enhance the affordable housing available in our community. We intend to continue working with our local partners to try and meet these identified needs.

This year we shall continue to utilize the funds we receive for our existing programs to house people. We will be focusing on management improvements and modernization of our properties. Priorities and guidelines for programs often change from year to year and our decisions to pursue certain opportunities and resources may change over the coming year if there are program changes beyond our control.

Other: (list below)

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

The following information is taken from the State of Georgia Consolidated Plan Executive Summary and Annual Action Plan.

The following information is taken from the State of Georgia Consolidated Plan

Public Housing Authorities

The Consolidated Plan Executive Summary provides the following comments relating to Public Housing Authorities in Georgia.

Public Housing Authorities implement a large portion of Georgia's housing assistance effort. Local governments have created 202 PHAs, providing public housing. Seventeen PHAs offer Section 8 rental subsidies. PHAs utilize funds from public housing rent receipts, federal subsidies from HUD, and proceeds from bond issues for some development costs.

Over 108,000 residents live in the 55,834 units of local public housing available across Georgia.

No public housing authorities are operated by the State. Therefore, the State has not developed a plan to encourage public housing residents to become more involved in the public housing management or to become owners of their units. However, the State encourages individual PHAs to develop such a plan with residents. The State also continues to encourage within its programs the transition of public housing residents into private housing living situations.

Action Plan

The following activities are extracted from the State of Georgia Annual Action Plan, Part VI. Action Plan

Activities planned to meet the State's housing priorities and objectives include:

- ❑ Rehabilitate or construct affordable rental housing for low or moderate income households.
- ❑ Assist low or moderate- income households achieve or maintain home ownership.
- ❑ Provide low or moderate -income households with rental assistance.
- ❑ Make funding awards to organizations that provide housing and supportive services necessary for the homeless to break the cycle of homelessness.
- ❑ Make funding awards to organizations that provide the housing and supportive services necessary for special need households to achieve decent, safe and sanitary living conditions.

Among the Federal resources available to Georgia (Part VI, Section C) include Section 8 Rental Certificates and Vouchers to address affordable housing needs; HOPE I (Public Housing Home ownership) to address home ownership needs; and for Public Housing, the Comprehensive Grant Program and Public Housing Development funds.

Part VI, Section I. Georgia's Activities to met the State's Housing Priorities and Objectives

This section outlines activities by priority and objective. While the activities, priorities and objectives do not directly relate to the public housing program, the activities do include the Section 8 program. Again while none of the activities tap public housing funds, the activities do parallel the goals and objectives of the Housing Authority of the City of Cochran. The Priorities and Objectives are listed as follows:

Priority: to increase the number of Georgia's low and moderate income households who have obtained affordable, rental housing which is free of overcrowded and structurally substandard conditions.

(This objectives refers specifically to the Section 8 Rental Assistance Program which is administered by the Georgia Department of Community Affairs.)

Priority: To increase the number of Georgia's low and moderate income households who have achieved and are maintaining homeownership in housing free of overcrowded and structurally substandard conditions.

Priority: To increase the access of Georgia's homeless to a continuum of housing and supportive services which address their housing, economic, health and social needs:

Priority: To increase the access of Georgia's Special Need populations to a continuum of housing and supportive services which address their housing, economic health and social needs.

(This objective includes as an activity the implementation of Georgia's Section 8 Rental Assistance Program and it refers specifically to the Georgia Department of Community Affairs continuing to administer the program in Georgia's 149 counties.)

In summary, the Georgia State Consolidated Plan strategies are consistent with and support the goals and objectives of the Housing Authority of the City of Sylvester.

D. Other Information Required by HUD

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

The final Agency Plan Rule contains a requirement in 24 CFR 903.7[®] that agency plans contain a locally derived definition of "substantial deviation" and "significant amendment or modification."

The Housing Authority of the City of Sylvester has adopted a definition of substantial deviation and significant amendment or modification. It is found in Attachment L: Definition of Substantial Deviation and Significant Amendment or Modification.

Attachments

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

N/A

Attachment A

Housing Authority of the City of Sylvester

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Deconcentration Policy

The following is an extract from our adopted Admissions and Continued Occupancy Policy.

10.4 DECONCENTRATION POLICY

It is the Housing Authority of the City of Sylvester's policy 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. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

The Housing Authority of the City of Sylvester 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 and the income levels of the families on the waiting list. Based on this analysis, we will determine the level of marketing strategies and deconcentration incentives to implement.

10.5 DECONCENTRATION INCENTIVES

The Housing Authority of the City of Sylvester may offer one or more incentives to encourage applicant families whose income classification would help to meet the deconcentration goals of a particular development.

Various incentives may be used at different times, or under different conditions, but will always be provided in a consistent and nondiscriminatory manner.

10.6 OFFER OF A UNIT

When the Housing Authority of the City of Sylvester discovers that a unit will become available, we will contact the first family on the waiting list who has the highest priority for this type of unit or development and whose income category would help to meet the deconcentration goal and/or the income targeting goal.

The Housing Authority of the City of Sylvester will contact the family first by telephone to make the unit offer. If the family cannot be reached by telephone, the family will be notified of a unit offer via first class mail. The family will be given five (5) business days from the date the family was contacted by telephone or from the date the letter was mailed to contact the Housing Authority of the City of Sylvester regarding the offer.

The family will be offered the opportunity to view the unit. After the opportunity to view the unit, the family will have two (2) business days to accept or reject the unit. This verbal offer and the family's decision must be documented in the tenant file. If the family rejects the offer of the unit, the Housing Authority of the City of Sylvester will send the family a letter documenting the offer and the rejection.

10.7 REJECTION OF UNIT

If in making the offer to the family the Housing Authority of the City of Sylvester skipped over other families on the waiting list in order to meet their deconcentration goal or offered the family any other deconcentration incentive and the family rejects the unit, the family will not lose their place on the waiting list and will not be otherwise penalized.

If the Housing Authority of the City of Sylvester did not skip over other families on the waiting list to reach this family, did not offer any other deconcentration incentive, and the family rejects the unit without good cause, the family will forfeit their application's date and time. The family will keep their preferences, but the date and time of application will be changed to the date and time the unit was rejected.

If the family rejects with good cause any unit offered, they will not lose their place on the waiting list. Good cause, among other things, includes reasons related to health, proximity to work, school, and childcare (for those working or going to school). The family will be offered the right to an informal review of the decision to alter their application status.

10.8 ACCEPTANCE OF UNIT

The family will be required to sign a lease that will become effective no later than three (3) business days after the date of acceptance or the business day after the day the unit becomes available, whichever is later.

Prior to signing the lease, all families (head of household) and other adult family members will be required to attend the Lease and Occupancy Orientation when they are initially accepted for occupancy. The family will not be housed if they have not attended the orientation. Applicants who provide prior notice of an inability to attend the orientation will be rescheduled. Failure of an applicant to attend the orientation, without good cause, may result in the cancellation of the occupancy process.

The applicant will be provided a copy of the lease, the grievance procedure, utility allowances, utility charges, the current schedule of routine maintenance charges, and a request for reasonable accommodation form. These documents will be explained in detail. The applicant will sign a certification that they have received these documents and that they have reviewed them with Housing Authority personnel. The certification will be filed in the resident's file.

Attachment B – CFP FY 2005 Annual Statement

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450-105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	159,100			
10	1460 Dwelling Structures	198,000			
11	1465.1 Dwelling Equipment— Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

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

PHA Name: Housing Authority of the City of Sylvester, GA	Grant Type and Number Capital Fund Program Grant No: GA06P10450-105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency	10,380			
21	Amount of Annual Grant: (sum of lines 2 – 20)	397,480			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450-105 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	
GA104-2 Westside (45 units)	<u>Fees and Costs</u>	1430						
	A & E Fees; reimbursable costs		Lump Sum	30,000				
	Subtotal Acct 1430			30,000				
	<u>Site Improvements</u>							
GA104-2 Westside (45 units)	Add 2 HC accessible parking spaces & signs		Lump Sum	1,300				
“	Planting beds & shrubbery		Lump Sum	15,750				
“	Plant new trees		Lump Sum	6,000				
“	Prune trees		Lump Sum	1,000				
“	Regarding & seeding		Lump Sum	25,000				
“	Walk repairs		Lump Sum	4,500				
“	Clothesline posts and wire		Lump Sum	12,375				
“	Sanitary sewer piping & cleanouts		Lump Sum	54,000				
“	Mulch fill at tot lot		Lump Sum	650				
“	Paint site bollards		Lump Sum	200				
“	New parking spaces		Lump Sum	15,750				
“	Replace basketball goals		Lump Sum	300				
“	New handrails		Lump Sum	5,400				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450-105 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	
	Termite treatment		Lump Sum	16,875				
	Subtotal Acct 1450			159,100				
GA104-2 Westside	<u>Dwelling Structures</u>	1460						
“	Lead-based paint abatement		45 units	99,000				
“	Asbestos abatement		45 units	99,000				
	Subtotal Acct 1460			198,000				
HA Wide	<u>Contingency</u>	1502	Lump Sum					
	Set aside for cost overruns			10,380				
	Subtotal Acct 1502			10,380				
	Grand Total			397,480				

Attachment C – Five Year Action Plan 2005
Capital Fund Program Five-Year Action Plan
Part I: Summary

PHA Name : Housing Authority of the City of Sylvester, GA					<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA -Wide	Year 1	Work Statement for Year 2 FFY Grant: 2006 PHA FY: 01/01/06	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 01/01/07	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 0101/08	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 01/01/09	
	Annual Statement					
HA Wide						
GA104-1 Monroe						375,880
GA104-2 Westside		397,480	397,480	397,480		21,600
GA104-3 Henderson						
GA104-4 Warwick						
GA104-5B Sylverdale						
GA104-7A Seabrook						
GA104-7B Paulk						
GA104-7C Sheperd						
CFP Funds Listed for 5-year planning		397,480	397,480	397,480		397,480
Replacement Housing Factor Funds						

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

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2006 PHA FY: 01/01/06			Activities for Year: <u>3</u> FFY Grant: 2007 PHA FY: 01/01/07		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	GA104-2 Westside	<u>Fees and Costs (1430)</u>		GA104-2 Westside	<u>Fees and Costs (1430)</u>	
Annual Statement		A & E Fees; reimbursable costs	19,608		A & E Fees; reimbursable costs	27,483
	GA104-2 Westside	<u>Dwelling Structures (1460)</u>		GA104-2 Westside (45 units)	<u>Dwelling Structures (1460)</u>	
	“	Rewire & replace service, devices & fixtures @ 45 units	135,000	“	Exterior door hardware @ 45 units	12,375
	“	Gas central HVAC, abandon ductwork in furring @45 units	234,997	“	Secure closet wall framing	11,250
	“	Replace wood plenum with sheetmetal plenum	7,875	“	Add deadbolts to mechanical closet doors	2,925
		Total GA104-2	397,480	“	General Demolition	18,000
				“	Install washer boxes	9,000
				“	Lavatory fittings, traps & stops	12,375
				“	Replace interior water & sanitary piping	103,272
				“	Tub/shower fittings	20,250
				“	Locking attic access panels	5,625
				“	1-hour rated walls in attics	45,000
				“	Convert 2 units as physically accessible dwelling units;	70,000

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

Activities for Year : <u>4</u> FFY Grant: 2008 PHA FY: 01/01/08			Activities for Year: <u>5</u> FFY Grant: 2009 PHA FY: 01/01/09		
Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
GA104-2 Westside	<u>Fees and Costs (1430)</u>		GA104-2 Westside (45 units)	<u>Dwelling Equipment (1465)</u>	
	A & E Fees; reimbursable costs	21,183		New gas ranges	18,000
				refrigerators	3,600
GA104-2 Westside (45 units)	<u>Dwelling Structures (1460)</u>			Total GA104-2	21,600
“	Interior doors, frames & hardware	83,250			
“	Gypsum board on walls & ceilings	130,500	GA104-1 Monroe (15 units)	<u>Fees and Costs (1430)</u>	
“	VCT & resilient covered base	13,500		A & E Fees; reimbursable costs	20,683
“	Laminated backsplash on kitchen walls	5,625			
“	Closet rods & shelves	7,875			
“	Curtain bracket supports	3,375	GA104-1 Monroe (15 units)	<u>Dwelling Structures (1460)</u>	
“	Window stools	4,500	“	Lead based paint abatement	33,000
“	Interior & exterior painting	55,125	“	Asbestos abatement	33,000
“	Gable vents	9,000	“	Gas central HVAC; abandon ductwork in furring	82,500
“	Electric address plaques	6,750	“	Replace wood plenum w/ sheetmetal plenum	2,625
“	CATV & phone in Living & all BR's	36,000	“	Termite treatment	5,250
“	Remove AC receptacle	1,800	“	Extend T&P to outside	750
“	Dryer vents & circuits	9,000	“	Exterior door hardware	4,125

“	Minor unspecified repairs due to modernization	9,997	“	Gypsum board on walls & ceilings	43,500
			“	Interior doors, frames & hardware	27,750
			“	Replace interior water & sanitary piping	33,497
			“	Lavatory fittings, traps & stops	4,125
			“	Access panels at tubs	1,200
			“	Toilet accessories	2,250
			“	Clean ceramic tile floors	900
			“	Modify gas piping	1,500
			“	Gas water heater	6,750
			“	Secure closet wall framing	3,750
			“	VCT & resilient coved base	4,500
			“	Laminated plastic backsplash on kitchen walls	1,875
			“	Washer boxes	3,000
			“	Bath light fixtures	1,275
			“	GFCI receptacles in kitchen	3,750
			“	Locking attic access panels	1,875
			“	1-hour rated walls in attic	15,000
			“	Convert one unit as a physically accessible dwelling unit	25,000
			“	Provide a kit for converting a 3 BR unit for a H&V impaired unit	1,200
			“	Sand & repair plaster walls at cabinets	6,000
			“	Closet rods and shelves	2,625

Attachment D

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	57,332			
8	1440 Site Acquisition				
9	1450 Site Improvement	47,250			
10	1460 Dwelling Structures	259,000			
11	1465.1 Dwelling Equipment— Nonexpendable	4,800			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				

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

PHA Name: Housing Authority of the City of Sylvester, GA	Grant Type and Number Capital Fund Program Grant No: GA06P10450104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
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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
20	1502 Contingency	29,098			
21	Amount of Annual Grant: (sum of lines 2 – 20)	397,480			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Fees and Costs	1430						
HA Wide	A & E Fees; reimbursable costs		Lump Sum	57,332				
	Subtotal Acct 1430			57,332				
	Site Improvements	1450						
GA104-5B Sylverdale	Planting beds and shrubbery		Lump Sum	3,500				
	Rewire clothesline posts		Lump Sum	750				
	Add co's to sanitary sewer pipes		Lump Sum	2,500				
GA104-2 Westside	Replace water distribution system for this 45 unit development		Lump Sum	40,500				
	Subtotal Acct 1450			47,250				
	Dwelling Structures	1460						
GA104-5B Sylverdale	General Demolition		10 units	4,000				
	Termite treatment		10 units	3,750				
	Interior doors, frames, & hardware (lever handles)		10 units	18,500				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Exterior doors		10 units	9,000				
	Closet rods and shelves		10 units	1,750				
	Curtain bracket supports		10 units	750				
	Ceramic tile floor and base		10 units	5,000				
	Interior and exterior painting		10 units	12,250				
	Toilet accessories		10 units	1,500				
	Modify kitchen layouts		10 units	10,000				
	Kitchen cabinets, s.s. rangehoods & backsplashes		10 units	15,000				
	Laminated plastic backsplash on kitchen walls		10 units	1,250				
	Remove 2 layers of floor tile; new VCT and base		10 units	12,500				
	Dryer vents and circuits		10 units	2,000				
	Modify gas piping		10 units	1,000				
	Gas water heaters		10 units	4,500				
	Extend T & P to outside		10 units	500				
	Install new gas central HVAC system		10 units	55,000				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Replace wood plenum with sheetmetal plenum		10 units	1,750				
	Rewire & replace service, panels, devices, & lights		10 units	30,000				
	Kitchen fittings (lever handles), traps and stops		10 units	3,250				
	Lavatory fittings (lever handles), traps and stops		10 units	2,750				
	Vanities in baths		10 units	1,250				
	CATV & phone in Living Room and all bedrooms		10 units	8,000				
	Electric address plaques		10 units	1,500				
	Minor unspecified repairs due to modernization		10 units	5,000				
	Add furring at cabinets		10 units	3,000				
	Asbestos abatement		10 units	22,000				
	Tub and shower fittings		10 units	4,500				
	Locking attic access panels		10 units	1,250				
	1-hour rated walls in attic		10 units	10,000				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	New prefinished porch ceilings & cladding/clean fascia & soffit		10 units	4,500				
	Remove frames at exterior screen walls		10 units	1,000				
	504 Requirements: provide a kit for converting a 1 BR unit for a H & V Impaired unit		1 unit	1,000				
	Subtotal Acct 1460			259,000				
GA104-5B Sylverdale	<u>Dwelling Equipment</u>	1465						
	New gas Kitchen ranges		10 units	4,000				
	Refrigerator replacement (20% annually)		2 units	800				
	Subtotal Acct 1465			4,800				
HA Wide	<u>Contingency</u>	1502						

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Set aside of funds for cost overruns on work in progress and planned (plus uncertainty of funding amounts)			29,098				
	Subtotal Acct 1502			29,098				
	Grand Total			397,480				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program No: GA06P10450104 Replacement Housing Factor No:					Federal FY of Grant: 2004
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	
HA Wide	09/13/06			09/13/08			
GA104-B	09/13/06			09/13/08			
GA104-2	09/13/06			09/13/08			

Attachment E

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2004 <input type="checkbox"/> Final Performance and Evaluation Report					
Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	66,632.00	66,632.00	66,631.50
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000.00	66,729.00	66,729.00	66,729.00
10	1460 Dwelling Structures	269,292.00	185,931.00	185,931.00	0
11	1465.1 Dwelling Equipment— Nonexpendable	19,200.00	19,200.00	19,200.00	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				

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

PHA Name: Housing Authority of the City of Sylvester, GA	Grant Type and Number Capital Fund Program Grant No: GA06P10450103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 06/30/2004 Final Performance and Evaluation Report

Lin e No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	338,492.00	338,492.00	338,492.00	133,360.50
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				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
GA104-5A Popehill	<u>Fees and Costs</u>	1430						
	A & E Fees; reimbursable costs		Lump Sum	0	66,632.00	66,632.00	66,632.50	
	Subtotal Acct 1430				66,632.00	66,632.00	66,632.50	
	<u>Site Improvements</u>	1450						
GA104-5B Silverdale	Expand & resurface parking @ office & maintenance building		Lump Sum	50,000.00	66,729.00	66,729.00	66,729.00	100%
	Subtotal Acct 1450			50,000.00	66,729.00	66,729.00	66,729.00	
	<u>Dwelling Structures</u>	1460						
GA104-5A Popehill	Tub and shower fittings		40 units	18,000.00	18,000.00	18,000.00	0	
	New prefinished porch ceilings & cladding; clean fascia & soffit		40 units	18,000.00	18,000.00	18,000.00	0	
	Provide a kit for converting a 5-BR unit for a H&V impaired unit; modify 613-B & 616-C for current accessibility standards		3 units	31,400.00	31,400.00	31,400.00	0	

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Asbestos abatement		40 units	69,892.00	40,000.00	40,000.00	0	
	General demolition in connection with modernization		40 units	16,000.00	16,000.00	16,000.00	0	
	Gypsum board on walls & ceilings		40 units	116,000.00	62,531.00	62,531.00	0	
	Subtotal Acct 1460			269,292.00	185,931.00	185,931.00	0	
	<u>Dwelling Equipment</u>	1465						
GA104-5A Popehill	New kitchen ranges			16,000.00	16,000.00	16,000.00	0	
	New refrigerators			3,200.00	3,200.00	3,200.00	0	
	Subtotal Acct 1465			19,200.00	19,200.00	19,200.00	0	
HA Wide	<u>Contingency</u>	1502						
	Set aside for cost overruns			0				
	Subtotal Acct 1502			0				
	Grand Total			338,492.00	338,492.00	338,492.00	133,360.50	

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program No: GA06P10450103 Replacement Housing Factor No:				Federal FY of Grant: 2003	
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	
GA104-2 Westside	12/31/05		N/A	12/31/07		N/A	Deferred
GA104-3 Henderson	12/31/05		N/A	12/31/07		N/A	Deferred
GA104-5A Popehill	09/15/05		06/30/04	09/15/07			Contract signed: contractor order to proceed in July, 2004

Attachment F

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary						
PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)						
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2004 <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations					
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	11,300		11,300	0	
10	1460 Dwelling Structures	60,191		60,191	0	
11	1465.1 Dwelling Equipment— Nonexpendable					
12	1470 Nondwelling Structures					
13	1475 Nondwelling Equipment					
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1501 Collateralization or Debt Service					

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

PHA Name: Housing Authority of the City of Sylvester, GA	Grant Type and Number Capital Fund Program Grant No: GA06P10450203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 06/30/2004 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	71,491		0	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450203 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Site Improvements	1450						In progress
GA104-2 Westside	Security cameras (this restores funds for this work item that were deleted because of reduction of funding)		Lump Sum	9,000		9,000	0	
GA104-2 Westside	Mulch fill at tot lot (this restores funds for this work item that were deleted because of reduction of funding)		Lump Sum	650		650	0	
GA104-3 Henderson	Mulch fill at tot lot (this restores funds for this work item that were deleted because of reduction of funding)		Lump Sum	650		650	0	
GA104-3 Henderson	Remove old playground equipment (this restores funds for this work item that were deleted because of reduction of funding)		Lump Sum	1,000		1,000	0	
	Subtotal Acct 1450			11,300		11,300	0	

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

PHA Name: Housing Authority of the City of Sylvester, GA		Grant Type and Number Capital Fund Program Grant No: GA06P10450203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	Dwelling Structures	1460						In progress
GA104-2 Westside	Replace water heaters (supplemental funding to replace funds deleted because of reduced funds in the CFP FY 2003 grant (50103); target remains a total of 45 units)		45 units	12,018		12,018	0	
GA104-2 Westside	Termite treatment (supplemental funding to replace funds deleted because of reduced funds in the CFP FY 2003 grant (50103); target remains a total of 45 units)		45 units	16,875		16,875	0	
GA104-3 Henderson	Lead-based paint abatement (supplemental funding to replace funds deleted because of reduced funds in the CFP FY 2003 grant (50103); target remains a total of 20 units)		20 units	31,298		31,298	0	
	Subtotal Acct 1460			60,191		60,191	0	
	Grand Total			71,491		71,491	0	

Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
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Section 1: Replacement Reserve Status <small>Must be completed each year there is a balance in the replacement reserve.</small>	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report <small>Complete this section if there is withdrawal/expenditure activity.</small>	Estimated Cost		Actual Cost
Summary by Account (6200 subaccount)	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	()	()	()
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

Public reporting burden for this collection of information is estimated to average 5 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. 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.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve

For the Performance and Evaluation Report:

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

For the Annual Statement:

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

Part I: Summary

HA Name - Enter the HA's name.

Type of Submission - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

Section 1 - Replacement Reserve Status:

Line 1 - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

Line 2 - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

Line 4 - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

Line 5 - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

Line 6 - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

Line 1 - Reserved - Do not use at this time.

Lines 2 - 15 - Summary by Account

Column 1 - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

Column 2 - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

Column 3 - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 16 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

Line 17 - Replacement Reserve Interest Income - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

Line 18 - Net Withdrawal from Replacement Reserve - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

Sample:

Line 16 - Replacement Reserve Withdrawal. \$10,000

Line 17 - Replacement Reserve Interest Income (500)

Line 18 - Net Withdrawal from Replacement Reserve. \$ 9,500

Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities. - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 20 - Amount of Line 16 Related to Section 504 Compliance - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 21 - Amount of Line 16 Related to Emergencies - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the \$75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

General Description of Major Work Categories - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

Development Account Number - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

Total Estimated Cost - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Total Actual Cost - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

Status of Proposed Work - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
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Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity. Summary by Account (6200 subaccount)	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	()	()	()
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

Public reporting burden for this collection of information is estimated to average 5 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. 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.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve

For the Performance and Evaluation Report:

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

For the Annual Statement:

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

Part I: Summary

HA Name - Enter the HA's name.

Type of Submission - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

Section 1 - Replacement Reserve Status:

Line 1 - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

Line 2 - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

Line 4 - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

Line 5 - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

Line 6 - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

Line 1 - Reserved - Do not use at this time.

Lines 2 - 15 - Summary by Account

Column 1 - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

Column 2 - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

Column 3 - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 16 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

Line 17 - Replacement Reserve Interest Income - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

Line 18 - Net Withdrawal from Replacement Reserve - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

Sample:

Line 16 - Replacement Reserve Withdrawal. \$10,000

Line 17 - Replacement Reserve Interest Income (500)

Line 18 - Net Withdrawal from Replacement Reserve. \$ 9,500

Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 20 - Amount of Line 16 Related to Section 504 Compliance - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 21 - Amount of Line 16 Related to Emergencies - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the \$75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

General Description of Major Work Categories - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

Development Account Number - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

Total Estimated Cost - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Total Actual Cost - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

Status of Proposed Work - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
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Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity. Summary by Account (6200 subaccount)	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	()	()	()
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

Public reporting burden for this collection of information is estimated to average 5 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. 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.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve

For the Performance and Evaluation Report:

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

For the Annual Statement:

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

Part I: Summary

HA Name - Enter the HA's name.

Type of Submission - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

Section 1 - Replacement Reserve Status:

Line 1 - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

Line 2 - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

Line 4 - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

Line 5 - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

Line 6 - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

Line 1 - Reserved - Do not use at this time.

Lines 2 - 15 - Summary by Account

Column 1 - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

Column 2 - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

Column 3 - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 16 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

Line 17 - Replacement Reserve Interest Income - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

Line 18 - Net Withdrawal from Replacement Reserve - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

Sample:

Line 16 - Replacement Reserve Withdrawal. \$10,000

Line 17 - Replacement Reserve Interest Income (500)

Line 18 - Net Withdrawal from Replacement Reserve. \$ 9,500

Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities. - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 20 - Amount of Line 16 Related to Section 504 Compliance - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 21 - Amount of Line 16 Related to Emergencies - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the \$75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

General Description of Major Work Categories - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

Development Account Number - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

Total Estimated Cost - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Total Actual Cost - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

Status of Proposed Work - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

Attachment J

Housing Authority of the City of Sylvester, GA

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Required Attachment: Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board:

Mrs. Eddie Mae Moore

B. How was the resident board member selected: (select one)?

- Elected
 Appointed

C. The term of appointment is (include the date term expires): one year term that expires December 1, 2004

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? - **NA**

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
 the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
 Other (explain):

B. Date of next term expiration of a governing board member: 12/01/04

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor William Yearta

Attachment K

Housing Authority of the City of Sylvester

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Required Attachment: Membership of the Resident Advisory Board

The Housing Authority of the City of Sylvester Resident Advisory Board consists of the members of the Jurisdictional Wide Residents Council. As of July 22, 2004 the members are:

Officers

1. Marva Newberry, President
2. Willie Royster, Vice President
3. Tomika Wilcher, Secretary/Treasurer
4. Mae Ola Rockwell, Parliamentarian
5. Lizzie Smith, Sergeant of Arms

Attachment L

Housing Authority of the City of Sylvester

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Definition of Substantial Deviation and Significant Amendment or Modification

“Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the Housing Authority of the City of Sylvester that fundamentally change the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.”

Attachment M

Housing Authority of the City of Sylvester, GA

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Component 3, (6) Deconcentration and Income Mixing

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

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units (occupied)	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
GA104-1	15 units	See Below	See Attachment M
GA104-4	10 units	See Below	See Attachment M
GA104-9	20 units	See Below	See Attachment M

Our calculations of average annual incomes conducted on 07/22/04 indicate that two covered family developments have an average income that falls outside 85% to 115% of the average incomes of all such developments as follows.

<u>Development</u>	<u>Income Range</u>
GA104-1	143%
GA104-4	75%
GA104-9	80%

For our analysis, we utilized the Bedroom Adjustment Factors Based on Occupied Units.

Our analysis indicates that all of the public housing developments are significantly below 30% of the Area Median Income of \$45,500 for Worth County. The development with the highest average income is at 23% of the current Area Median Income. Based on current HUD guidelines, all of the public housing developments owned and operated by the Housing Authority of the City of Sylvester are currently exempt from the deconcentration and income mixing requirements.

Attachment N

Housing Authority of the City of Sylvester

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Pet Policy Statement

The Housing Authority of the City of Sylvester allows for pet ownership in its developments with the written pre-approval of the Housing Authority.

The Housing Authority of the City of Sylvester adopts the following reasonable requirements as part of the Pet Policy:

1. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units.
2. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Housing Authority of the City of Sylvester harmless from any claims caused by an action or inaction of the pet.
3. Residents must have the prior written approval of the Housing Authority before moving a pet into their unit. Pets not owned by a Resident will not be allowed.
4. Residents must submit and enter into a Pet Agreement with the Housing Authority.
5. Pets must be registered with the Housing Authority before they are brought onto the premises. Registration must be renewed and will be coordinated with the annual recertification date.
6. A pet deposit of **\$100** is required at the time of registering a pet.
7. The Housing Authority of the City of Sylvester will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles).

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Only **one type of pet** per unit will be allowed according to this schedule.

Type of Animal	No. of Pets
Dogs	1
Cats	2
Birds	2
Fish	25 gal aquarium
Rodents	1
Turtles	1

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

No animal may exceed **twenty-five** (25) pounds in weight projected to full adult size.

8. In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the Housing Authority of the City of Sylvester to attest that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.
9. The Housing Authority of the City of Sylvester, or an appropriate community authority, shall require the removal of any pet from a project 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 project or of other persons in the community where the project is located.
10. Residents are responsible for removal and disposal of their pet's waste inside and out.
11. Pets must be maintained within the Resident's unit. When outside of the unit, dogs and cats must be kept on a leash or carried and under the control of the Resident at all time.
12. Pet owners are responsible for controlling the noise of pets so as to not cause a nuisance to other residents.
13. No pets can be left unattended in any apartment for a period in excess of 10 hours.
14. The Housing Authority may inspect the Resident's units if written complaints are received regarding the conduct or condition of a pet.
15. Residents will receive written notice of Pet Rule violations. If violations are not satisfactorily resolved, the Housing Authority may serve notice to remove the pet. Failure to abide by the Pet Rules may result in termination of tenancy.

Attachment O

Housing Authority of the City of Sylvester

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Implementation of Public Housing Resident Community Service Requirements

The Housing Authority of the City of Sylvester has taken the following administrative steps to implement the Public Housing Resident Community Service Requirements.

Public Housing Dwelling Lease

Our Public Housing Dwelling Lease has been revised to incorporate the changes to the Admission and Occupancy Requirements in the Public Housing Program final rule that was published on March 29, 2000. Lease termination provisions include “failure to perform required community service or to be exempted therefrom.”

Admission and Continued Occupancy Policy

Our adopted Admissions and Continued Occupancy Policy incorporates the changes to the Admission and Occupancy Requirements in the Public Housing Program final rule that was published on March 29, 2000 and includes a detailed description of the Public Housing Resident Community Service Requirements. The following are highlights of the pertinent sections of our policy:

- General: “In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities unless they are exempt from this requirement.
- Exemptions are listed in our policy.
- Notifications: The Housing Authority of the City of Sylvester will identify all adult family members who are apparently not exempt from the community service requirement. The

notification will advise family members that their community service obligation will begin upon admission and/or the effective date of their first annual reexamination on or after October 1, 2003.

- Volunteer Opportunities: The Housing Authority of the City of Sylvester will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.
- The Process: The Housing Authority of the City of Sylvester process includes providing a list of volunteer opportunities, information about suitable volunteer positions, providing a volunteer time sheet, assigning family members to a volunteer coordinator and annually determining whether each applicable family member is in compliance with the community service requirements.
- Notification of Non-compliance: Any family member found in non-compliance will be advised of the determination, that the determination is subject to the grievance procedure; and that unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.
- Opportunity for cure: Family members will be offered the opportunity to comply with any delinquency in community service requirement hours by entering into an agreement. Any applicable members not accepting the terms of the agreement or does not fulfill their obligations under the terms of the agreement is subject to lease termination.
- Prohibition against replacement of agency employees: Our Housing Authority will not substitute community service activities performed by residents for work ordinarily performed by our employees.
- Termination: After October 1, 2003, the Housing Authority of the City of Sylvester will not renew the lease of any family that is not in compliance with the community service requirement or an approved Agreement to Cure.

Cooperative Agreement with TANF Agency

The Housing Authority of the City of Sylvester has a cooperation agreement with our TANF agency, the Department of Family and Children's Services.

Program Administration

The Housing Authority of the City of Sylvester is a small agency and will administer the program.

Programmatic Aspects

The City of Sylvester is a small community in rural Georgia and the types of activities available for residents subject to the community service requirements are limited. As our Admissions and Continued Occupancy Policy states, we will make every effort to coordinate with the City of Sylvester, local schools, hospitals and service agencies in order to develop volunteer opportunities for residents.

Attachment P

Housing Authority of the City of Sylvester

Five Year/Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

Statement of Progress in Meeting the 5-Year Plan Mission and Goals

The following table reflects the progress we have made in achieving our goals and objectives:

GOAL ONE: MANAGE THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.	
Objective	Progress
1. HUD shall recognize the Housing Authority of the City of Sylvester as a standard performer under the Public Housing Assessment System for our fiscal year ending December 31, 2000.	We were designated as a Standard Performer for the fiscal year ended December 31, 2000 with a score of 87 out of a possible 100 points. This objective has been accomplished.
2. HUD shall recognize the Housing Authority of the City of Sylvester as a high performer under the Public Housing Assessment System for our fiscal year ending December 31, 2005.	Not Applicable for this report.

GOAL TWO: ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING UNITS	
Objective	Progress
1. The Housing Authority of the City of Sylvester shall achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System. This objective will be accomplished by December 31, 2005.	We received a score of 9.3 out of a possible 10 points for this element of the Public Housing Assessment System for our fiscal year ended December 31, 2002.

<p>2. The Housing Authority of the City of Sylvester shall continue to maintain and enhance proper curb appeal for its public housing developments by improving its landscaping, keeping its grass cut, making the properties litter-free. This is an on-going objective.</p>	<p>We routinely edge sidewalks at all of our developments; prune and remove tree stumps when necessary and removed trash from adjoining property areas in order to enhance curb appeal of our developments and surrounding area. We continue to maintain the lawn areas and routinely police the properties to keep them free of litter. We have recently installed new development signs that greatly enhanced curb appeal.</p>
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<p align="center">GOAL THREE: IMPROVE RESIDENT AND COMMUNITY PERCEPTION OF SAFETY AND SECURITY IN THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER'S PUBLIC HOUSING DEVELOPMENTS</p>	
<p align="center">Objective</p>	<p align="center">Progress</p>
<p>1. The Housing Authority of the City of Sylvester shall improve resident perception of safety and security by replacing exterior lighting, replacing exterior doors, installing new door locks, upgrading security systems, upgrading baseboard heating, replacing smoke detectors, replacing stoops, making site improvements, and other actions. These objectives will be accomplished by June 30, 2005.</p>	<p>We have installed additional security lighting. The remaining items are included in our capital fund program annual budgets and 5-year action plan. In addition the residents have formed a Neighborhood Watch Program at one of our developments. Our plan is to have a program at all developments. Local police officers have been retained to patrol the developments during evening and nighttime hours as well as on weekends to deter crime and vandalism.</p> <p>This objective is being accomplished.</p>

<p align="center">GOAL FOUR: DELIVER TIMELY AND HIGH QUALITY MAINTENANCE SERVICE TO THE RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER</p>	
<p align="center">Objective</p>	<p align="center">Progress</p>
<p>1. The Housing Authority of the City of Sylvester will adopt policies for the prevention or eradication of pest infestation (including cockroach infestation) by December 31, 2001.</p>	<p>This objective has been accomplished.</p>

GOAL FIVE: OPERATE THE HOUSING AUTHORITY OF THE CITY OF SYLVESTER IN FULL COMPLIANCE WITH ALL EQUAL OPPORTUNITY LAWS AND REGULATIONS AND AFFIRMATIVELY FURTHER FAIR HOUSING

Objective	Progress
<p>1. The Housing Authority of the City of Sylvester shall undertake affirmative measures to provide a suitable living environment for families living in public housing, regardless of race, color, religion, national origin, sex, familial status and disability. This is an on-going objective.</p>	<p>The activities of our Housing Authority are governed by the fair housing principles as outlined in our adopted Admissions and Continued Occupancy Policy and other applicable policies and procedures. All of our policies have been updated to comply with current HUD regulations. It is our policy to affirmatively further fair housing in the administration of our public housing program.</p> <p>This objective is being accomplished.</p>

Attachment Q

Housing Authority of the City of Sylvester

Annual Plan

Fiscal Year 01/01/2005 – 12/31/2005

FY 2003 Resident Survey Follow-Up Plan

OVERVIEW/BACKGROUND

The results of the FY 2003 Resident Service and Satisfaction Survey indicate that the Housing Authority of the City of Sylvester received scores of 73.1% under the Communications Section and 71.2% under the Neighborhood Appearance Section. As a result, we are required to include this Resident Survey Follow-up Plan along with our PHA Five Year/Annual Plan for our fiscal year that begins on January 1, 2005.

The Housing Authority of the City of Sylvester makes every effort to address all real or perceived concerns that residents may have regarding communications, neighborhood appearance, services, maintenance and repair and safety. We will continue to strive to make any necessary and appropriate improvements to our management and maintenance operations, modernization and policies and procedures that are in the best interest of our residents, the Housing Authority and the community.

RESIDENT SURVEY

We discuss all five (5) of the elements of the Resident Service and Satisfaction Survey with the Resident Advisory Board at meetings held throughout the year and as a part of our Five Year/Annual Plan development process.

Our Resident Survey Follow-up Plan consists of the following steps:

STEP ONE: CONDUCT MEETINGS WITH THE RESIDENT ADVISORY BOARD

STEP TWO: DOCUMENT COMMENTS RECEIVED IN THE PHA PLAN

STEP THREE: ADDRESS THE COMMENTS RECEIVED

Actions:

Communications

- The Housing Authority will continue to seek resident involvement in the development of both an annual and long-range plan for the modernization of its public housing units and site improvements.
- We continually update our written policies and procedures, including the Admissions and Continued Occupancy Policy, Grievance Procedure and Dwelling Lease to ensure compliance with current HUD Regulations. We have adopted a Pet Policy for our public housing family units. The Resident Advisory Board is given the opportunity to provide comments and recommendations regarding each of the policies.
- We hold periodic meetings with residents and with our Resident Advisory Board. Our objective is to increase the number of meetings and to increase the attendance at the meetings. We discuss all elements of the Resident Survey including maintenance and repair, communication, safety, services, and neighborhood appearance. Residents are encouraged to express their concerns regarding their tenancy and to suggest the type of programs and activities desired. Residents will continue to be encouraged to actively participate in activities that promote the overall well being of the development.
- We send out monthly newsletters advising residents of programs and activities available.
- At admission we give each family an Applicant/Resident Orientation Handbook that discusses in detail, among other things, our occupancy policies and procedures, maintenance charges, housekeeping checklist, pest control schedule. Residents receive a copy of the Dwelling Lease, Grievance Procedure, Declaration of Citizenship, Lead-based Paint Warning, Fraud Statement, Preventive Maintenance Entry Form, Schedule of Maintenance Charges, Move-in Rule Review. They also receive a housekeeping guide.

Neighborhood Appearance (.7):

- The Housing Authority will continue to work with the City of Sylvester to improve the appearance of the neighborhoods surrounding our public housing developments.

- Residents are encouraged to report neighborhood appearance problems such as litter and vandalism. Residents are advised regarding trash collection policies and procedures. Residents that fail to maintain the grounds around their units are counseled and if necessary, charged for cleaning up trash and litter.
- The Housing Authority has a policy for eliminating graffiti within 24 hours of discovery.
- The Housing Authority has plans to utilize capital funds to comprehensively improve all of our dwelling units, building structures, and grounds. This work is in progress utilizing funds from our replacement reserve accounts from fiscal years 2000 through 2003. Work will be accomplished at several developments.

In summary, the Housing Authority of the City of Sylvester is striving to improve the perception of residents regarding communications and improving neighborhood appearance. In addition, we continue to address all aspects of the resident survey including maintenance and repair, safety and services. **One of our goals is to achieve a level of customer satisfaction that gives the agency the highest score possible in this element of the Public Housing Assessment System.**