

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

PHA Plans

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

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

PHA Plan Agency Identification

PHA Name: Fall River Housing Authority

PHA Number: MA006

PHA Fiscal Year Beginning: (mm/yyyy) 04/2005

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)

Fall River Community Development Agency

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)

Fall River Community Development Agency

5-YEAR PLAN
PHA FISCAL YEARS 2004 - 2008
[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 Fall River Housing Authority is to assist low-income families with safe, decent, and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority is committed to operating in an efficient, ethical, and professional manner. The Housing Authority will create and maintain partnerships with its clients and appropriate community agencies in order to accomplish this mission.

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: *At a state site.*
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

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

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- Increase the number and percentage of employed persons in assisted families:

- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

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

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2005
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

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

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

Table of Contents

Page #

Annual Plan

- i. Executive Summary
- ii. Table of Contents
 - 1. Housing Needs
 - 2. Financial Resources
 - 3. Policies on Eligibility, Selection and Admissions
 - 4. Rent Determination Policies
 - 5. Operations and Management Policies
 - 6. Grievance Procedures
 - 7. Capital Improvement Needs
 - 8. Demolition and Disposition
 - 9. Designation of Housing
 - 10. Conversions of Public Housing
 - 11. Homeownership
 - 12. Community Service Programs
 - 13. Crime and Safety

- 14. Pets (Inactive for January 1 PHAs)
- 15. Civil Rights Certifications (included with PHA Plan Certifications)
- 16. Audit
- 17. Asset Management
- 18. Other Information

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 (MA006a01)
- FY 2005 Capital Fund Program Annual Statement (MA006b01)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text) (MA006e01)
- Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
Yes	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Yes	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
Yes	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
Yes	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair	Annual Plan: Housing Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	
Yes	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Yes	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
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	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
Yes	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Yes	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Yes	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
Yes	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Yes	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
Yes	Most recent, approved 5 Year Action Plan for the Capital	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
Being Written	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
Yes	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
Yes	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
Yes	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
Yes	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
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford- ability	Supply	Quality	Access- ibility	Size	Loca- tion
Income <= 30% of AMI	4	5	2	3	3	2	2
Income >30% but <=50% of AMI	3	3	2	3	3	2	2
Income >50% but <80% of AMI	2	2	2	2	3	2	2
Elderly	3	5	2	2	2	2	2
Families with Disabilities	2	3	2	2	2	2	2
Black	3	2	2	3	2	2	2
Hispanic	3	3	2	3	2	2	2
Asian	3	3	2	3	2	2	2
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- 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)

- Section 8 tenant-based assistance
 Public Housing
 Combined Section 8 and Public Housing
 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	2,724		325
Extremely low income <=30% AMI	2,220	82	
Very low income (>30% but <=50% AMI)	362	13	
Low income (>50% but <80% AMI)	142	05	
Families with children	1944	71	
Elderly families	120	04	
Families with Disabilities	413	15	
Race/ethnicity White	1,953	72	
Race/ethnicity Black	651	24	
Race/ethnicity Asian	103	04	
Race/ethnicity NA	17	01	
Characteristics by Bedroom Size (Public Housing Only)			
0 BR	66	02	
1BR	522	19	
2 BR	1,155	42	
3 BR	807	30	
4 BR	170	06	
5 BR	4	00	
5+ BR			

Housing Needs of Families on the Waiting List

Is the waiting list closed (select one)? No Yes

If yes:

How long has it been closed (# of months)? N/A

Does the PHA expect to reopen the list in the PHA Plan year? No Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? No Yes

C. Strategy for Addressing Needs

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

The Fall River Housing Authority has a significant vacancy rate in both our family and Elderly developments. Our effort during our FYE 03/31/06 will be to analyze the factors leading to the vacancy rate and develop procedures to increase occupancy and reduce unit turnaround time.

The City as a whole also suffers from a significant vacancy rate, sometimes quoted as being between 10% and 12%.

The consulting firm RKG performed an analysis of the City's housing and concluded that the City has an excess of affordable housing.

As such we will concentrate our efforts on improving our existing housing through Modernization. We will also analyze the livability of our Family sites to determine if selective demolition should be considered to create more open space and increase the livability of the sites. We are also considering the conversion of Elderly Units to an Assisted Living Model and will be submitting appropriate application to HUD to convert the facility at MA00608 to half ALF Public Housing and the remaining half as conventional public housing FYE 3/2005.

This strategy will enable the FRHA to use existing resources to meet the need and allow for future planning.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available. *To assist in our Conversion of MA006008 to Assisted Living*
- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below)

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2000 grants)		
a) Public Housing Operating Fund	4,393,542	Operations
b) Public Housing Capital Fund	3,406,830	Capital Improvements
c) HOPE VI Revitalization	N/A	

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	15,806,976	Operations
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
Capital Grant 50203	547,567	Capital Improvements
Capital Grant 50104	2,859,263	Capital Improvements
3. Public Housing Dwelling Rental Income	4,289,685	Operations
4. Other income (list below)		
Excess Utilities	45,000	Operations
Non-Dwelling	35,000	Operations
4. Non-federal sources (list below)	9,600	Operations
Investment Income	27,000	Operations
Total resources	31,420,463	
1) other income from PHA Units	9,600	Operations

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time) 3 months.
- Other: (describe)

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

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

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

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

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

(2) Waiting List Organization

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

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

A separate list is maintained for CMT MA006008 per our Designated Housing Plan. This will continue after conversion to Assisted Living.

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

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

Or via Mail. The Authority also has a WEB page where any person may request that an application be mailed to them or be downloaded.

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?
None

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

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

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
 PHA main administrative office
 All PHA development management offices
 Management offices at developments with site-based waiting lists
 At the development to which they would like to apply
 Other (list below)

(3) Assignment

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

- One
 Two
 Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

Yes No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing

to families at or below 30% of median area income? Currently 83% of our occupants are extremely low income i.e. lower than 30% of median income.

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 3 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
- 3 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)
- 1 Emergency applicants displaced by Fire, Natural Disaster, or Government action, including applicants in units determined to be uninhabitable by competent local authority shall be housed as an emergency case. Applicants granted emergency status will be housed in the next available unit appropriate for the family size. This will include families being displaced to the presence of Lead Paint that has been determined to be hazardous to a young child. Fall River Residents will be chosen before non-Fall River Residents within this category.
- 4 A family who is suffering from Domestic Violence (including sexual abuse) by a spouse or other family member.

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

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

b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?
Our attached Deconcentration Policy reflects the fact that one site has an average income less than limit as adjusted and is in need of deconcentration. We will be placing only higher income individuals in this site (Heritage Heights Ma006-02). The effect will be assessed every 6 months until no longer necessary.

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:

Heritage Heights MA006-02

We will be placing only higher income individuals in this site. The effect will be assessed every 6 months until no longer necessary.

- Employing new admission preferences at targeted developments

If selected, list targeted developments below:

- Other (list policies and developments targeted below)

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

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

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

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

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

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

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

B. Section 8

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

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

(1) Eligibility

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

(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) The FRHA participates in Centralized Waiting List sponsored and administered by MassNAHRO. Applicants may download the

application and submit it to any of the 50 PHA's participating in the Centralized List. Applications are also available by mail or in person at any of the 50 participating PHA's.

(3) Search Time

- a. Yes No: Does the PHA give extensions on standard 60-day period to search for a unit? OUR STANDARD VOUCHER HAS A 120 DAY TIME PERIOD.

If yes, state circumstances below:

Where an applicant can demonstrate that they were actively seeking an apartment but due to circumstances beyond their control they were not able to find an appropriate unit we will extend to 180 days.

(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? Currently 83% of our Residents are at or below the 30% limit and we assure that at least 75% of our admissions are extremely low income applicants.

- 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)

At least 15% of vouchers will be issued to handicapped/disabled applicants.

Special Admissions contained in Chapter 4 Section D of the Section 8 administrative Plan

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)

- 3 Working families and those unable to work because of age or disability
- Veterans and veterans' families.
- 2 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)
- 1 Residents who live your jurisdiction and have a high rent burden

- 4 Victims of Domestic Violence
- 5 Disabled

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

- Date and time of application for applications received after 1/24/03
- Drawing (lottery) or other random choice technique for reopening 1/6/03 to 1/24/03

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.
Our Policy does give preference to Extremely Low income residents if less than 75% of those being selected are not Extremely Low income residents

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
Local Radio and Cable, including Portuguese Radio, Khmer Radio, local and state wide special interest groups representing Handicapped/Disabled Individuals
- 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)

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)

Analysis of rents that appear to be fair and appropriate for each individual site. Our analysis considered the uniqueness of our sites and the amenities available at each site and considers the fair rental value of each site as compared to private rents and Sec 8 FMR's

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

Other (list below)

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

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

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1,510	325
Section 8 Vouchers	2,292	229
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program		

(PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

L

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)

Maintenance Policies:

Preventative Maintenance Program, Maintenance Training Program, Custodial Activities, After-Hours Maintenance (Emergency) Services, Master Key Policy, Maintenance Procedures During Emergencies, Procedures for Stripping And Waxing Floors, Turning On of Gas Meters, Uniform Policy, Resident Maintenance Requests Policy, Maintenance Personnel Requirements, Advance Notice for Vacation Requests Policy and Pest Control Policy.

Management Policies:

ACOP (Admissions and Continued Occupancy Policy, Rent Collection Policy, Eviction Policy, Pet Policy and Grievance Procedure Policy, Personnel Policy, Procurement Policy, Capitalization Policy, and Disposition Policy.

(2) Section 8 Management: (list below)

Section 8 Administrative Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
- Other (list below)
The Sec 8 Rental Assistance Department at
180 Morgan Street
Fall River, Ma 02721

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) MA006b01

-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 MA006c01

-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:

The Fall River Housing Authority is in the process of converting our Cardinal Medeiros Towers Development MA06P006008 to an Assisted Living Facility. We anticipate that a Mixed Finance Application will be submitted to HUD, resulting in the transfer of this site to a Non-Profit Corporation (an identity of interest non-profit subject to all HUD and Local regulatory and legislative requirements) One half of the units or about 102 will be Assisted Living with the remaining 102 as Elderly/Disabled Public Housing. About 4 units will be eliminated in the conversion

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.)

The Fall River Housing Authority is in the process of converting our Cardinal Medeiros Towers Development MA06P006008 to

an Assisted Living Facility. We anticipate that a Mixed Finance Application will be submitted to HUD, resulting in the transfer of this site to a Non-Profit Corporation (an identity of interest non-profit subject to all HUD and Local regulatory and legislative requirements) One half of the units or about 102 will be Assisted Living with the remaining 102 as Elderly/Disabled Public Housing. About 4 units will be eliminated in the conversion

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	
1a. Development name:	Cardinal Medeiros Towers
1b. Development (project) number:	MA06P006008
2. Activity type:	Demolition <input type="checkbox"/> Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>(2/28/2005)</u>
5. Number of units affected:	208
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	a. Actual or projected start date of activity: 4/1/2005 b. Projected end date of activity: 9/30/2006

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: Cardinal Medeiros Towers 1b. Development (project) number: MA06P006008
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved: <u>(02/16/2001)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 208 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development This building is being considered for partial conversion to an Assisted Living Facility(ALF). One half of the building will become an ALF. The entire building will continue be available to house elderly families and families with disabilities.

Designation of Public Housing Activity Description
1a. Development name: O'Brien Apartments 1b. Development (project) number: MA06P006005

<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved: <u>(02/16/2001)</u></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: 100</p>
<p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
<p>1a. Development name: Holmes Apartments</p> <p>1b. Development (project) number: MA06P006006</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved: <u>(02/16/2001)</u></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: 100</p>
<p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
<p>1a. Development name: Oliveira Apartments</p> <p>1b. Development (project) number: MA06P006007</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved: <u>(02/16/2001)</u></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: 84</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
<p>1a. Development name: Cottell Heights</p> <p>1b. Development (project) number: MA06P006010</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved: <u>(02/16/2001)</u></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: 71</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input checked="" type="checkbox"/> Total development</p>

Designation of Public Housing Activity Description
<p>1a. Development name: Mitchell Heights</p> <p>1b. Development (project) number: MA06P006011</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" 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 checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>

4. Date this designation approved: <u>(02/16/2001)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6 Number of units affected: 104
7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: Sunset Hill
1b. Development (project) number: MA06P006001
2. What is the status of the required assessment?

<input type="checkbox"/> Assessment underway <input checked="" 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 checked="" 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 checked="" type="checkbox"/> Other: (describe below) Fall River Housing Authority submission and subsequent review by ABT associates resulted in conclusion that site is both viable and cheaper to maintain than vouchers.

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

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: See Section 8 Administrative Plan

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (I)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

The FRHA meets with Senior TANF Agency staff on a monthly basis to coordinate activities between the agencies. This process while not formal provides all of the benefits of a written agreement. The FRHA’s Deputy

Executive Director, Director of Management and Coordinator of Tenant Selection meet with the Director of the Local TANF Office.

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

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

- Client referrals
- Information sharing regarding mutual clients (for rent determinations and otherwise)
- Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe) The FRHA has a very strong working relationship with the local office of the state TANF agency. Our Social Service staff is in routine contact with this department and ideas and approaches to problems resolution and FRHA activities are discussed and resolved.

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)
Watuppa Heights Center social activities., informational meetings	25	Interested tenants	Development office, main office	Public Housing
Community Service Program	7	TANF Recipients	Various Sites	Both
GED Training Referrals	20	Interested tenants	Other Training Sites – Bristol County Training Consortium at Bristol Community College	Both
Costa Plaza After School Tutoring	24	Referrals & Outreach	Schools	PH Tenants
Sunset Hill After School Tutoring	25	Referrals & Outreach	Schools	PH Tenants
Sport-A-Rama	50	Ages 8-16	PH	PH Tenants

(2) Family Self Sufficiency program/s

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	0	0
Section 8	25	0 (as of 11/1/2001) Completed

- 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: The FRHA met it goal and no longer has an active program

C. Welfare Benefit Reductions

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

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

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

The Fall River Housing Authority has adopted the requirement and is contained in our ACOP Section 14.0 Continued Occupancy and Community Service.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children

- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

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

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

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

Sunset Hill, Heritage Heights, Diafario Village, No. Rocliffe, Fordney, Bennie Costa Plaza and Riley Plaza

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

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

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

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

Sunset Hill, Heritage Heights, Diafario Village, No. Rocliffe, Fordney, Bennie Costa Plaza and Riley Plaza

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)

Sunset Hill, Heritage Heights, Diafario Village, No. Rocliffe, Fordney, Bennie Costa Plaza and Riley Plaza

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)] Our Pet Policy is attached as MA006m01

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)
- Housing Authority has developed procedures for and is managing Diafario Village under project based policies and procedures.
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 MA006e01

Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)

The Agency Plan was developed with the Participation of the RAB and the Plan as drafted and submitted encompasses an agreed upon Plan

B. Description of Election process for Residents on the PHA Board – Please note that a Resident has been appointed to the Board of the FRHA by the Mayor of the City of Fall River.

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

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

3. Description of Resident Election Process

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

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

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

Other: (list below)

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

Our Agency Plan and the City's Consolidated Plan are consistent in their goals and in addressing the Housing Needs of Fall River.

D. Other Information Required by HUD

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

Substantial deviation is a material change to a FRHA [written] policy that requires approval by Fall River Housing Authority's (FRHA's) Board of Commissioners. It does not include a change in strategy, policy or procedure when the change is reasonably necessary to effectuate the intent, purpose or interpretation of FRHA's Agency Plan or other policy. A significant amendment or modification to an FRHA policy is one that will most likely result in a major effect upon the intent, purpose or interpretation of FRHA's Agency Plan or other policy. Discretionary or administrative amendments consonant with the Authority's stated overall mission and basic objectives will not be considered substantial deviations or significant modifications.

Attachments

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

Deconcentration Plan	MA006a01
Capital Plan Year 1	MA006b01
Capital Plan 5 Years	MA006b01
PHDEP NO LONGER USED	
Resident Advisory Board Summary	MA006e01
Admissions and Continued Occupancy Policies	MA006f01
Section 8 Administrative Plan	MA006g01
Rent Policies	MA006h01
Grievance Procedures	MA006i01
Maintenance Policy	MA006j01
Pest Control Policy	MA006k01
Section 8 Payment Standard	MA006l01
Pet Policy	MA006m01
Community Service Policy	MA006n01
New Federal Lease	MA006o01
Ann Statement/Perf and Eval Rpt MA06-P006-50203	MA006r01
Ann Statement/Perf and Eval Rpt MA06-P006-50102	MA006p01
Ann Statement/Perf and Eval Rpt MA06-P006-50103	MA006q01
Ann Statement/Perf and Eval Rpt MA06-P006-50104	MA006s01
Statement re Energy Conservation and Assisted Living and REAC Physical Inspections	MA006t01

The Fall River Housing Authority has Developed and Implemented a Follow-Up Plan as a result of the Resident Satisfaction Survey performed by HUD in 2004. The Plan may be viewed at the Fall River Housing Authority Offices – 85 Morgan Street, Fall River, MA 02721.

PHA Plan Table Library

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

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

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

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

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

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

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

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

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

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

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

APPENDIX 1
AS of 4/1/2005
Fall River Housing Authority
Deconcentration Policy for Federal Family Developments

Pursuant to the requirements of the Quality Housing and Work Responsibility Act of 1998 (QHWRA) the FRHA is hereby implementing a Deconcentration Plan to assure that families with children are not concentrated in our various federally aided family developments.

We have analyzed the income levels in the affected family developments and the following information summarizes the results.

Summary of Average Family Income Levels

Location	Average Family Income	Acceptable Range (85 to 115%)
All Federal Family Sites	11,660	9,911 to 13,409
Sunset Hill	12,184	Within
Heritage Heights	9,263	Below
Diafario Village	11,512	Within
No. Rocliffe Apts	11,516	Within
Fordney Apartments	11,325	Within
Bennie Costa Plaza	11,859	Within
Riley Apartments	17,211	Above See Note Below (1)

In order to comply with the requirements of QHWRA we will adjust our Admissions and Continued Occupancy Plan to provide for the following actions:

We will recompute the Income levels as shown in the above table every six (6) months. Units at Heritage Heights will only be offered to applicants at or above the \$9,911 income. Once the problem has been corrected, we will revert back to the regular tenant selection policy. If the situation persists, we will continue to select applicants for Heritage Heights based on income until the next Agency Plan.

HUD has issued regulations eliminating the need for deconcentration at sites that have an average income at or below the extremely low income level.

- (1) Riley Plaza is a site that potentially would be subject to the Deconcentration process since it is not within the 85 to 115% range. Riley Plaza has an average income of \$17,211 per year as adjusted for Bedroom distribution. It has an average family size of 4. The Extremely Low Income Limits for a 4 person family \$20,350. The average income is well below the threshold set in 24CFR903.2. i.e. the site is below the Extremely Low Income Threshold and therefore the upper limit shall never be less than the limit at which a family would be defined as an extremely low income family under 24CFR5.603(b).

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

PHA Name: Fall River Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
---	--	-------------------------------------

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	53,775			
3	1408 Management Improvements Soft Costs	433,000			
	Management Improvements Hard Costs				
4	1410 Administration	125,345			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	178,820			
10	1460 Dwelling Structures	1,941,323			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	27,000			
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	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	2,859,263			

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

PHA Name: Fall River Housing Authority	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
--	---	------------------------------

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	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Fall River Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50105 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			
MA 6-01 Sunset Hill	Re-point chimneys		1460		18,500				
	Repair Emergency Lighting		1460		22,970				
	Replace bathtub valves		1460		35,500				
MA 6-02 Heritage Heights	Upgrade bathroom exhaust system		1460		93,566				
MA 6-03 Father Diaferio	Upgrade office telecommunication sys		1460		27,000				
MA 06-4 Oak Village	Building Exterior repairs		1460		18,000				
	Window treatments in comm.. hall		1460		1,500				

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

PHA Name: Fall River Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50105 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				
MA 6-05 O'Brien Apts.	Upgrade elevator EMS Key Remove old hot water lines		1460 1460		5,000 6,375				
MA 06-6 Holmes Apts	Upgrade elevator EMS key Building exterior repairs		1460 1460		5,000 341,750				
MA 6-07 Oliveira Apts.	Upgrade elevator EMS key Building exterior repairs		1460 1460		5,000 244,000				
MA 6-08 Medeiros Towers	Site improvements/landscaping Upgrade elevator EMS key Upgrade office telecommunications Building exterior repairs/Conversion Assisted Living Facility		1450 1460 1460 1460		50,500 10,000 20,000 647,932				
MA 6-10	Upgrade elevator EMS key Replace Kitchen Faucets		1460 1460		5,000 10,650				
MA 6-11 Mitchell Apts	Upgrade elevator EMS key Replace store room hardware Replace hot water control panel		1460 1460 1460		5,000 5,400 4,850				

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

PHA Name: Fall River Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50105 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			
MA 6-13 N. Rocliffe	Replace baseboard heat		1460		50,000				
MA 6-15 Fordney Apts	Replace baseboard heat Repave fire lanes		1460 1470		50,000 15,000				
MA 6-16 Bennie Costa	Landscaping/site improvements Replace baseboard heat		1450 1460		74,320 85,630				
MA 6-17 Riley Plaza	Landscaping/site improvements Replace baseboard heat New perimeter fencing		1450 1460 1470		54,000 35,700 12,000				

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

PHA Name: Fall River Housing Authority		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50105 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			
PHA WIDE	Inventory Work Order Clerk I		1406		24,000			
OPERATIONS	Inventory Work Order Clerk II		1406		29,775			
PHA WIDE	Elder Services Contract		1408		13,000			
MANAGEMENT	Hire City Police/security guards		1408		410,000			
	Tenant Coordinator		1408		10,000			
PHA WIDE								
ADMIN.								
	Project Manager		1410		36,111			
	Modernization Devel. Coord		1410		46,758			
	Fringe Benefits		1410		42,476			
FEES & COSTS	Fees & Costs for engineering services		1430		100,000			

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

PHA Name: Fall River Housing Authority		Grant Type and Number Capital Fund Program No: MA06-P006-50104 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		
MA6-01 SUNSET HILL	06/30/07			06/30/09				
MA6-02 HERITAGE	06/30/07			06/30/09				
MA6-03 DIAFERIO	06/30/07			06/30/09				
MA6-04 OAK VILLAGE	06/30/07			06/30/09				
MA6-05 O'BRIEN	06/30/07			06/30/09				
MA6-06 HOLMES	06/30/07			06/30/09				
MA6-07 OLIVEIRA	06/30/07			06/30/09				
MA6-08 MEDEIROS	06/30/07			06/30/09				
MA6-10 COTTELL	06/30/07			06/30/09				
MA6-11 MITCHELL	06/30/07			06/30/09				
MA6-13 N. ROCLIFFE	06/30/07			06/30/09				
MA6-15 FORDNEY ST	06/30/07			06/30/09				
MA6-16 BENNIE COSTA	06/30/07			06/30/09				
MA6-17 RILEY PLAZA	06/30/07			06/30/09				

Capital Fund Program Five-Year Action Plan
Part I: Summary

PHA Name Fall River Housing Authority		<input 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: 2007	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2008	Work Statement for Year 4 FFY Grant: 2008 PHA FY 2009	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2010	
MA 06-01	Annual Statement	977,068	225,000	507,123	850,000	
MA 06-02		0	7,500	0	277,000	
MA 06-03		243,000	189,500	484,550	184,000	
MA 06-04		57,500	7,500	15,000	35,000	
MA 06-05		0	87,500	0	62,500	
MA 06-06		40,000	141,500	0	37,500	
MA 06-07		217,000	175,500	0	20,000	
MA 06-08		342,250	743,861	657,920	72,500	
MA 06-10		155,325	116,000	292,550	205,500	
MA 06-11		75,000	103,000	150,000	22,500	
MA 06-13		20,000	17,500	0	25,000	
MA 06-15		20,000	68,000	20,000	0	
MA 06-16		0	252,282	0	0	
MA 06-17		0	12,500	20,000	355,643	
PHA WIDE		712,120	712,120	712,120	712,120	
Total CFP Funds (Est.)		2,859,263	2,859,263	2,859,263	2,859,263	2,859,263
Total 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: 2007			Activities for Year: <u>3</u> FFY Grant: 2007 PHA FY: 2008		
	Development Number	Major Work Catagories	Estimated Cost	Development Number	Major Work Catagories	Estimated Cost
SEE ANNUAL STATEMEN	PHA WIDE	Operations Elder Service Coord Hire city police-security Project manager Mod. & Dev. Coord Fringe benefits Tenant Coord Fees & Costs A&E svcs	712,120	PHA WIDE	Operations Elder Service Coord Hire city police-security Project manager Mod. & Dev. Coord Fringe benefits Tenant Coord Fees & Costs A&E svcs	712,120
	MA 6-01	Upgrade Comm. Room Upgrade Bath Vents Building Exterior Repairsq	977,068	MA 6-01	Foundation Repairs	225,000
	MA 6-02	None	0	MA 6-02	Window glazing	7,500
	MA 6-03	Replace Porch Rails Painting Apts/Common Hallways/Basements	243,000	MA 6-03	Building exterior repair Paint Community Hall Upgrade site pole lights Vent Boiler Rooms	189,500
	MA 6-04	Landscape Improv. Bldg Ext. Structural Repairs	57,500	MA 6-04	Parking area improvmnts Upgrade Community bldg floor	7,500
	MA 6-05	None	0	MA 6-05	Parking area improvmnts Fire alarm upgrade	87,500

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: 2007			Activities for Year: <u>3</u> FFY Grant: 2007 PHA FY: 2008		
	Development Number	Major Work Catagories	Estimated Cost	Development Number	Major Work Catagories	Estimated Cost
	MA 6-06	Common Area Improvements	40,000	MA 6-06	Upgrade Comm. Room Bathroom Security Camaras Window glazing Fire alarm upgrade	141,500
	MA 6-07	Install Hot Wtr heater New Apt Door Hardware Common Area Improv	217,000	MA 6-07	Parking area improvmts Upgrade kitchen lighting Exterior repairs	175,500
	MA 6-08	New Fire Doors in Boiler Room Upgrade Laundry Room Common Area Upgrade Upgrade Air Cond. Units Replace Shower Mixing Valves Elev. Lobby Improv. Install New Roof	342,250	MA 6-08	Mezzanine Bathroom Upgrade Parking area improvmts Comm. Room upgrade Replace compactor Room doors Common area painting Pkg area paving/lighting Replace bathroom faucets Apt. water riser replacmt Bldg exterior repairs	743,861
	MA 6-10	Install new bathroom faucets and valves Replace Heat in lobby Remove carpeting and re-tile Paint stairways/Upgrade corridors	155,325	MA 6-10	Upgrade common area bathrooms Upgrade Comm. Room Repair concrete canopy Upgrade fire alarm	116,000

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: 2007			Activities for Year: <u>3</u> FFY Grant: 2007 PHA FY: 2008		
	Development Number	Major Work Catagories	Estimated Cost	Development Number	Major Work Catagories	Estimated Cost
	MA 6-11	Upgrade sprinkler riser system Upgrade corridors	75,000	MA 6-11	Upgrade Comm. Room bathrooms Replace air handling unit Fire alarm upgrade	103,000
	MA 6-13	Landscape improvements	20,000	MA 6-13	Upgrade kitchen range outlets	17,500
	MA 6-15	Landscape Improvements	20,000	MA 6-15	Upgrade kitchen range outlets	68,000
	MA 6-16	None	0	MA 6-16	Upgrade kitchen range outlets Expand comm.. bldg Replace roofs	252,282
	MA 6-17	None	0	MA 6-17	Upgrade kitchen range outlets	12,500
	MA 6-028	None	0	MA 6-028	None	0
	MA 6-031	None	0	MA 6-031	None	0

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

Activities for Year : __4_
FFY Grant: 2008
PHA FY: 2009

Activities for Year: __5_
FFY Grant: 2009
PHA FY: 2010

Development Numbers	Major Work Catagories	Estimated Cost	Development Numbers	Major Work Catagories	Estimated Cost
PHA WIDE	Operations Elder Service Contract Hire City police/security Project Manager Tenant Coordinator Mod & Dev Coord Fringe benefits Fees & Costs A & E svcs	712,120	PHA WIDE	Operations Elder Service Contract Hire city police/security Project Manager Tenant Coordinator Mod & Dev Coord Fringe benefits Fees & Costs A&E svcs	712,120
MA 6-01	Replace Bathroom Floor	507,123	MA 6-01	Replace bldg sump pumps Upgrade parking area Playground equip. Kitchen Modernization Upgrade air cond. Adm bldg Landscaping/site improve	850,000
MA 6-02	None	0	MA 6-02	Replace circulpumps Parking area improve. Playground equip Boilers Kitchen mod.	277,000
MA 6-03	Window glazing Install pits for sewer lines Repair retaining walls Install heat community bathrooms	484,550	MA 6-03	Upgrade fire alarm Playground equip Siding repairs Screen doors Bulkhead door hinges Replace hot water mixing valves Site security(lighting/gates) Speed bumps	184,000

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

Activities for Year : __4_
FFY Grant: 2008
PHA FY: 2009

Activities for Year: __5_
FFY Grant: 2009
PHA FY: 2010

Development Number	Major Work Catagories	Estimated Cost	Development Number	Major Work Catagories	Estimated Cost
MA 6-04	Air Condition Community Hall	15,000	MA 6-04	Replace attic water lines	35,000
MA 6-05	None	0	MA 6-05	Install security camara Water riser replacmt New trash containers	62,500
MA 6-06	None	0	MA 6-06	Parkg area improvmts Landscaping Paint stairwells/trash closets New trash containers Water shut0off replacmts	37,500
MA 6-07	None	0	MA 6-07	Security camara upgrade Paint stairwells/trash closets Window treatments comm. Room New trash containers	20,000

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

Activities for Year : __4_
FFY Grant: 2008
PHA FY: 2009

Activities for Year: __5_
FFY Grant: 2009
PHA FY: 2010

Development Number	Major Work Catagories	Estimated Cost	Development Number	Major Work Catagories	Estimated Cost
MA 6-08	Install new heavy-duty baseboard covers throughout	657,920	MA 6-08	Replace circulation pumps Paint stairwells/trach closets Landscaping New trash containers	72,500
MA 6-10	Install new bathroom risers Replace walkways/fencing	292,550	MA 6-10	Replace circulation pumps Replace roof Security camara upgrade Replace water fixture shut-offs Parkg area improvmts Replace apt. flooring New trash containers	205,500

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

Activities for Year : __4_
FFY Grant: 2008
PHA FY: 2009

Activities for Year: __5_
FFY Grant: 2009
PHA FY: 2010

Development Number	Major Work Catagories	Estimated Cost	Development Number	Major Work Catagories	Estimated Cost
MA 6-11	Replace roof	150,000	MA 6-11	Replace circulation pumps Security camara upgrade Install water softner for heating boilers New trash containers	22,500
MA 6-13		0	MA 6-13	Replace bathroom exhaust	25,000
MA 6-15	Expand Maint shop	20,000	MA 6-15	None	0
MA 6-16	None	0	MA 6-16	None	0
MA 6-17	Expand maint. Shop	20,000	MA 6-17	Park area improvmts Playground equip Replace water shutoffs Replace apt kitchen flooring New kitchen appliances Building exterior imprvmts	375,643
MA 6-028	None	0	MA 6-028	None	0
MA 6-031	None	0	MA 6-031	None	0

Summary of RAB MEETINGS and PUBLIC HEARING

The Fall River Housing Authority (FRHA), pursuant to Federal Guidelines, appointed the Citywide legal representation of the developments--the Fall River Joint Tenants Council, Inc. (JTC)--as the Resident Advisory Board (RAB).

The members of the RAB are as follows:

William H. King, Public Housing
Bette Ann Lavoie, Public Housing
Muriel Berryman, Public Housing
Donal Keyser, Public Housing
Natalie Valcourt, Public Housing
John English, Public Housing
Nancy Paquette, Public Housing
Donny In, Public Housing
Rosemary Cutler, Public Housing
Gail Oliveira, Section 8, Tenant Based
Theresa Dunlea, Section 8, Tenant Based
Nancy Deatherage, Section 8, Tenant Based
Patricia Smith, Section 8, Tenant Based
Lisa/Robert Dumont, Section 8, Tenant Based

The RAB also had the following unofficial member/observers that represented our state aided developments insofar as issues such as lease and grievance procedures also will effect them.

Nola Coleman, State Aided Public Housing, Unofficial Member/Observer
Connie Proto, State Aided Public Housing, Unofficial Member/Observer

Seven meetings were held and the Five Year and Annual Plans were presented to the RAB and discussed at length.

RAB meeting #1 9/22/2004

Mr. Daniel P. McDonald was elected to act as the chairman of the meetings. This was suggested by William King and accepted unanimously.

Mr. McDonald explained the RAB process and its relationship to the QHWRA of 1998 and the process of developing and submitting an annual Agency Plan.

Also in attendance were representatives from some of our state developments. While not officially members of the RAB their input will be important where policies affect state developments i.e. lease, grievance and other common issues.

Packages including the attached documents were mailed to members. The HUD RAB handbook was provided to members as well as 24CFR903(copies were provided if the member did not have it

already). Specifics of the discussion are as follows;

Grievance Procedure — Our Grievance Procedure allows for appeals, by all parties, to our Board. This has resulted in a large number of Grievance Decisions being appealed. Most of these appeals do not have any basis for appeal and are only appealed in the hope of overturning an unfavorable decision. The FRHA proposed changes as follows;

The FRHA Board of Commissioners appoints a Committee to review all requests for an appeal of any grievance panel decision to the Board.

Said committee will make a recommendation to the Board as to whether the Tenant is entitled to a hearing pursuant to Part A Section 10.

This Committee shall also review all requests for appeal to the Board of Commissioners to determine if the specific grievance may be resolved without a formal board hearing.

The makeup of the Committee will be as follows;

- 1) FRHA Board Member representing Tenants
- 2) Executive Director
- 3) Deputy Executive Director

The RAB agreed with these changes after discussion at this and subsequent meetings.

Admissions & Continued Occupancy Plan (ACOP) — There are changes to the ACOP, which were discussed and agreed upon by RAB, as follows: **Page 17**—We have changed the number of selected local applicants vs. non-local applicants from 6 to 7 and the sentence now reads “For every 6 selected applicants receiving local preference, 1 non-local applicant will be selected”. **Page 17**—New Income Limits listed. **Page 7** -- The Tenant Selection department will be closed one day per week to process paperwork. The office will be available on that day for emergency applications. Our transfer policy will be reworded to clarify. This will not change the policy.

Section 8 Administrative Plan (Housing Choice Voucher Program) — Primarily outlined changes in the Section 8 Program implemented to comply with HUD PIH 2004-07.

Schedule for Upcoming RAB meetings—The dates were presented to the RAB and agreed upon.

RAB meeting #2
10/8/2004

Minutes of last meeting were mailed to each RAB member and accepted.

SECTION 8 ADMINISTRATIVE PLAN (CHANGES)

A draft of the Section 8 Administrative Plan was distributed to attendees. All changes to the Plan were done in **bold** lettering and are listed below:

Page 11 The FRHA will check criminal history for all applicants/adults in the household to determine whether any member of the family has engaged in violent or drug-related criminal activity. **THIS INCLUDES RESIDENTS THAT ARE PORTING INTO FALL RIVER** (portability vouchers).

Page 22 For every seven (7) families with a residency preference who are offered assistance, the next highest ranked eligible family without a residency preference shall be offered assistance. This number was six last year.

Page 25 The bedroom size standards were reduced, effective May 31, 2004. This change will affect all new participants and will affect existing participants when they move from their current unit.

VOUCHER SIZE	MINIMUM # IN HOUSEHOLD	MAXIMUM # IN HOUSEHOLD
0 bedrooms	1	1
1 bedrooms	1	2
2 bedrooms	2	4
3 bedrooms	4	6
4 bedrooms	6	8
5 bedrooms	8	10
6 bedrooms	10	12

Page 47 All adult family members will be required to submit a valid photo identification where it is available. If no photo i.d. is available, the adult member must sign an affidavit attesting to the fact that they do not have a valid photo i.d.

Page 74 DELETION The Housing Authority elects to perform interim rent adjustments on reported income increases when the increase is greater than \$50 per month or 10% of the income and the family has had no decreases in tenant rent in the current recertification year. This election is at the sole discretion of the Housing Authority.

This sentence has been deleted from the Plan as of May, 2004, and participants are now required to report ALL income changes, no matter how small. This policy affects public housing residents as well.

Page 88 In cases where the decision concerns whether good cause exists for termination of assistance, there shall be no review by the Fall River Housing Authority's Board. The Executive Director, or his designee, shall review all requests for appeal to the Board to determine if they meet the criteria for review by the Board.

William H. King, Chairman, Fall River Joint Tenants Council, Inc., suggested that we have a Housing Authority representative AND a tenant representative review these cases for Board appeal determination. Mr. McDonald agreed with this suggestion and advised that we will be discussing this topic in more detail with RAB members, FRHA staff and the Board of Commissioners.

Page 111 The Section 8 Payment Standards, effective April 1, 2005 are as follows:

BEDROOM SIZE	PUBLISHED FMR	PAYMENT STANDARD
0 bedrooms	\$676	\$609
1 bedrooms	\$732	\$659
2 bedrooms	\$845	\$761
3 bedrooms	\$1,013	\$912
4 bedrooms	\$1,202	\$1,082

We are required to set the payment standards within 90% to 110% of the published FMRs, and at this point in time we are opting to adopt the 90% amounts.

Mr. McDonald advised that this is the first time in thirty (30) years that we are not getting the money from HUD that is necessary to fund the HCVP. We are currently working with a \$700,000 shortfall.

Homeownership Program (HOP)--Mr. McDonald distributed Appendix 4 of the Section 8 Administrative Plan which explains the Homeownership Program (HOP). This handout is a general summary of the HOP, and we will be having more discussions at future RAB meetings regarding whether or not the Housing Authority will partake in this program.

RAB Meeting #3
10/20/2004

Minutes of last meeting were mailed to each RAB member and accepted.

ADMISSIONS AND CONTINUED OCCUPANCY POLICY (ACOP) (CHANGES)

A draft of the Authority's Admissions and Continued Occupancy Policy (ACOP) was distributed to attendees. All changes to the Policy were done in **bold** lettering and are listed below:

Page 7 On Thursdys, the department will accept applications, but will not assist in the preparation unless the applicant is deemed an emergency, in which case, the staff will assist in the application taking.

The Tenant Selection Department has requested to close their offices to the public in order to concentrate on paperwork--including mailings, filing, entering information into the computer, etc. The Housing Assistance Department has been closed to the public on Wednesdays for some time and advise that it has been very beneficial.

Page 17 Income Limits--The current income limits are listed on this page.

Page 18 **For every seven (7) families with a residency preference who are offered assistance, the next highest ranked eligible family without a residency preference shall be offered assistance.** This number was six last year.

Page 31 No Income Clause--**If an applicant or tenant claims to have “no income, the FRHA will require that a sworn affidavit be submitted to the FRHA. This requirement may be extended to include other agencies, where appropriate.**

Page 48 Unit Transfers--For clarification purposes, the objectives of the Transfer Policy include six objectives. **These objectives are not listed in strict order of preference.**

Page 49 Processing Transfers--**Transfers in category 16-2 1 and 2 will be housed ahead of any other families, including those on the applicant waiting list. Transfers in category 1 will be housed ahead of transfers in category 2.**

Page 65 Appendix 1--Deconcentration. Deconcentration only pertains to our family sites. As noted, Heritage Heights is the only site below the acceptable range of 85 to 115%. As such, we will be required to select residents at Heritage Heights based on income until the income levels are recomputed one year from now. This policy will assure that the poorest families are not concentrated in one development.

Page 66 Flat Rents. The chart listed shows the flat rents which are utilized for persons with high incomes.

RAB Meeting #4
11/04/2004

Minutes of last meeting were mailed out to RAB members and accepted.

Work Items Spreadsheet — The Work Items Spreadsheet, for the CFP, was distributed and reviewed in detail. The RAB agreed on all items.

RAB Meeting #5
11/24/04

Minutes of the last meeting were mailed out to all RAB members and accepted.

1. INCOME VERIFICATION

The attached information was distributed to all in attendance and discussed. Mr. McDonald advised that the Authority is attempting to simplify the income verification process a make it a little easier for the residents and staff. Please take a moment to review this information, and if you have any questions, please feel free to bring up this subject at the next RAB meeting.

2. ASSISTED LIVING/CARDINAL MEDEIROS TOWERS

Regarding the proposed partial assisted living facility slated for Cardinal Medeiros Towers, Mr. McDonald advised that the Admissions & Continued Occupancy Plan (ACOP) will include information about keeping a separate waiting list for applicants who are interested in residing in the assisted living facility. The Authority will be inquiring as to whether current Cardinal Medeiros

Towers residents will receive a priority listing on the assisted living waiting list and/or whether the residents will simply be able to complete a transfer application.

3. LEASE

Mr. McDonald advised that after discussions with William King, Chairman, Fall River Joint Tenants Council, Inc. (FRJTC), there are no suggested changes to the FEDERAL portions of the Lease. Even though the current lease pertains to both State and Federal sites, the Department of Housing & Community Development (DHCD) (State) has not approved this lease, and in order to do so, we will have to remove all references regarding the Department of Housing & Urban Development (HUD). DHCD has been requesting that the Authority either have two separate leases, or utilize DHCD's sample lease. We will be reviewing the sample lease over the next few weeks and discuss our options at future RAB meetings.

4. GRIEVANCE PROCEDURES/GRIEVANCE PANEL MEMBERS

The current Grievance Procedures provide the Authority and residents with guidelines regarding the grievance process. We have been rather lax in following these procedures; and as such, many residents are requesting grievance hearings and hearings before the Board of Commissioners when, in fact, there is no legitimate basis for such requests. The Grievance Procedures (attached) clearly state when a resident is entitled to a grievance hearing and/or hearing before the Board of Commissioners. The Authority and the FRJTC agree that we are going to follow these procedures as written. We should see a dramatic decrease in the number of grievance hearings and Board hearings.

Regarding the Grievance Panel, it has been discussed and agreed by the Authority and the FRJTC that Theresa Quental, Residential Services Coordinator/Hearings Officer will be removed from the Grievance Panel because of her current role as Hearings Officer. Theresa will be replaced by Arlene Weglowski, Clerk Interviewer. Beginning on or about the January 1, 2005, any new Panel members, as well as existing members, will be sworn in, as required by the Department of Housing & Community Development (DHCD).

5. PET POLICY

There are no changes to our current Pet Policy, although we are going to advise the managers that strict adherence to the Pet Policy is required by residents and staff. In order for this policy to be successful, we need our residents to assist the Authority in finding out which residents are keeping unregistered, oversized or vicious animals in their units. Many times the residents who are keeping these pets, only let them out after our work day ends. It would be most helpful if our residents could assist us by writing down the apartment number(s) of any neighbors who are not adhering to the Pet Policy and give same to the on-site manager. Any assistance would be appreciated.

RAB Meeting #6 **12/13/04**

Minutes of the last meeting were mailed out to all RAB members and accepted.

1. DECONCENTRATION

The attached Appendix 1 “Deconcentration Policy for Federal Family Developments” was distributed at this meeting. Mr. McDonald explained that in order to comply with the requirements of the Quality Housing and Work Responsibility Act of 1998 (QHWRA), the Fall River Housing Authority is implementing a Deconcentration Plan to assure that families with children are not concentrated in our various federally aided developments.

After analyzing the income levels in the affected family developments and following the formula, we will be required to select residents at Heritage Heights based on income until the income levels are recomputed one year from now. This policy will insure the the lowest income families are not concentrated at this one development.

The Admissions and Continued Occupancy Plan (ACOP) will be amended to include-- The Fall River Housing Authority will select only families making more than \$9,911 for Heritage Heights. We will do a follow-up analysis in six months.

2. MODERNIZATION

Mr. McDonald distributed the attached final modernization schedules. This information is enclosed for your review. If you have any questions, please feel free to ask at the next RAB meeting.

3. LEASE

The enclosed “model lease” from DHCD was reviewed by RAB members in attendance and is enclosed for review. The FRHA is considering adopting this lease so DHCD will approve same. We will attempt to negotiate with DHCD to include the “One Strike Policy” and changing the due date of rental payments from the 1st of the month (as listed on the State lease) to the 7th of the month (as listed on the current lease).

4. GRIEVANCE PANEL

An updated Grievance Panel list is enclosed, and members will be sworn in after the 1st of the year.

5. PUBLIC HEARING

The Public Hearing is scheduled for MONDAY, JANUARY 3, 2005, AT 5:00 P.M., at the O’Brien Apartments Community Hall (Second Street entrance). See enclosed newspaper notice.

RAB Meeting #7 **12/21/04**

A notice regarding date and time of last RAB meeting was mailed to RAB members.

Discussed the Agency Plan Template in detail – no changes were suggested by either the FRHA or the RAB.

PUBLIC HEARING HELD 1/3/2005

Matthew F. Burke, Chairman of the FRHA Board of Commissioners, as well as Commissioner John English attended the meeting for the Authority and the hearing was conducted in an informal manner. The issues discussed are summarized below with any comments notated. Copies of relevant portions of documents were provided to the attendees. The following subjects were discussed and were also reviewed in detail at the RAB meetings. All areas discussed below were also discussed in detail at the RAB meetings.

Daniel McDonald, Deputy Executive Director presented the Agency Plan and it's components for the Authority.

Capital Fund – both the One and Five year plans were passed out and reviewed by the attendees. No attendee had any questions regarding the Plans or the explanation.

Rent Policies – We explained the current proposed rent policy that was agreed to last year. The only change as delineated to the attendees was the Flat Rents proposed for the coming year.

Section 8 Programmatic Changes – The decision to set the Payment Standard at 90% was presented. The changes as shown in the summary above were also presented. The main change discussed was the institution of a Home Ownership Program.

ACOP plan changes were also discussed.

Deconcentration. We explained our Deconcentration Policy and explained the current status whereby we are required to perform actions raising thje average income of residents at Heritage Heights MA006002. We will monitor the situation and make changes as necessary.

In summary the FRHA developed the Agency Plan in conjunction with the RAB and provided the public with an opportunity to discuss and comment at the Public Hearing. The Template itself was discussed at length with no criticisms or suggested changes.

The result is an Agency Plan that is agreed to by all parties and with no unresolved issues. The Plan reflects a workable document and is the Sum of the FRHA, RAB and public desires.

PET POLICY

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Housing Authority in the City of Fall River, Massachusetts. The Fall River Police Department and Fall River Dog Officer shall have responsibility for enforcement of applicable city ordinances. The manager of each of the Authority's public housing developments shall have primary responsibility for enforcing the guidelines in this Pet Policy. Rules and regulations of pet ownership and maintenance and enforcement, including any changes thereto, will be posted in the management office of each housing development which it owns and shall inform all registered pet owners of any changes in such rules and regulations.

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals approved by ADA (seeing eye dogs, etc.) are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

Permission to own and keep a specific pet will not be unreasonably withheld. Approval for pet ownership will be based on, among other things, the resident's demonstration that he/she has the physical and financial capability to care for the pet and certification that he/she will abide by the following guidelines concerning pet ownership and pet maintenance:

1. All pets must be registered with the Housing Authority. Tenants must request in writing permission to have a pet, residents will then receive a written permit *prior* to any animal being kept on or about the premises. Management reserves the right to check references for previous pet guardianship to confirm that the resident has demonstrated that she/he has been a responsible pet guardian. Residents will receive a certificate and ID TAG from FRHA management for the animal after completing and submitting the required documentation (see #5). **Animal must wear tag at all times.** The privilege of having an animal may be revoked at any time subject to the Housing Authority grievance procedure if the animal becomes destructive, is a nuisance, or infringes the safety of others. (Form A)
2. **No pet sitting is allowed for any animals.** No visitor is allowed to bring his or her pet to FRHA property. Any animal on FRHA property at anytime must be pre-registered to management. **No exceptions.**
3. This pet policy will pertain to state aided developments until March 31, 2006. FRHA management will re-convene with the representatives of the RAB to further discuss and deliberate the no pet policy in state family developments. At that time, if a no pet policy is implemented the grandfather clause will be initiated. Residents would then have to complete a grandfather form to keep his/her pet. (Form B)
4. A maximum number of one pet per household is permitted. Two (2) aquariums – one not to exceed twenty (20) gallons in capacity and the other not to exceed ten (10) gallons – may be permitted. Many fish is acceptable, but no more then (2) two birds (no birds of prey e.g. eagles, hawks, falcons), may be kept if they do not create a nuisance as determined by Housing Management. Birds must be confined to a cage at all times, unless exercised during controlled conditions in resident pet owner's apartment.
5. The tenant is responsible to give management the following documentation within 30 days of the issuance of the written approval: (Form C & D)
 - A. A color photo and identifying description and name of the pet to be housed.
 - B. The attending veterinarian's name, address, and telephone number.
 - C. Veterinary certificate of spaying or neutering, no later then six (6) months of age. Rabies, distemper, parvovirus, feline leukemia, and other inoculations when applicable.
 - D. Licensing certificates in accord with state and local laws.
 - E. Name, addresses and phone numbers of two (2) a primary and alternate caretaker who will assume immediate responsibility for the pet should the owner is unable to care for pet. This caretaker must provide a written verification acknowledging their willingness to assume responsibility for the pet in compliance with the guidelines established in this Pet Policy.
 - F. A Pet Rider or Addendum to the resident's current lease executed by the resident.

1. Only common household pets (dogs, cats, birds, guinea pigs, gerbils, hamsters, and other common small domesticated animals, ferrets are not considered a common household pet) will be approved by the FRHA for ownership and maintenance. No vicious or intimidating dogs (Shar-pie, Chow Chow, Terriers, (Boston, Wheaten, Con Terriers are allowed) Pit Bull, Doberman, German Shepard, Rottweiler, any mixture of said mentioned, or any animal over 40 lbs. The forty (40) pound weight limit shall apply to the size for an animal in normally good condition. Animals over this weight limit due to weight gain will not be eliminated solely due to its weight. Any animal deemed to be potentially harmful to the health or safety of others, including attack or fights trained dogs, will not be allowed. No snakes, iguanas, or any type of reptile are allowed. The FRHA shall be the final arbiter on this matter.
2. If pets are left unattended for a period of twenty-four (24) hours or more, the Authority may enter the dwelling unit, remove the pet and transfer it to the proper authorities at the residents expense, that is subject to the provision of state law and pertinent local ordinances. The Housing Authority accepts no responsibility for the animal under such circumstances. If the primary caretakers designated by the pet owner is unable or unwilling to assume responsibility for the pet upon the incapacitation of the owner and the owner is unable to locate an alternate caretaker within twenty-four (24) hours, the Authority may enter the owner's unit, remove the pet, and arrange for the pet's care for no less than ten (10) days to protect the pet. Funds for such care will be billed to the resident (see #8). The Authority may contact the Massachusetts Society for the Prevention of Cruelty to Animals or other suitable humane society for assistance in providing alternate arrangements for the care of the pet if a caretaker cannot be located.
3. If animal control officer removes any pet, resident will be fully responsible for fees associated with removal and care of said animal. FRHA or Animal Control Officer reserves the right to remove said animal if safety of residents, concern of property and care of animal is in question.
4. No pet may be kept in violation of humane or health laws.
5. Management reserves the right to require animal guardians to relocate to a comparable unit on the ground floor or other suitable unit of their building base upon written complaints concerning; 1) the behavior of the dog/cat (etc.) in the elevator or hallways; or 2) the documented medical conditions of resident(s) affected by the presence of the animal. Designated elevator use will be the ONLY elevators used by pet guardians when they are with their pets.
6. Dogs and cats shall remain inside a tenant's unit. When taken outside the unit, dogs and cats must be kept on a leash, controlled by a responsible household member. No animal shall be permitted to be loose in hallways, lobby areas, cellar, basement, laundry areas, community rooms, yards or other common areas of the facility. Pets are not to be tied outside or on the patio.
7. Residents must provide litter boxes for cat waste, which must be kept in the dwelling unit. Residents shall not permit refuse from litter boxes to accumulate nor become unsightly or unsanitary. Residents are solely responsible for cleaning up pet (dog, cat, etc.) droppings, outside the unit and on facility grounds. Droppings of pets must be disposed of by being placed in a sack and then placed in a refuse container outside the building. In a high-rise facility residents are responsible to dispose pet waste properly in a sealed sack and placed in the refuse drop in hallway. Under no circumstances should any pet debris be deposited in a toilet, as blockages will occur. Residents will be responsible for the cost of repairs or replacements of any damaged toilets or pipes. Tenant must take all necessary precautions to eliminate any pet odors and insect infestation within or around unit and maintain unit in a sanitary condition at all times (see # 17).
8. Residents shall not permit their pet to disturb, interfere, or diminish the peaceful enjoyment of other residents. The terms, "disturb, interfere or diminish" shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities.
9. Tenants shall not alter their unit, patio or unit area to create an enclosure for an animal.
10. Tenants are prohibited from feeding stray animals. The feeding of stray animals shall constitute having a pet without permission of the Housing Authority.

11. Management has the right to make a home visit to observe the pet, the quarters in which it is kept, and the condition of the unit when proper notice is given or under unique circumstances.
12. Pet guardians are encouraged to secure personal liability insurance or other insurance to indemnify the property management against pet-related litigation and attorney fees. Tenant is responsible for all damages and actions done by their pet and will pay for all repairs and misgivings. Any sums necessary to repair (cleaning of carpets and /or fumigation of units etc.) such damage will be billed to the pet guardian. Tenants are responsible for materials/labor on all damages caused by their pets. Damage payment plans may be negotiated between the Authority and the pet owner at the FRHA's discretion. Disputes concerning the amount of such damages are subject to the standard grievance procedures described in the owner's lease.
13. Tenants who violate these rules are subject to: (a) being required to get rid of the pet within 30 days of notice by the Housing Authority; and/or, (b) eviction.

Management will establish a pet committee for resolving complaints consisting of three (3) members: one (1) resident who is a pet guardian, one (1) resident who is not a pet guardian and one (1) local interested humane group member or veterinarian. Complaints must be in writing, all written complaints shall be referred to the pet committee for resolution. The pet committee to verbal or unsigned complaints shall give no credence. Management will also inform the pet guardian of any other rule infractions and will duly notify the pet committee for attempted resolution.

- Upon second notice of a written legitimate complaint from the pet committee to the pet guardian, the resident shall be advised that a further notice shall be cause for termination of the pet rider provisions; except that in the case of a serious problem, e.g. a vicious dog, this procedure may be shortened in the interest of public safety.

Resident has received a copy of the FRHA pet policy. The pet policy rules and regulations have been explained to the tenant by the FRHA management. The tenant understands the above regulations regarding pets and agrees to conform to the FRHA pet policy.

The resident at the time of signing this agreement has a pet _____.
Signature of resident

The resident at the time of signing this agreement does not have a pet _____.
Signature of resident

Tenant Signature

Date

Witness Signature

Date

FALL RIVER HOUSING AUTHORITY
APPLICATION FOR PET PERMIT

I am officially requesting permission of the Fall River Housing Authority to house a pet in accord with the Family Housing Pet Policy promulgated by the Fall River Housing Authority. I have received a copy of this pet policy, understand all of my right and obligations under this pet policy, and agree to abide by all of the rules listed in the pet policy.

I understand and agree that I will not house a pet until such time as my application for pet permit has been reviewed and formally approved in writing by the Fall River Housing Authority.

I am requesting permission to house the following pet:

(Identify breed and describe pet fully, including current size/weight of pet, and projected size/weight of pet at maturity)

THIS SECTION MUST BE COMPLETED/SIGNED BY
VETERNARIAN/ANIMAL SHELTER

Breed: _____
(please make reference to reverse side)

Current size/wgt: _____ Projected size/wgt: _____

Description: _____

Tenant Information

Signature

Name: _____

Address: _____

Apartment No: _____

Telephone No: _____

Date: _____

“GRANDFATHER” CLAUSE

This grandfather clause is added as an addendum to the attached pet policy for ...

_____ and
(resident)

_____ on
(management)

Pets of residents that do not conform to the attached pet policy (for example, multiple animals in excess of the policy or types of animals not allowed by policy), that reside with the resident prior to the adoption of the attached pet policy, are allowed, provided that the resident conforms with all other aspects of the pet policy for each pet listed (without exception) and the resident agrees to all terms.

If the resident gives away or otherwise relinquishes any pet listed herein, or if/when the pet (s) dies, any future pets of the resident must conform to the attached pet policy, the resident will not be permitted to replace a relinquished of deceased pet in excess of the limit stated in the pet policy. Future pet (s) must be approved by management prior to taking up residence and must be maintained in accordance with the pet policy.

(name/description of “non-conforming pet)

(resident signature)

(management signature)

(date)

FALL RIVER HOUSING AUTHORITY
DISPOSITION OF PET PERMIT APPLICATION

Date

Name

Address

Apartment No.

Your application for Pet Ownership received on _____ has been:

Tentatively Approved Approved

Rejected for the following reasons:

If the above indicates tentative approval, approval is conditional on the receipt of the following within thirty (30) days from this notice.

- _____ A color photo and identifying description and name of pet.
- _____ Attending veterinarian's name, address and telephone number.
- _____ Veterinary certificate of spaying or neutering; Rabies, Distemper, Parvovirus, Feline Leukemia and other inoculations, when applicable.
- _____ Dog license certificates in accord with local and state laws.
- _____ Names, addresses and telephone numbers of two (2) alternate caretakers who will assume responsibility of the pet should the owner become incapacitated. These caretakers must provide written verification acknowledging willingness to assume these responsibilities.

Date

Fall River Housing Authority

Rev: 11/20/01
(over)

DISPOSITION OF PET PERMIT APPLICATION

MANAGERS CHECK OFF LIST

Color Pet Photo

Veterinarian Name

Address

Telephone No.

VETERINARY CERTIFICATES

Spaying or Neutering

Rabies

Distemper

Others

Dog license with Local & State Laws

FALL RIVER HOUSING AUTHORITY

APPLICATION FOR PET

PRIMARY CARE TAKER

_____ (date)

I, _____ of _____ telephone no.

_____ agree that I will assume responsibility for the pet owned by

_____ of _____ telephone no. _____ in the event that owner becomes incapacitated or not immediately available to care for pet.

I further agree that while pet is in my care and custody, I will follow all guidelines established in the Fall River Housing Authority Pet Policy.

Witness:

_____ (signature) _____ (date)

ALTERNATE CARETAKER

I, _____ of _____ telephone no. _____

Agree that I will assume responsibility for the pet owned by

Of _____ telephone no. _____ in the event that owner becomes incapacitated or not immediately available to care for pet. I further agree that while pet is in my care and custody, I will follow all guidelines established in the Fall River Housing Authority Pet Policy.

Witness:

(signature) (date)

COMMUNITY SERVICE AND CONTINUED OCCUPANCY

14.0 CONTINUED OCCURNCY AND COMMUNITY S ERVICE

14.1 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) within the community in which the public housing development is located, or (2) participate in an economic self-sufficiency program unless they are exempt from this requirement

14.2 EXEMPTIONS

The following adult family members of tenant families are exempt from this requirement.

- A. Family members who are 62 or older
- B. Family members who are blind or disabled
- C. Family members who are the primary care giver for someone who is blind or disabled
- D. Family members engaged in work activity
- E. Family members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program
- F. Family members receiving assistance under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program

14.3 NOTIFICATION OF THE REQUIREMENT

The Fall River Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Fall River Housing Authority shall notify all such family members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim

and explain an exempt status. The Fall River Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after 4/1/2002. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

14.4 VOLUNTEER OPPORTUNITIES AND ECONOMIC SELF SUFFICIENCY

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Fall River Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the resident advisory councils, the Fall River Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

14.5 THE PROCESS

At the first annual reexamination on or after April 1, 2002 and each annual reexamination thereafter, the Fall River Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the family members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.

- D. Assign family members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the family member's progress monthly and will meet with the family member as needed to best encourage compliance.
- E. Thirty (30) days before the family's next lease anniversary date, the volunteer coordinator will advise the Fall River Housing Authority whether each applicable adult family member is in compliance with the community service requirement.

14.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

The Fall River Housing Authority will notify any family found to be in noncompliance of the following:

- A. The family member(s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated;

14.7 OPPORTUNITY FOR CURE

The Fall River Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the family member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service by more than three (3) hours after three (3) months, the Fall River Housing Authority shall take action to terminate the lease.

14.8 OPPORTUNITIES TO PERFORM THE SERVICE REQUIREMENTS

The Fall River Housing Authority in conjunction with the Resident Advisory Board has determined that the FRHA and our residents will best be served if we liberally define what constitutes Community Service and Economic Self Sufficiency activities. The following partial list of activities, are suggestions only and are not meant to be all inclusive. Any activity which benefits the residents' economic self sufficiency will be accepted and any activity that reasonable provides the FRHA developments or the general public with a needed service will also be accepted. All opportunities to perform community service will be provided and performed with pride and dignity.

- GED Program
- High School completion
- ESL English as a Second Language Program
- Vocational School
- College Courses
- Participation in Foster Grandparent program
- Provide arts and crafts for elderly residents
- Provide arts and crafts for children
- Gardening around FRHA sites
- Volunteering with Food Kitchens or programs to help low income residents of Fall River
- Visit Nursing homes or Hospitals
- Run Errands for Elderly or Handicapped City residents
- Peer Leadership
- Red Cross
- Tutoring
- Volunteer participation in after school childcare program
- Working with FR Joint Tenants to educate residents on their rights and organization, as well as passing out flyers and otherwise assisting the FRJTC in its mission
- Other activities as may from time to time be added by the FRHA or agreed to with the Resident Advisory Board
- Volunteer work in the public sector
- Volunteer work in the FRHA and the FRHAJTC
- Attendance at monthly resident meetings

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

PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
---	---	----------------------------------

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:1)
 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 #1	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs	218,810	221,733	221,733	221,732.73
	Management Improvements Hard Costs				
4	1410 Administration	206,395	135,077	135,077	71,317..23
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	150,000	150,000	150,000	66,675.17
8	1440 Site Acquisition				
9	1450 Site Improvement	185,500	480,706	480,706	480,658.00
10	1460 Dwelling Structures	2,311,038	1,914,281	1,914,281	869,207.96
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	172,950	342,896	342,896	46,333.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
--	--	---

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:1)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines.....)	3,244,693	3,244,693	3,244,693	1,755,924.19
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
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	Revision #1	Obligated	Expended		
MA 06-1 Sunset Hill	Landscaping/site improvements	1450		0	318,650	318,650	318,650.50	Complete	
	Upgrade Emergency Light System	1460		30,400	30,400	30,400	2,240.56	In Progress	
	Reglaze Bathtubs	1460		15,500	15,500	15,500	185.00	In Progress	
	Install by-pass hot water mixing valves	1460		19,525	0	0	0	Omitted	
	New circulators on heating lines	1460		0	37,000	37,000	31,499.90	In Progress	
	Painting Apts & adm bldg	1460		0	185,000	185,000	183,230.00	In Progress	
	New apt door locks	1460		0	618,000	618,000	100,670.00	In Progress	
	Expand maintenance area	1470		22,700	0	0	0	Omitted	
MA 06-2 Heritage Heights	Landscaping/site improvement	1450		5,500	19,350	19,350	19,350.00	Complete	
	Upgrade emergency light system	1460		10,500	0	0	0	Omitted	
	Install instantaneous hot water tanks	1460		12,000	0	0	0	Omitted	
	Install by-pass hot water mixing valves	1460		6,985	0	0	0	Omitted	
	Window replacement	1470		0	12,320	0	12,250.00	In Progress	
MA 06-3 Diaferio Village	Landscaping	1450		160,000	26,725	26,725	26,725.00	Complete	
	Install heating system in apts	1460		12,320	131,840	131,840	112,401.00	In Progress	
	Upgrade cleanouts in basements	1460		53,500	0	0	0	Omitted	
	Building exterior painting	1460		20,000	0	0	0	Omitted	
	Replace downspouts	1460		0	13,880	13,880	13,880.00	Complete	
	Construct Modular Building	1460		0	616,000	616,000	164,160.00	In Progress	
MA 06-4 Oak Village	Install by-pass hot water mixing valves	1460		2,200	0	0	0	Omitted	
	Upgrade maintenance area	1470		15,500	0	0	0	Omitted	
	Close louvers on community bldg	1470		5,000	0	0	0	Omitted	

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
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	Revision #1	Obligated	Expended	
	Ventilate community building		1470		6,500	0	0	0	Omitted
MA 06-5 O'Brien Apts	Upgrade bldg. exterior & stairwells		1460		40,000	1,300	1,300	1,300.00	Complete
	Remove pneumatic valve compressor		1460		2,500	0	0	0	Omitted
	Relocate corridor fire hydrants		1460		38,250	0	0	0	Omitted
	Upgrade air conditioning main office		1460		11,750	13,250	13,250	13,179.28	Complete
	Install light system emergency pulls		1460		210,008	0	0	0	Omitted
	Install keyed access system		1460		0	22,230	22,230	22,230.00	Complete
	Install non-electric zone valves		1470		1,500	0	0	0	Omitted
	Install exhaust system for maintenance		1470		10,000	0	0	0	Omitted
	Emerg/Generator/Fire Alarm		1470		0	50,184	50,184	5,130.00	In Progress
MA 06-6 Holmes Apts	Landscaping/site improvements		1450		0	1,0811	10,811	10,810.90	Complete
	Upgrade stairwells & corridor lighting		1460		35,600	0	0	0	Omitted
	Upgrade fire doors		1460		18,000	0	0	0	Omitted
	Install by-pass hot water mixing valves		1460		15,500	0	0	0	Omitted
	Replace entrance doors to roof		1460		5,500	0	0	0	Omitted
	Replace trash chute doors		1460		8,500	0	0	0	Omitted
	Window Glazing		1460		0	6,200	6,200	6,200.00	Complete

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
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	Revision #1	Obligated	Expended		
	Waterproofing/Masonry repairs	1460		0	95,000	95,000	94,739.69	In Progress	
	Emergency Hot Water Boilers	1460		0	5,701	5,701	5,701.02	Complete	
	Upgrade maintenance area	1470		15,000	0	0	0	Omitted	
	Upgrade laundry room	1470		15,000	850	850	850	Complete	
	Upgrade Fire Alarm	1470		0	62,895	62,895	0	In Progress	
MA 06-7 Oliveira Apts.	Landscaping/site improvements	1450		0	5,500	5,452	5,451.60	Complete	
	Upgrade stairwells & corridor lighting	1460		15,000	0	0	0	Omitted	
	Install isolation valves in apts	1460		4,620	0	0	0	Omitted	
	Isolate pull stations per floor	1460		10,000	0	0	0	Omitted	
	Rehab office	1470		25,000	0	0	0	Omitted	
	Emergency Generator/Fire Alarm	1470		0	78,896	78,896	15,911	In Progress	
MA 06-8 Cardinal Medeiros Towers	Erect bollard at exterior gas meter	1450		5,000	0	0	0	Omitted	
	Landscaping/site improvements	1450		0	13,495	13,495	13,495	Complete	
	Isolate pull stations per floor	1460		14,000	6,201	6,201	1,850.00	In Progress	
	Upgrade stairwells & corridor lighting	1460		88,578	0	0	0	Omitted	
	Install new light fixtures kitchens/baths	1460		15,600	0	0	0	Omitted	
	Install fans in community room	1460		10,500	730	730	730	Complete	
	Rehab office	1470		15,000	0	0	0	Omitted	
	Install unit heaters maintenance area	1470		6,750	0	0	0	Omitted	
	Emergency generator/fire alarm	1470		0	15,597	15,597	15,597	Complete	

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
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	Revision #1	Obligated	Expended		
MA 06-10 Cottell Apts.	Replace pole lighting	1450		15,000	0	0	0	Omitted	
	Upgrade stairwells & corridor lighting	1460		49,302	0	0	0	Omitted	
	Install check valves heating system	1460		3,905	0	0	0	Omitted	
	Access panel for kitchen sinks	1460		6,500	0	0	0	Omitted	
	Rehab office	1470		15,000	0	0	0	Omitted	
	Upgrade maintenance area	1470		20,000	0	0	0	Omitted	
	Upgrade Fire Alarm	1470		0	74,869	74,869	0	InProgress	
MA 6-11 Mitchell Apts	Upgrade stairwells & corridor lighting	1460		70,160	0	0	0	Omitted	
	Revamp underhang lighting	1460		25,250	0	0	0	Omitted	
	New controller for heating pump motor	1460		5,500	0	0	0	Omitted	
	Emergency hot water boiler	1460		0	20,729	20,729	20,728.43	Omitted	
	Install new domestic water pump	1460		0	11,000	11,000	10,952.00	Complete	
	Emergency Generator/Fire Alarm	1470		0	59,605	59,605	8,845.00	In Progress	
MA 6-13 N. Rocliffe Apts	Landscaping/site improvements	1450		0	8,755	8,755	8,755.00	Complete	
	Redesign front & rear entrances	1460		340,000	0	0	0	Omitted	
MA 6-15	Landscaping/site improvements	1450		0	15,300	15,300	15,300.00	Complete	

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
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	Revision #1	Obligated	Expended	
Fordeny Apts MA 6-15	Redesign front & rear entrances Upgrade pumping station		1460 1460		340,000	00 72,000	0 72,000	0 71,081.08	Omitted In Progress
MA 6-16 Bennie Costa Plaze	Landscaping/site improvements Redesign front & rear entrances		1450 1460		0 491,051	31,070 0	31,070 0	31,070 0	Complete Omitted
MA 6-17 Riley Plaza	Landscaping/site improvements Redesign front & rear entrances		1450 1460		0 252,534	31,050 0	31,050 0	31,050 0	Complete Omitted

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50102 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
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	Revision #1	Obligated	Expended	
PHA WIDE	Elder Services Contract		1408		15,600.00	7288	7288	7,288.57	Complete
	Tenant Coordinator		1408		10,000	8,477	8,477	8,477.00	Complete
MANAGEMENT	Hire City Police/Security Guards		1408		193,210.00	205967	205967	205,967.16	Complete
PHA-WIDE									
ADMIN	Financial Analyst		1410		29,500.00	0	0	0	Omitted
	Project Manager		1410		33,500.00	33,500.00	33,500	22,987.76	In Progress
	Inventory/Work Order Clerk I		1410		27,530.00	27,530.00	27,530	13,930.45	In Progress
	Inventory/Work Order Clerk II		1410		27,530.00	0	0	0	Omitted
	Modernization/devel Coord		1410		41,111	41,111	41,111	25,381.24	In Progress
	Fringe Benefits		1410		47,224.00	22,936	22936	9,017.88	In Progress
	Clerk of the Works		1410		0	10000	10000	0	In Progress
FEES & COSTS	Fees & Costs for Engineering Services		1430		145,000	145,000	145,000	66,675.17	In Progress
	CFP Advertising for Contracts		1430		5,000	5,000	5,000	0	In Progress
Total									

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

PHA Name:		Grant Type and Number Capital Fund Program No: MA06-P006-50102 Replacement Housing Factor No:					Federal FY of Grant: 2002	
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		
MA6-01 SUNSET HILL	05/04			05/06				
MA6-02 HERITAGE	05/04			05/06				
MA6-03 DIAFERIO	05/04			05/06				
MA6-04 OAK VILLAGE	05/04			05/06				
MA6-05 O'BRIEN Apts	05/04			05/06				
MA6-06 HOLMES Apts	05/04			05/06				
MA6-07 OIVEIRA Apts	05/04			05/06				
MA6-08 CARDINAL MEDEIROS TOWERS	05/04			05/06				
MA6-10 COTTELL	05/04			05/06				
MA6-11 MITCHELL	05/04			05/06				
MA6-13 N. ROCLIFFE	05/04			05/06				
MA6-15 FORDNEY	05/04			05/06				
MA6-16 BENNIE COSTA	05/04			05/06				
MA6-17 RILEY PLAZA	05/04			05/06				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report						
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary						
PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 Replacement Housing Factor Grant No:			Federal FY of Grant: 2003	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) Rev #1 <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost		
		Original	Revised #1	Obligated	Expended	
1	Total non-CFP Funds					
2	1406 Operations	53,775	25,632	25,632	25,632.13	
3	1408 Management Improvements Soft Costs	385,725	456,325	456,325	456,324.55	
	Management Improvements Hard Costs					
4	1410 Administration	152,620	122,401	122,401	110,346.79	
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	150,000	125,000	125,000	0	
8	1440 Site Acquisition					
9	1450 Site Improvement	30,000	0	0	0	
10	1460 Dwelling Structures	1,556,861	1,151,314	729,302	424,944.74	
11	1465.1 Dwelling Equipment—Nonexpendable					
12	1470 Nondwelling Structures	110,500	558,809	503,829	123,651.12	
13	1475 Nondwelling Equipment	2,500	2,500	0	0	
14	1485 Demolition					
15	1490 Replacement Reserve					
16	1492 Moving to Work Demonstration					
17	1495.1 Relocation Costs					
18	1499 Development Activities					
19	1502 Contingency					
	Amount of Annual Grant: (sum of lines.....)	2,441,981	2,441,981	1,962,489	502,895.93	

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

PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
--	--	---

Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:) Rev #1
Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 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	Revision #1	Obligated	Expended		
MA 06-1 Sunset Hill	Install expansion joints sewer lines	1450		30,000	0	0	0	Omitted	
	New building apt. door locks	1460		50,000	0	0	0	Omitted	
	New circulators on heating lines	1460		0	0	0	0	Omitted	
	Replace auto vents on heating lines	1460		35,500	27,076	0	0	Planning	
	New heavy duty baseboard covers	1460		188,598	34,651	0	0	Planning	
	Replace gauges around mixing valves	1460		29,600	0	0	0	Omitted	
	Install new hot water mixing valve bsmt	1460		18,500	0	0	0	Omitted	
	Replace mixing valves in showers	1460		106,500	0	0	0	Omitted	
	Install new zone valves in showers	1460		71,000	0	0	0	Omitted	
	Replace sump-pumps basements	1460		96,100	0	0	0	Omitted	
	Re-install main heating line basements	1460		0	0	0	0	Omitted	
	Emergency roof repairs	1460		5,000	4,200	4,200	4,200.00	Complete	
	Expand maintenance area	1470		32,000	0	0	0	Omitted	
MA 06-2 Heritage Heights	Rebuild hot water mixing valves	1460		9,500	9,100	9,100	9,100	Complete	
	New bathroom faucets	1460		47,600	47,600	0	0	Planning	
	Install new apartmt metal doors/frames	1460		95,250	92,250	0	0	Planning	
MA 06-3 Diaferio Village	Install coin vents in apt. baseboards	1460		44,800	0	0	0	Omitted	
	Install tub wall liners	1460		47,585	47,585	0	0	Planning	
	Separate heating zones mgmt/maint area	1470		30,000	30,000	0	0	Planning	
MA 06-4 Oak Village	Remove incinerators	1450		0	0	0	0	Omitted	
	New apt isolation valves	1460		8,000	8,000	0	0	Planning	
	New bathroom sinks & faucets	1460		24,000	19,725	0	0	Planning	
	New shut-offs under toilets	1460		4,000	4,000	0	0	Planning	
	Upgrade heating controls in buildings	1460		4,500	4,500	0	0	Planning	
	Window Sealant replacement	1460		0	17,500	0	0	Planning	
	Handicapped rails comm. bldg	1460		0	4,275	0	0	Planning	
	Install new heating zones comm. room	1470		10,500	10,500	0	0	Planning	

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 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	Revision #1	Obligated	Expended	
MA 06-5	Install heat in old boiler room		1460		15,000	0	0	0	Omitted
O'Brien Apts.	Replace generator, Remove asbestos		1460		0	0	0	0	omitted
	Upgrade office light fixtures		1470		12,500	12,500	0	0	Planning
	Common area improvements		1470		15,500	45,000	304	304	Planning
	Upgrade Fire Alarm		1470		0	44,904	44,904	0	Planning
MA 06-6	New bathroom faucets		1460		10,000	10,000	0	0	Planning
Holmes Apts.	New toilet shut-offs		1460		10,000	10,000	0	0	Planning
	Instsall clean-out/1st ^l floor office area		1470		3,500	3,500	0	0	Planning
	Common Area Improvements		1470		0	45,000	304	304	Planning
	Upgrade fire alarm		1470		0	44,905	44,905	0	Planning
MA 06-7	Roof Replacement		1460		0	146,000	146,000	0	Planning
Oliveira Apts	Common Area Improvements		1470		0	45,000	304	304	Planning
	Upgrade fire alarm		1470		0	44,905	44,905	0	Planning
MA 06-8	New exterior metal rails		1450		65,000	0	0	0	Omitted
	Upgrade emergency pull cord system		1460		265,000	47,500	0	0	Planning
Cardinal	Repair 6" ck valve sprinkler system		1460		3,500	3,500	0	0	Planning
Medeiros Towers	New shut-offs for toilet		1460		15,600	15,600	0	0	Planning
	Upgrade laundry room		1460		6,500	0	0	0	Omitted
	New community room curtains		1475		2,500	2,500	0	0	Planning

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 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	Revision #1	Obligated	Expended		
MA 06-10 Cottell	Replace roof exhaust units/louvers	1460		20,150	0	0	0	Planning	
	Repair/replace hot water storage tanks	1460		55,000	55,000	0	0	Planning	
	Install new hot water mixing valves	1460		14,200	14,200	0	0	Planning	
	Install isolation valves on risers	1460		4,200	4,200	0	0	Planning	
	Common Area Improvements	1470		0	65,000	304	304	Planning	
	Upgrade fire alarm	1470		0	44,905	44,905	0	Planning	
MA 06-11	Install new domestic water pump	1460		55,000	10,000	0	0	Planning	
	Upgrade public restrooms	1460		10,000	10,000	0	0	Planning	
	Install 2 new heating circulators	1460		1,500	0	0	0	Planning	
	Building exterior repairs	1460		355,000	2,945	2,945	2,945.00	In Progress	
	Common Area Improvements	1470		0	70,000	304	304.00	Planning	
	Upgrade fire alarm	1470		0	44,905	44,905	0	Planning	
MA 6-13 N. Roccliffe Apts	Install by-pass on water heaters	1460		1,500	1,500	0	0	Planning	
	Install new apartment shut-off valves	1460		3,500	3,500	0	0	Planning	
	Install new shut-offs for sinks/toilets	1460		7,000	7,000	0	0	Planning	
	Re-design front/rear entrances	1460		0	100,319	100,319	0	Planning	
MA 6-15 Fordeny Apts	Install by-pass on water heaters	1460		2,100	2,100	0	0	Planning	
	Install new apartment shut-off valves	1460		3,600	3,600	0	0	Planning	
	Install new shut-offs for sinks/toilets	1460		7,200	7,200	0	0	Planning	
	New hot air furnace maint area	1460		9,500	9,500	0	0	Planning	
	Re-design front/rear entrances	1460		0	110,319	110,319	0	In Planning	

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 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	Revision #1	Obligated	Expended	
MA 6-16	In-stall by-pass on water heaters		1460		3,000	3,000	0	0	Planning
	Install new apt shut-off valves		1460		6,000	6,000	0	0	Planning
	Install new shut-offs sinks/toilets		1460		12,000	12,000	0	0	Planning
	Re-design front/rear entrances		1460		0	110,319	110,319	0	Planning
MA 6-17 Riley Plaza	Install by-pass on water heaters		1460		1,500	1,500	0	0	Planning
	Install new apartment shut-off valves		1460		2,500	2,500	0	0	Planning
	Install new shut-offs for sinks/toilets		1460		5,000	5,000	0	0	Planning
	New hot air furnace maint area		1460		9,500	9,500	0	0	Planning
	Re-design front/rear entrances		1460		0	119,698	119,698	0	Planning

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 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	Revision #1	Obligated	Expended		
PHA WIDE	Inventory Work Order Clerk I	1406		24,000	24,000	24,000	16,371.30	In Progress	
	Inventory Work Order Clerk II	1406		29,775	0	0	0	In Progress	
MANAGEMENT									
	Elder service contract	1408		15,600	7,750	7,750	7750.00	Complete	
	Hire City police/security	1408		360,125	383,566	383566	383565.87	Complete	
	Tenant Coordinator	1408		10,000	7758	7758	7758.68	Complete	
	Assisted living	1408		0	59500	59500	12,500.10	In Progress	
PHA-WIDE									
ADMIN	Financial Analyst	1410		26,000	16000	16000	2400.00	In Progress	
	Project Manager	1410		36,250	36250	036250	18,641.10	In Progress	
	Modernization/devel Coord	1410		42,241	28129	018219	9017.880	In Progress	
	Fringe Benefits	1410		48,129	42022	042022	027126.00	In Progress	
FEES & COSTS	Fees & Costs for Engineering Services	1430		145,000	125,000	0	0	In Progress	
	CFP Advertising for Contracts	1430		5,000	0	0	0	In Progress	

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50103 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	Revision #1	Obligated	Expended	
Total									

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

PHA Name:		Grant Type and Number Capital Fund Program No: MA06-P006-50103 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	
MA6-01 SUNSET HILL	09/05			09/07			
MA6-02 HERITAGE	09/05			09/07			
MA6-03 DIAFERIO	09/05			09/07			
MA6-04 OAK VILLAGE	09/05			09/07			
MA6-05 O'BRIEN Apts	09/05			09/07			
MA6-06 HOLMES Apts	09/05			09/07			
MA6-07 OIVEIRA Apts	09/05			09/07			
MA6-08 CARDINAL MEDEIROS TOWERS	09/05			09/07			
MA6-10 COTTELL	09/05			09/07			
MA6-11 MITCHELL	09/05			09/07			
MA6-13 N. ROCLIFFE	09/05			09/07			
MA6-15 FORDNEY	09/05			09/07			
MA6-16 BENNIE COSTA	09/05			09/07			
MA6-17 RILEY PLAZA	09/05			09/07			

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

PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
---	---	----------------------------------

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 #1	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	547,567		0	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	1502 Contingency				
	Amount of Annual Grant: (sum of lines.....)	547,567		0	0

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

PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50203 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
---	---	----------------------------------

xOriginal 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	
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50203 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	Revision #1	Obligated	Expended	
MA 06-1 Sunset Hill	None				0				
MA 06-2 Heritage Heights	None				0				
MA 06-3 Diaferio Village	Construct Modular Building		1460		205,567		0	0	Planning
MA 06-4 Oak Village	None				0				
MA 06-5 O'Brien Apts	None				0				
MA 06-6 Holmes Apts.	None				0				
MA 06-7 Oliveira Apts.	None				0				
MA 06-8 Medeiros Towers	Replace Roof		1460		150,000				Planning

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50203 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	Revision #1	Obligated	Expended	
MA 06-10 Cottell Apts.	None				0				
MA 06-11	None				0				
MA 6-13 N. Rocliffe Apts	None				0				
MA 6-15 Fordeny Apts	None				0				
MA 6-16 Bennie Costa	Replace Roof		1460		192,000		0	0	Planning

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50203 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	Revision #1	Obligated	Expended	
Plaze									
MA 6-17 Riley Plaza	None				0				

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

PHA Name:	Grant Type and Number Capital Fund Program No: MA06-P006-50203 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	
MA6-01 SUNSET HILL	02/06			02/08			
MA6-02 HERITAGE	02/06			02/08			
MA6-03 DIAFERIO	02/06			02/08			
MA6-04 OAK VILLAGE	02/06			02/08			
MA6-05 O'BRIEN Apts	02/06			02/08			
MA6-06 HOLMES Apts	02/06			02/08			
MA6-07 OIVEIRA Apts	02/06			02/08			
MA6-08 CARDINAL MEDEIROS TOWERS	02/06			02/08			
MA6-10 COTTELL	02/06			02/08			
MA6-11 MITCHELL	02/06			02/08			
MA6-13 N. ROCLIFFE	02/06			02/08			
MA6-15 FORDNEY	02/06			02/08			
MA6-16 BENNIE COSTA	02/06			02/08			
MA6-17 RILEY PLAZA	02/06			02/08			

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

PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
---	---	----------------------------------

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 #1	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	53,775		53,775	0
3	1408 Management Improvements Soft Costs	433,000		433,000	10,454.05
	Management Improvements Hard Costs				
4	1410 Administration	125,345		125,345	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	100,000		100,000	0
8	1440 Site Acquisition				
9	1450 Site Improvement	17,400		0	0
10	1460 Dwelling Structures	1,986,043		0	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	136,200		0	0
13	1475 Nondwelling Equipment	7,500		0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: Fall River Housing Authority 85 Morgan Street P. O. Box 989\ Fall River, MA 02722	Grant Type and Number Capital Fund Program Grant No: MA06-P006-50104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004
---	---	----------------------------------

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	
	Amount of Annual Grant: (sum of lines.....)	2,859,263		712,120	10,454.05
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50104 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	Revision #1	Obligated	Expended	
MA 06-1 Sunset Hill	Replace roofs		1460		50,000		0	0	Planning
	Window glazing		1460		0		0	0	Omitted
	Repair concrete stairs		1460		120,000		0	0	Planning
	Painting apts & adm building		1460		251,972		0	0	Planning
	Refrig., Ranges, Hoods		1460		316,782		0	0	Planning
	Expand Maint. area		1470		22,700		0	0	Planning
MA 06-2 Heritage Heights	Painting apts & adm building		1460		100,000		0	0	Planning
	Refrig., Ranges, Hoods		1460		220,500		0	0	Planning
MA 06-3 Diaferio Village	Replace down spouts		1460		51,000		0	0	Planning
	Install non elec. Zone valves hallways		1460		20,400		0	0	Planning
	Upgrade air handling units comm.. bldg		1470		17,500		0	0	Planning
MA 06-4 Oak Village	Upgrade community building kitchen		1470		5,000		0	0	Planning
MA 06-5 O'Brien Apts.	Install keyed access system		1460		24,800		0	0	Planning
	Relocate corridor fire hydrants		1460		36,750		0	0	Planning
MA 06-6 Holmes Apts.	New access at dumpster area		1450		14,400		0	0	Planning
	Install keyed access system		1460		65,000		0	0	Planning
	New thermostats in apts.		1460		2,500		0	0	Planning
	Install supervised fire alarm panel		1470		15,000		0	0	Planning
	Upgrade laundry room		1470		6,500		0	0	Planning

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50104 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	Revision #1	Obligated	Expended	
MA 06-7 Oliveira Apts	Install keyed access system New thermostats in apts Install by-pass at water meter Upgrade laundry room Upgrade comm. Room kitchen Install new shower/maint area		1460 1460 1460 1470 1470 1470		14,400 2,100 1,000 6,500 5,000 2,500		0 0 0 0 0 0	0 0 0 0 0 0	Planning Planning Planning Planning Planning Planning
MA 06-8 Cardinal Medeiros Towers	Upgrade stairwells & corridor lighting Install security camera		1460 1475		88,578 7,500		0 0	0 0	Planning Planning
MA 06-10 Cottell Apts.	Install keyed access system Install new trash chute doors Upgrade laundry room Upgrade comm.. room kitchen Install add. Elec. Outlet comm.. room		1460 1460 1470 1470 1470		14,400 18,450 7,500 5,000 10,500		0 0 0 0 0	0 0 0 0 0	Planning Planning Planning Planning Planning

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50104 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	Revision #1	Obligated	Expended	
MA 06-11	Install keyed access system		1460		1,500		0	0	Planning
	Install new unit heater front vestibule		1460		14,400		0	0	Planning
	Upgrade laundry room		1470		7,500		0	0	Planning
	Upgrade community room kitchen		1470		5,000		0	0	Planning
MA 6-13 N. Rocliffe Apts	Repair retaining wall-playground		1450		3,000		0	0	Planning
	Eliminate mildew boiler rooms		1460		3,500		0	0	Planning
	Install heavy duty screen doors		1460		15,000		0	0	Planning
	Upgrade access panels living rooms		1460		36,750		0	0	Planning
	Install exhaust fans/bathrooms		1460		75,000		0	0	Planning
	Upgrade laundry room		1470		8,000		0	0	Planning
MA 6-15 Fordeny Apts	Eliminate mildew boiler rooms		1460		3,600		0	0	Planning
	Install heavy duty screen doors		1460		15,000		0	0	Planning
	Upgrade access panels living rooms		1460		37,800		0	0	Planning
	Install exhaust fans/bathrooms		1460		72,000		0	0	Planning
	Upgrade laundry room		1470		8,000		0	0	Planning
	Replace gutters/downspouts		1470		3,000		0	0	Planning
MA 6-16 Bennie Costa Plaze	Eliminate mildew boiler rooms		1460		6,000		0	0	Planning
	Install heavy duty screen doors		1460		15,000		0	0	Planning
	Upgrade access panels living rooms		1460		63,000		0	0	Planning
	Install exhaust fans/bathrooms		1460		120,000		0	0	Planning
	Upgrade laundry room		1470		8,000		0	0	Planning
MA 6-17	Eliminate mildew boiler rooms		1460		2,500		0	0	Planning
	Install heavy duty screen doors		1460		15,111		0	0	Planning

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50104 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	Revision #1	Obligated	Expended	
Riley Plaza	Upgrade access panels living rooms		1460		26,250		0	0	Planning
	Install exhaust fans/bathrooms		1460		50,000		0	0	Planning
	Upgrade laundry room		1470		8,000		0	0	Planning

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

PHA Name: Fall River Housing Authority 85 Morgan Street P.O. Box 989 Fall River, MA 02722		Grant Type and Number Capital Fund Program Grant No: MA06-P006-50104 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	Revision #1	Obligated	Expended	
PHA WIDE	Inventory Work Order Clerk I		1406		24,000		24,000	0	In Progress
	Inventory Work Order Clerk II		1406		29,775		0	0	In Progress
MANAGEMENT									
	Elder service contract		1408		13,000		13,000	1,000	In Progress
	Hire City police/security		1408		410,000		410,000	7,834.85	In Progress
	Tenant Coordinator		1408		10,000		10,000	1,619.20	In Progress
PHA-WIDE									
ADMIN									
	Project Manager		1410		36,111		36,111	0	In Progress
	Modernization/devel Coord		1410		46,758		46,758	0	In Progress
	Fringe Benefits		1410		42,476		42,476	0	In Progress
FEES & COSTS	Fees & Costs for Engineering Services		1430		100,000		100,000	0	In Progress
Total									

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

PHA Name:		Grant Type and Number Capital Fund Program No: MA06-P006-50104 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		
MA6-01 SUNSET HILL	09/06			09/08				
MA6-02 HERITAGE	09/06			09/08				
MA6-03 DIAFERIO	09/06			09/08				
MA6-04 OAK VILLAGE	09/06			09/08				
MA6-05 O'BRIEN Apts	09/06			09/08				
MA6-06 HOLMES Apts	09/06			09/08				
MA6-07 OIVEIRA Apts	09/06			09/08				
MA6-08 CARDINAL MEDEIROS TOWERS	09/06			09/08				
MA6-10 COTTELL	09/06			09/08				
MA6-11 MITCHELL	09/06			09/08				
MA6-13 N. ROCLIFFE	09/06			09/08				
MA6-15 FORDNEY	09/06			09/08				
MA6-16 BENNIE COSTA	09/06			09/08				
MA6-17 RILEY PLAZA	09/06			09/08				

Assisted Living

The Fall River Housing Authority has retained The Centerpoint Foundation to study the feasibility of converting one of our Public Housing Developments to an Assisted Living Facility (ALF).

The Centerpoint Foundation concluded that Cardinal Medeiros Towers (Mass 6-08) was the most promising site and that sufficient demand existed to provide for an ALF facility for the Very Low Income Frail Elderly Residents in Fall River.

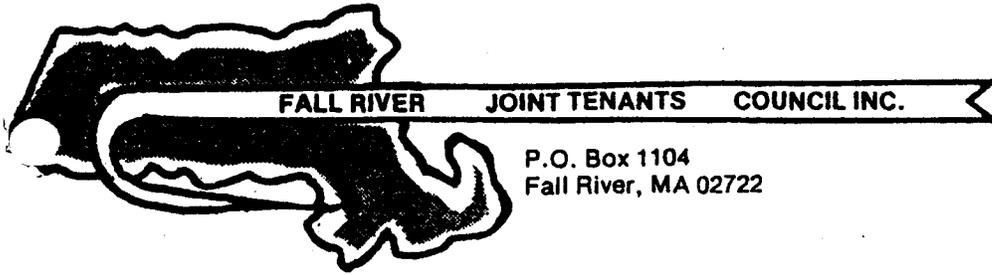
We are proceeding with this plan and will be requesting that HUD authorize the steps necessary to convert this site to a Public Housing Development which is approximately 50% ALF and 50% Housing for Elderly/Disabled.

We anticipate that this request, in the form of a Mixed Finance Application to the SAC Center, will be made by April 1, 2005.

Energy Performance Contracting

The Fall River Housing is currently preparing to solicit proposals (RFQ) for an Energy Services Company to Develop and Implement a Performance Contract. We anticipate that our main savings will be in Water Conservation at most of our sites and Heating Systems at a few sites.

We have been working with staff from Rebuild America and hope to have the proposal package developed and solicitations received by September 2005.



P.O. Box 1104
Fall River, MA 02722

January 4, 2005

Re: Fall River Housing Authority Agency Plan
Submission for 2005

Daniel McDonald, Deputy Executive Director
of Operations & Technology
Fall River Housing Authority
85 Morgan Street
Fall River, Massachusetts 02721

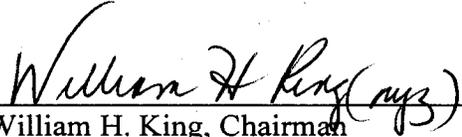
Dear Mr. McDonald:

This will serve to advise that the Fall River Joint Tenants Council Resident Advisory Board attended and participated in seven (7) meetings relative to the submission of the Fall River Housing Authority's Agency Plan for 2005.

The Resident Advisory Board was included in all discussions with regard to any changes to the Plan, and we are in agreement with all aspects of this submission.

Very truly yours,

FALL RIVER JOINT TENANTS COUNCIL, INC.



William H. King, Chairman

WHK:mjg