

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

PHA Plans

5-Year Plan for Fiscal Years 2005 - 2009

**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: Inkster Housing Commission

PHA Number: MI027

PHA Fiscal Year Beginning: 01/2005

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

5-YEAR PLAN
PHA FISCAL YEARS 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)

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: Plan to apply for replacement vouchers.
 - Reduce public housing vacancies: Partial demolition completed, utility assistance program for first time renters and increased applicants on waiting list.
 - 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)76**
 - Improve voucher management: **(SEMAP score) 105**
 - 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: Addressed in the Capital Fund Program
- Demolish or dispose of obsolete public housing: Perform need assessment.
- Provide replacement public housing:
- Provide replacement vouchers: FY 2005 Application Submission Planned.
- Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling: Provide group briefing sessions & case-by-case management.
- Conduct outreach efforts to potential voucher landlords: Insert recruitment information in HAP check envelope, semi-annually.
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to de-concentrate poverty by bringing higher income public housing households into lower income developments: Addressed in the IHC ACOP.
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Addressed in the IHC ACOP.
- Implement public housing security improvements: Selectively install wireless security devices in vacant/renovated units.
- 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: Section 3 requirements through CFP. Working Preference offered to applicants.
 - Provide or attract supportive services to improve assistance recipients' employability: Job Corp outreach at Inkster Family Investment Center.
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities. Inkster Senior Services Organization assist families a Twin Towers Development
 - Other: Community Service and Self-sufficiency program required for non-exempt residents.

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: Addressed in the IHC ACOP.
 - 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: Addressed in the IHC ACOP.
 - Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: Plans are under way to convert four efficiencies units into single detached (4) bedrooms units to meet 504 Accessible requirements through the CFP.
 - Other: (list below)

Other PHA Goals and Objectives: (list below)

Annual PHA Plan
PHA Fiscal Year 2000
[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.

Inkster Housing Commission developed a marketing strategy to attract new applicants seeking public housing in the surrounding areas and attracted additional contractors to renovate the apartments within a seven days period. The lease rate has improved.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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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
- FY 2005 Capital Fund Program Annual Statement (mi027c01)
- 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)
- Other (List below, providing each attachment name)
 - Certification- Drug-Free Workplace (mi027c02)
 - Certification- Influence Federal Transactions (mi027c03)
 - Certification- Plan Consistency W/ Consolidated Plan (mi027c04)
 - Certification- Board Resolution (mi027c05)
 - Organizational Chart (mi027b06)
 - Public Housing Operating Budget FYE 2005 (mi027c07)
 - P & E Report CFP FY 2001 (mi027c08)
 - P & E Report CFP FY 2002 (mi027c09)
 - P & E Report CFP FY 2003 (mi027c10)
 - P & E Report CFP FY 2003 Bonus (mi027c11)
 - P & E Report CFP FY 2004 (mi027c12)

Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	support statement of housing needs in the jurisdiction	
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	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
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
X	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input 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
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(Specify as needed)
	Improvement Plan	

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction By Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	5	5	4	5	5	4	5
Income >30% but <=50% of AMI	5	5	2	5	5	3	5
Income >50% but <80% of AMI	5	5	5	5	5	5	5
Elderly	2	4	2	3	2	1	1
Families with Disabilities	5	5	5	5	5	5	5
Race/Black	5	5	5	5	5	5	5
Race/White	3	3	2	3	5	3	2
Race/Hispanic	5	5	5	5	5	5	5

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

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year: 2000
- Other sources: (list and indicate year of information)
City of Inkster Community Development & Planning Department

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 Public Housing			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub jurisdiction:			
	# Of families	% Of total families	Annual Turnover
Waiting list total	231		160
Extremely low income <=30% AMI	177	77%	
Very low income (>30% but <=50% AMI)	43	19%	
Low income (>50% but <80% AMI)	9	4%	
Families with children	219	95%	
Elderly families	2	1%	

Housing Needs of Families on the Waiting List Public Housing			
Families with Disabilities	10	4%	
White	17	7%	
Black	192	83%	
Others	22	10%	
Race/ethnicity			

Housing Needs of Families on the Waiting List Public Housing			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	68	29%	
2 BR	106	46%	
3 BR	33	14%	
4 BR	18	8%	
5 BR	6	3%	
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List Section 8			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub jurisdiction:			
	# Of families	% Of total families	Annual Turnover
Waiting list total	181		72
Extremely low income <=30% AMI	154	85%	
Very low income (>30% but <=50% AMI)	27	15%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	163	90%	
Elderly families	9	5%	
Families with Disabilities	9	5%	

**Housing Needs of Families on the Waiting List
Section 8**

White	2	1%	
Black	178	98%	
Others/ Hispanic	1	1%	
Race/ethnicity			

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

If yes:

How long has it been closed (# of months)? 12

Does the PHA expect to reopen the list in the PHA Plan year? 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.

IHC's waiting list reflects the types of families and unit sizes contained within the public housing inventory. Families on the waiting list are due to CFP funding constraints to repair the units before receiving security deposits. However, IHC is seeking finance to rehabilitate units in all developments.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

Other: (list below)

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

- Seek designation of public housing for families with disabilities
- Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
- Apply for special-purpose vouchers targeted to families with disabilities, should they become available

- Affirmatively market to local non-profit agencies that assist families with disabilities
- Other: (list below) **Continue Behavior Healthcare @ Twin Towers Development.**

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 **Advertise in local newspapers of near-by-cities.**
- 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 2005 grants)		
a) Public Housing Operating Fund	2,845,048	
b) Public Housing Capital Fund	1,550,592	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,543,886	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	30,000	
i) HOME	N/A	
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2003 CFP	35,451	
3. Public Housing Dwelling Rental Income	990,816	
4. Other income (list below)		
Excess Utilities	3,000	
4. Non-federal sources (list below)		
Non-dwelling Rental	60,000	
Investment Interest	10,000	
Total resources	7,068,793	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) **Immediate upon receipt of completed application.**

b. Which non-income (screening) factors do 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) **Outstanding Utilities balances.**

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

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

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

(2) Waiting List Organization

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

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

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

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

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

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

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

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

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

b. How often must residents notify the PHA of changes in family composition?

(Select all that apply)

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

(6) Deconcentration and Income Mixing

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

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

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

Adoption of site based waiting lists
If selected, list targeted developments below:

Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

Employing new admission preferences at targeted developments
If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

Additional affirmative marketing

Actions to improve the marketability of certain developments

Adoption or adjustment of ceiling rents for certain developments

Adoption of rent incentives to encourage deconcentration of poverty and income-mixing

Other (list below)

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

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

Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

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

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

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

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

Criminal or drug-related activity

Other (describe below) **Previous address of applicants.**

(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) **29150 Carlyle (Section 8 Office).**

(3) Search Time

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

If yes, state circumstances below: **All Elderly persons requesting additional time and any applicant requesting additional time due to medical reasons.**

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in your jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below) **Due to the number of vacant units in public housing, applicants currently receiving assistance in public housing will be housed after those applicants not currently receiving any rental assistance.**

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

1 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- Residents who live and/or work in 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) **Due to the number of vacant units in public housing, applicants currently receiving assistance in public housing will be housed after those applicants not currently receiving any rental assistance.**

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

2. If yes to question 2, list these policies below: **See ACOP Section (A) (6-2, 6-3, 6-4 & 6-5)**

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) **when a family experiences an income or family composition change.**

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
 Other (list below)

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

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

(2) Minimum Rent

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

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

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

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	821	12/month
Section 8 Vouchers	436	60/year
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)		
Capital Fund	821	

C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below) **Financial Policies, (Disposition, Investment, Capitalization, Inventory and Check signing) Procurement Procedures/Procurement policy, public Housing Maintenance Plan, Public Housing Admission Policy, Admission & Continued Occupancy Policy(Grievance Procedures), Section 8 Administrative Plan, Personnel Policy Handbook, Public Housing Occupancy Guidebook and Administrative Order #s: 1,2,6,12,14,18,22,26,28,30,36 and 41**

(2) Section 8 Management: (list below) **Administrative Plan and CFR 24 Section 903, Hud Handbook 7420 and Housing Quality Standards Inspection Manual.**

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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) **29150 Carlisle (Section 8 Office).**

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) **Capital Fund Tables FY 2005**.

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

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

-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)

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	
MI 27-1	Lemoyne Gardens	89	47%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade electrical panel Boxes			25,000	2007
Security fencings			75,000	2007
Replacement of electrical outlets, GFI outlets & light switches			25,000	2007
PHA WIDE: Capital Fund Securitization			418,425	2006
Management Improvement (Security Services)			225,000	2006
Door lock cores conversion			75,000	2007
Pruning /removal of trees			10,000	2007
Power washer for appliances cleaning			2,500	2007
Management Improvement Staff Training			30,000	2007
Renovate Exterior doors/storm doors			10,000	2008
Install Attic Insulation			60,000	2008
Sidewalk replacements			100,000	2008
Security light replacements			50,000	2008
Upgrade electrical infrastructure			100,000	2008
Install insulation for water pipes in exterior walls			10,000	2008
Replace units interior lighting			2,500	2008
Exterior steps & railing replacements			25,000	2008
Furnace replacements			150,000	2008
Management Improvement (computer hardware/software upgrade)			100,000	2008
New Appliances			37,000	2006
Maintenance equipments			25,000	2006
Agency vehicles			40,000	2006
Residents van			20,000	2006
Sanitation vehicle			100,000	2008
Renovate Community Buildings			535,000	2009
Purchase Boom Lift Truck			25,000	2009
Total estimated cost over next 5 years			\$2,275,425	

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	
MI 27-2	Lemoyne Gardens	22	24%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade electrical panel boxes			25,000	2007
Security fencing			75,000	2007
Replacement of electrical outlets, GFI outlets and light switches			25,000	2007
PHA Wide Activities (see MI 27-1)				
Total estimated cost over next 5 years			\$125,000	

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	
MI 27-3	Demby Terraces	64	34%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Upgrade electrical panel boxes			25,000	2007
Security fencing			75,000	2007
Replacement of electrical outlets, GFI outlets & light switches			25,000	2007
504 Conversions (4brs)			40,000	2007
PHA Wide Activities (see MI 27-1)				
Total estimated cost over next 5 years			\$165,000	

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	
MI 27-4	Twin Towers	56	56%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	
			Planned Start Date (HA Fiscal Year)	
Renovate (South) Tower, resurface parking lot & repair drain catch basins			560,006	2006
Replacement of trash compactors			30,000	2007
Replace of heating boilers			100,000	2007
Replacement of Transformers			5,000	2007
Remove underground storage tank			5,000	2007
Purchase Hi-Lo machine			5,000	2007
Land erosion control/trees removal			20,000	2007
Upgrade elevators W/ surveillance cameras			20,000	2007
Air make-up renovation due to air condition			20,000	2007
Paint offices/common areas & halls			5,000	2007
Renovate Chapel & Game Rooms			75,000	2009
Install Lawn Furniture in Picnic area & Gas Grills			20,000	2009
Install Landscaping			20,000	2009
Replace tiles in common areas & rest rooms			10,000	2009
PHA Wide Activities (see MI 27-1)				
Total estimated cost over next 5 years			\$895,006	

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
MI 27-5	Canterbury Woods	0	0%
Description of Needed Physical Improvements or Management Improvements			Planned Start Date (HA Fiscal Year)
Bathroom renovations			2008
Modify boiler rooms			2009
PHA Wide Activities (see MI 27-1)			
Total estimated cost over next 5 years			\$225,000

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	
MI 27-6	Parkside Estates	17	13%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Install trash bin landings			20,000	2007
Bathroom renovations			75,000	2008
PHA Wide Activities (see MI 27-1)				
Total estimated cost over next 5 years			\$95,000	

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

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

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

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

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input type="checkbox"/>
3. Application status (select one)	
Approved; included in the PHA's Designation Plan	<input type="checkbox"/>
Submitted, pending approval	<input type="checkbox"/>
Planned application	<input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

- Units addressed in a pending or approved demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved: _____)
- Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved: _____)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

Component 10(B) Voluntary Conversion Initial Assessments

- a. How many of the PHA's developments are subject to the Required Initial Assessments? Five
- b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? One
- c. How many Assessments were conducted for the PHA's covered developments? Five
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

None of the developments are appropriate for Converting public housing to tenant-based assistance.

B. The initial assessment of converting the public housing stock to tenant-based assistance is inappropriate for Inkster Housing Commission for the following reasons: After a review of each development's operation as public housing units, while considering converting the housing stock to tenant-based assistance. IHC have

concluded that such a conversion is inappropriate for the following reasons:

- 1) There are housing units that are in need of renovation before executing a lease agreement with a family and repairs would be more costly than maintaining public housing stock, currently. The majority of the residents remain in public housing to receive subsidized rents and utilities allowances due to limited monthly incomes. Tenant-based rent would require public housing residents to pay a larger portion of their income for rent and utility bills, which further reduce residents' ability to afford basic household necessities. There are no benefits for low-income families to receive tenant-based assistance at this time.
- 2) Secondly, Tenant-based Assistance, if provided to public housing residents, would most likely be ported to surrounding cities that offer larger supply of rental properties that meet their needs.
- 3) The city of Inkster Community Development Department currently provides low-interest loans to first time homebuyers if they purchase newly built homes from the city of Inkster, many of the public housing residents have expressed interest in becoming homeowners through the low-interest homeownership program.

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 parts 982? (If “No”, skip to component 12; if “yes”, describe each program using the table below (copy and complete questions for each program identified), unless the PHA is eligible to complete a streamlined submission due to high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? **10/14/03**

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

Other policies (list below)

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (Waiting list/random selection/specific criteria/other)	Access (Development office / PHA main office / other provider name)	Eligibility (Public housing or Section 8 participants or both)
<i>Employment & Training Designs inc.</i>	<i>Open</i>	<i>Referrals</i>	<i>EDT Main Office</i>	<i>Both</i>

(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		
Section 8	24	14 as of: 01/01/03

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

(select all that apply)

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

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

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

3. Which developments are most affected? (List below) **LeMoyne Gardens, Canterbury West, Demby Terraces, Parkside Estates and Twin Towers Development.**

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) **Employment of Police Officers beyond baseline services.**

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

C. Coordination between PHA and the police

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

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

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

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 2005 in this PHA Plan?
- Yes No: This PHDEP Plan is an Attachment. (Attachment Filename: ____)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

SUMMARY OF PET POLICY

The Pet Ownership Policy was adopted in relationship to the agency's intent to provide a decent, safe and sanitary living environment for all tenants to protect and preserve the physical condition of the property.

If the IHC refuse to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements. The Notice of refusal may be combined with a Notice of a Pet Violation.

Pet rules applied to animals that assist persons with disabilities. To be eligible for the reduced pet deposit for disabled resident owners must certify: That the animal actually assists the person with the disability.

Tenants are not permitted to have more than one type of pet. If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.

Residents shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.

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? yes
4. Yes No: If there were any findings, do any remain unresolved? No
If yes, how many unresolved findings remain? _____
5. Yes No: Have responses to any unresolved findings been submitted to HUD? Corrective Action Plan
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 Attached as Attachment
 Provided below:

3. In what manner did the PHA address those comments? (Select all that apply)
 Considered comments, but determined that no changes to the PHA Plan were necessary.
 The PHA changed portions of the PHA Plan in response to comments
List changes below:
 Other: (list below)

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

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

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

3. Description of Resident Election Process

- a. Nomination of candidates for place on the ballot: (select all that apply)
 Candidates were nominated by resident and assisted family organizations
 Any adult recipient of PHA assistance could nominate candidates
 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) **Wayne County, Michigan**
2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)
 - The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
 - The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
 - The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
 - Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (List below)
 - Other: (list below)
4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

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

19. Definition of “Substantial Deviation” and “Significant Amendment or Modification”

The Inkster Housing Commission has defined “Substantial Deviation” and “Significant Amendment or Modification” as they relate to the Agency Plan as follows:

“Substantial Deviation(s)” from the 5-year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:

- Any change to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items when dollar amounts exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget;
- and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

“Significant Amendment or Modification” of the Annual Plan means:

- Any change to rent or admissions policies or organization of the waiting list;
- Additions of non-emergency work items when dollar amount exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget
and any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

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

Resident member of the Board of Commissioners:

**Ms. Angeline MaGee
4443 Hickory
Inkster, Mi 48141**

Resident Advisory Board Members:

**Andrea Parker
Carolyn French
Lois Jeffrey
Frank Clark
Bobbie Wallace
Tonnette Moore
Kyesa Pringle
Anita Jackson**

**Advisory Board Meeting
September 22, 2004**

RE: 2005 Agency Plan
Capital Fund Program: Improvements IHC should consider for fiscal year 2005

Attendances: **Inkster Housing Commission:**
Tony L. Love (Executive Director)

Inkster Housing Resident Advisory Board:
Ms. Bobbie Wallace, (President of the Resident Council) Lois Jeffrey,
(Public Housing Resident Participant) Frank Clark, (Public Housing Resident
Participant) and Anita Jackson (Section 8 Participant),

Work Activities: Inkster Housing Commission Capital Fund Program for fiscal Year 2005
contains the following work items as capital improvements throughout the
public housing developments:

MI 27-1
Install parking lots
MI 27-2
Install parking lots
MI 27-3
Install parking lots
MI 27-4
Upgrade AC/HV system (common areas) install heating system in foyer Accumulation/renovation cost (South Tower)
MI 27-5
Resurface parking lot & repair drain catch basins
PHA – WIDE
Capital Fund Program Securitization/ Residents Relocation
(Paint/repair-walls/ceilings, replace lightings, replace wall switches as needed, install hard wired smoke detectors, replace floorings/carpet, rep kitchens as needed, repair plumbing as needed, install furnaces as needed & replacement of bath tub liners).
Relocation Activities due to renovation of occupancy improvement units. To include transfer of utilities, cable televisions and telephones.

Work Activities: Inkster Housing Commission Capital Fund Program for fiscal Year 2007 contains the following work items as capital improvements throughout the public housing developments:

MI 27-1

Upgrade electrical panel boxes
Security fencings
Replacement of electrical outlets, GFI outlets and light switches

MI 27-2

Upgrade electrical panel boxes
Security fencings
Replacement of electrical outlets, GFI outlets and light switches

MI 27-3

Upgrade electrical panel boxes
Replacement of electrical outlets, GFI outlets and light switches

MI 27-4

Upgrade AC/HV system (common areas)
Accumulation (South Tower units)

MI 27-5

Resurface parking lot &
Repair drain catch basins

MI 27-6

Resurface parking lot as needed
Repair drain catch basins

PHA WIDE

Hard wired smoke detector system
Occupancy Improvement Plan Units (Paint/repair-walls/ceilings, replace lightings, replace wall switches as needed, install hard wired smoke detectors, replace floorings/carpet, replace doors, install closet doors w/lower headers, remodel kitchens as needed, repair plumbing as needed, install furnaces as needed & replacement of bath tub liners).

Work Activities: Inkster Housing Commission Capital Fund Program for fiscal Year 2006 contains the following work items as capital improvements throughout the public housing developments:

MI 27-4

Renovate South Tower

Resurface parking lot & repair drain catch basins

PHA WIDE

Maintenance equipments

Agency / Maintenance vehicles

Resident van

New appliances

Work Activities: Inkster Housing Commission Capital Fund Program for fiscal Year 2007 contains the following work items as capital improvements throughout the public housing developments:

MI 27-3

504 Conversions (4brs)

MI 27-4

Replacement of TraskCompactors

Replacement of heating boilers

Replace Transformers

Remove underground tank & install secondary container for ground tank

Purchase hi-lo device for compactor dumpster

Land erosion control / Trees removal

Upgrade Elevators with surveillance cameras

Air make-up due to air conditioning

MI 27-6

Install trash bin landings

PHA WIDE

Door lock cores conversion

Pruning/removal of trees

Power washer for cleaning appliances

Modernization of units

Work Activities: Inkster Housing Commission Capital Fund Program for fiscal Year 2008 contains the following work items as capital improvements throughout the public housing developments:

MI 27-5
Bathroom renovations

MI 27-6
Bathroom renovations

PHA WIDE
Renovate Exterior doors/storm doors
Install Attic Insulation
Sidewalk replacements
Security light replacements
Upgrade electrical infrastructure
Install insulation for water pipes in exterior walls

PHA WIDE
Replace units interior lighting (Incandescent)
Exterior steps & railing replacements
Furnace replacements
Purchase sanitation vehicle

Work Activities: Inkster Housing Commission Capital Fund Program for fiscal Year 2009 contains the following work items as capital improvements throughout the public housing developments:

MI 27-4
Renovate Chapel &
Game rooms
Install Lawn Furniture in picnic area & gas grills

Install land scraping
Replace tiles in common areas & Rest Rooms

Modify boiler room

Renovate Community

Boom Lift Truck
Capital Funds Securitization Program

Residents Questions (09/22/04)

1. Question: Are there any plans to renovate the chapel and game rooms located in Twin Towers Development?

Answer: Yes, Inkster Housing Commission will schedule those work items as part of the Capital Fund Program and have the basement area renovate soon.

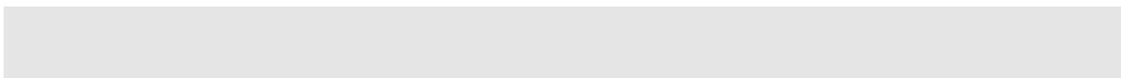
2. Question: May the residents of Twin Towers have new lawn furniture?

Answer: Yes, next spring 2005 Inkster Housing Commission will purchase lawn furniture and gas grills for the residents enjoyment.

3. Question: Will IHC provide "hard Wired " smoke detectors instead of using battery operated smoke detectors?

Answer: IHC will begin to install hard-wired smoke detectors within sixty months.

Meeting Adjourned



Attachments

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

PHA Community Service and Self-sufficiency Programs **Implementation of Public Housing Resident Community** **Service Requirements**

COMMUNITY SERVICE AND SELF SUFFICIENCY POLICY

A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult's residents (18 or older) contribute Eight (8) hours per month of community service (volunteer work) or practice in Eight (8) hours of training, counseling, classes or other activities to assist an individual in gain self-sufficiency and/or economic independence. Residents are required to participate in Community Service or Self Sufficiency programs to remain residents of public housing during their annual recertification.

B. Definitions

Community Service- volunteer work which includes, but is not limited to:

- Work at a local institutions such as: school child car center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;

Work with a non-profit organization that serves PHC residents or their children such as Boy Scouts, Girl Scouts, Boys and Girls Clubs, 4-H program, PAL, garden clubs, community clean-up programs, beautification programs, other youth/senior organizations;

- Helping neighborhood groups with special projects;
- Working through resident organization to help other residents with problems, serving as an officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.

Note: Political activity is excluded.

Self Sufficiency Activities- activities that include, but are not limited to:

- Job readiness programs:
- Job training programs:
- GED classes:
- Substance abuse or mental health counseling:
- English proficiency or literacy (reading) classes:
- Apprenticeships:
- Budgeting and credit counseling:

- Any kind of class that helps a person toward economic independence; and
 - Full time student status at any school, college or vocational school.
 - Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who can otherwise be gainfully employed is not necessarily exempt from the Community Service requirement); and
- provide in-house opportunities for volunteer work or self sufficiency programs.
2. The IHC will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
 3. The IHC will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the IHC Grievance Procedure if they disagree with the IHC determination.
 4. Noncompliance of family member:
 - At lease thirty (30) days prior to annual re-examination and /or lease exemption, the IHC will begin reviewing the exempt or non-exempt status and compliance of family members;
 - If the IHC finds a family member to be noncompliant, the IHC will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period;
 - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit;
 - The family may use the IHC's Grievance Procedure to protest the lease termination.

AGENCY AGREEMENT

Name Agency: _____

The above agency agrees to participate in the U.S. Department of Housing and Urban Development's (HUD) Quality Housing and Work Responsibility Act of 1998. This Act requires that all non-exempt public housing adult resident 18 or older that do not contribute to their monthly rental payments must participate in the Community Service or Self-Sufficiency Requirements. The requirement is that every adult resident contribute eight (8) hours of community service each month or Self-sufficiency Activities.

We thank you for your agency's partnership with the Inkster Housing Commission in providing a site for the residents to participate in obtaining their 8 hours of service to the community.

Signature	Title	Phone Number	Date

PHA Plan Table Library

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

Capital Fund Program (CFP) Part I: Summary		
Capital Fund Grant Number MI28 P02750105 FFY of Grant Approval: <u>(01/2005)</u>		
<input checked="" type="checkbox"/> Original Annual Statement		

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	123,448
3	1408 Management Improvements	225,000
4	1410 Administration	43,073
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	200,000
8	1440 Site Acquisition	
9	1450 Site Improvement	375,646
10	1460 Dwelling Structures	165,000
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency (CFP Securitization)	418,425
20	Amount of Annual Grant (Sum of lines 2-19)	1,550,592
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	225,000
24	Amount of line 20 Related to Energy Conservation Measures	

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
MI 27-1	Install parking lots	1450	100,141
MI 27-2	Install parking lots	1450	100,000
MI 27-3	Install parking lots	1450	100,505
MI 27-4	Upgrade AC/HV system install heating system in foyer	1460	65,000
	Accumulation/renovation cost (South Tower)	1460	100,000
MI 27-5	Resurface parking lot & repair drain catch basins	1450	75,000
PHA-WIDE	Capital Fund Program Securitization (Paint/repair-walls/ceilings, replace lightings, replace wall switches as needed, install hard wired smoke detectors, replace floorings/carpet, replace doors, install closet doors w/lower headers, remodel kitchens as needed, repair plumbing as needed, install furnaces as needed & replacement of bath tub liners).	1501	418,425
	Operations	1406	123,448
	Management Improvements (Security) Administration	1408	225,000
	Director of Modernization	1410	43,073
	Fees and Costs (Architect)	1430	100,000
	Fees and Costs (Bond Attorney)	1430	100,000
	Amount of Annual Grant		1,550,592

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

PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Capital Fund Program No: MI 28P0 2750105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
MI 27-1							
Install parking lots	09/16/07			09/16/09			
MI 27-2							
Install parking lots	09/16/07			09/16/09			
MI 27-3							
Install parking lots	09/16/07			09/16/09			
MI 27-4							
Upgrade AC/HV systems in (common areas) install heating system in foyer	09/16/07			09/16/09			
Accumulation/renovation cost (south tower)	09/16/07			09/16/09			
MI 27-5							
Resurface parking lot & repair drain catch basins	09/16/07			09/16/09			

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

PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Capital Fund Program No: MI 28P0 2750105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
Capital Fund Program Securitization/ Residents Relocation	09/16/07			09/16/09			
Operations	09/16/07			09/16/09			
Management Improvements (Security)							
Administration	09/16/07			09/16/09			
Operations	09/16/07			09/16/09			
Management Improvements	09/16/07			09/16/09			
Fees and Costs (Architect)	09/16/07			09/16/09			
Fees and Costs (Bond Attorney)	09/16/07			09/16/09			

CAPITAL FUND PROGRAM TABLES

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary		Federal FY of Grant: 2005			
PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Capital Fund Program Grant No: MI28 P02750104 Replacement Housing Factor Grant No:			
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost	Revised	Obligated	Expended
		Original			
1	Total non-CFP Funds				
2	1406 Operations	135,000			
3	1408 Management Improvements	225,000			
4	1410 Administration	100,000			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	200,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	375,646			
10	1460 Dwelling Structures	165,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service	418,425			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 - 20)	1,619,071			

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

PHA Name: Inkster Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI 28P0 2750104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005				
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost			Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended		
MI 27-1	Install parking lots	1450	5 lots	100,141					
MI 27-2	Install parking lots	1450	2 lots	100,000					
MI 27-3	Install parking lots	1450	4 lots	100,505					
MI 27-4	Upgrade AC/HV system (common areas) install heating system in foyer	1460		65,000					
	Accumulation/renovation cost (south tower)	1460		100,000					
MI 27-5	Resurface parking lot & repair drain catch basins	1450		75,000					
PHA - WIDE	Capital Fund Program Securitization (Revenue Bond Debt Service)	1501		418,425					
	Operations	1406		135,000					
	Management Improvements (Security Administration)	1408		225,000					
	Executive Director	1410		13,000					
	Director of Finance			13,000					
	Director of Modernization			26,000					
	Director of Facilities			6,500					

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Inkster Housing Commission

Program/Activity Receiving Federal Grant Funding

Public Housing Agency Plan - FFY 2005

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

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

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

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

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

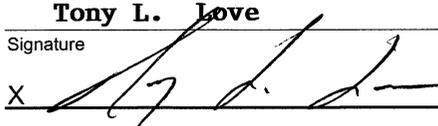
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

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

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

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

Name of Authorized Official Tony L. Love	Title Executive Director
Signature 	Date October 18, 2004

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Inkster Housing Commission

Program/Activity Receiving Federal Grant Funding

Public Housing Agency Plan - FFY 2005

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

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

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

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

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

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

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

Name of Authorized Official

Title

Tony L. Love

Executive Director

Signature

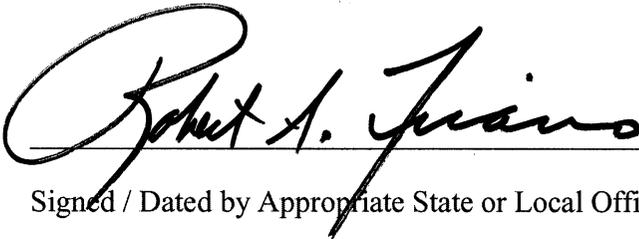
Date (mm/dd/yyyy)



October 18, 2004

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

I, Robert A. Ficano the Wayne County Executive certify
that the Five Year and Annual PHA Plan of the Inkster Housing Commission is
consistent with the Consolidated Plan of Wayne county prepared
pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

RESOLUTION NO. 04-10-22

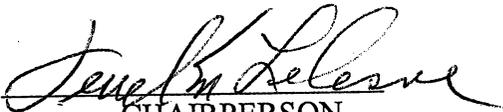
ADOPTED BY THE INKSTER HOUSING COMMISSION
ON THE DATE OF OCTOBER 19, 2004

**INKSTER HOUSING COMMISSION
FOR**

INKSTER HOUSING COMMISSION'S AGENCY PLAN 2005

BE IT RESOLVED BY THE INKSTER HOUSING COMMISSION THAT:

The Executive Director of Inkster Housing Commission is authorized to submit the Inkster Housing Commission's Agency Plan fiscal year 2005 to the U.S. Department of Housing and Urban Development for approval.


CHAIRPERSON

ATTEST:


SECRETARY

FOR CLERK USE ONLY

RESOLUTION NO. 04-10-22

DATE ADOPTED: 10/19/04

Operating Fund
Calculation of Operating Subsidy
PHA-Owned Rental Housing

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

OMB Approval No. 2577-0029 (exp. 10/31/2004)

Section 1

a) Name and Address of Public Housing Agency Inkster Housing Commission 4500 Inkster Road Inkster, Michigan 48141					b) Budget Submission to HUD required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
					Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No.	
d) No. of HA Units 821	e) Unit Months Available (UMAs) 9,852	f) Subject FYE 12/31/2005	g) ACC Number C-3015	h) Operating Fund Project Number MI02700105D	i) DUNS Number 12-164-3647	

Section 2

Line No.	Description	Requested by PHA (PUM)	HUD Modifications (PUM)
----------	-------------	------------------------	-------------------------

Part A. Allowable Expenses and Additions

01	Previous allowable expense level (Part A, Line 08 of form HUD-52723 for previous year)	293.57	
02	Line 01 multiplied by .005	1.47	
03	Delta from form HUD-52720-B if applicable (see instructions) <i>Last Long Delta FY04</i>	1.41	
04	"Requested" year units from latest form HUD-52720-B, if applicable (see instructions)	854	
05	Add-ons to allowable expense level from previous fiscal year (see instructions)		
06	Total Part A, Lines 01, 02, 03 and 05	296.45	
07	Inflation factor	1.02700	
08	Revised allowable expense level (AEL)(Part A, Line 06 times Line 07)	304.45	
09	Transition Funding		
10	Increase to AEL		
11	Allowable utilities expense level from HUD-52722-A	90.41	
12	Actual PUM cost of Independent Audit (IA) (Through FY 12/31/2003)	0.52	
13	Costs attributable to deprogrammed units		
14	Total Allowable Expenses and Additions (sum of lines 08 thru 13)	395.38	

Part B. Dwelling Rental Income

01	Total rent roll as of: 07/01/2004	80,527	
02	Number of occupied units as of rent roll date	532	
03	Average monthly dwelling rental charge per unit for current budget year (Part B, Line 01/Line 02)	151.37	
04	Average monthly dwelling rental charge per unit for prior budget year	146.66	
05	Average monthly dwelling rental charge per unit for prior budget year 2 years ago	155.87	
06	Three-year average monthly dwelling rental charge per unit ((Part B, Line 03 + Line 04 + Line 05) / 3)	151.30	
07	50/50 Income split ([Part B, Line 3 + Line 06] / 2)	151.34	
08	Average monthly dwelling rental charge per unit (lesser of Part B, Line 03 or Line 07)	151.34	
09	Rental income adjustment factor	1.03	
10	Projected average monthly dwelling rental charge per unit (Part B, Line 08 times line 09)	155.88	
11	Projected occupancy percentage from form HUD-52728	65%	
12	Projected average monthly dwelling rental income per unit (Part B, Line 10 times Line 11)	101.32	

Part C. Non-dwelling Income

01	Other income	0.00	
02	Total operating receipts (Part B, Line 12 plus Part C, Line 01)	101.32	
03	PUM deficit or (income) (Part A, Line 14 minus Part C Line 02)	294.06	
		Requested by PHA/IHA (Whole dollars)	HUD Modifications (Whole dollars)
04	Deficit or (Income) before add-ons (Part C, Line 03 times Section 1, e)	2,897,079	

Line No.	Description	Requested by PHA/IHA (PUM)	HUD Modifications (PUM)
Part D. Add-ons for costs attributable to changes in federal law or regulation			
01	FICA contributions *See Supporting Schedule	51,993	
02	Unemployment compensation		
03	Family Self Sufficiency Program EDSC Program	53,006	
04	Energy Add-On for loan amortization		
05	Unit reconfiguration		
06	Non-dwelling units approved for subsidy		
07	Long-term vacant units		
08	Phase Down for Demolition *See Supporting Schedule	23,208	
09	Units Eligible for Resident Participation Occupied Units (Part B, Line 02)	532	
10	Employee Units		
11	Police Units		
12	Total Units Eligible for Resident participation (Sum of Part D, Lines 09 thru 11)	532	
13	Funding for Resident participation (Part D, Line 12 X \$25)	13,300	
14	Other approved funding, not listed (Specify in Section 3)		
15	Total add-ons (sum of Part D, Lines 01, 02, 03, 04, 05, 06, 07, 08, 13 and 14)	141,507	
Part E. Calculation of Operating Subsidy Eligibility Before Adjustments			
01	Deficit or (Income) before adjustments (Total of Part C, Line 04 and Part D, Line 15)	3,038,586	
02	Actual cost of Independent Audit (IA)	5,100	
03	Operating subsidy eligibility before adjustments (greater of Part E, Line 01 or Line 02) (if less than zero, enter zero (0))	3,038,586	
Part F. Calculation of Operating Subsidy Approvable for Subject Fiscal Year (Note: Do not revise after the end of the subject FY)			
01	Utility Adjustment for Prior years (Identify individual FYs and amounts under Section 3)		
02	Addition subject fiscal year operating subsidy eligibility (specify)		
03	Unfunded eligibility in prior fiscal years to be obligated in subject fiscal year		
04	HUD discretionary adjustments		
05	Other (specify)		
06	Other (specify)		
07	Unfunded portion due to proration		
08	Net adjustments to operating subsidy (total of Part F, Lines 01 thru 07)	0	
09	Operating subsidy approvable for subject fiscal year (total of Part E, Line 03 and Part F, Line 08)	3,038,586	
HUD Use Only (Note: Do not revise after the end of the subject FY)			
10	Amount of operating subsidy approvable for subject fiscal year not funded		
11	Amount of funds obligated in excess of operating subsidy approvable for subject fiscal year		
12	Funds obligated in subject fiscal year (sum of Part F, Lines 09 thru 11) (must be the same as line 690 of the operating Budget, form HUD-52564, for the subject fiscal year) Appropriation symbol(s):		
Part G. Memorandum of Amounts Due HUD, Including Amounts on Repayment Schedules			
01	Total amount due in previous fiscal year (Part G, Line 04 of form HUD-52723 for previous fiscal year)		
02	Total amount to be collected in subject subject fiscal year (Identify individual amount under Section 3)		
03	Total additional amount due HUD (include any amount entered on Part F, Line 11) (Identify individual amounts under Section 3)		
04	Total amount due HUD to be collected in future fiscal year(s) (Total of Part G, Lines 01 thru 03) (Identify individual amounts under Section 3)		

Line No.	Description	Requested by PHA/IHA (PUM)	HUD Modifications (PUM)
Part H. Calculation of Adjustments for Subject Fiscal Year			
This part is to be completed only after the subject fiscal year has ended			
01	Indicate the types of adjustments that have been reflected on this form: <input type="checkbox"/> Utility Adjustment <input type="checkbox"/> HUD discretionary adjustment (Specify under Section 3)		
02	Utility adjustment from form HUD-52722-B		
03	Deficit or (income) after adjustments (total of Part E, Line 01 and Part H, Line 02)		
04	Operating subsidy eligibility after year-end adjustments (greater of Part E, Line 02 or Part H, Line 03)		
05	Part E, Line 03 of latest form HUD-52723 approved during subject FY (Do not use Part E, Line 03 of this revision)		
06	Net adjustment for subject fiscal year (Part H, Line 04 minus Part H, Line 05)		
07	Utility adjustment (enter same amount as Part H, Line 02)		
08	Total HUD discretionary adjustments (Part H, Line 06 minus Line 07)		
09	Unfunded portion of utility adjustment due to proration		
10	Unfunded portion of HUD discretionary adjustment due to proration		
11	Prorated utility adjustment (Part H, Line 07 plus Line 09)		
12	Prorated HUD discretionary adjustment (Part H, Line 08 plus Line 10)		

Section 3

Remarks (provide part and line numbers)

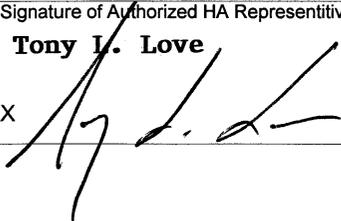
Part F. Calculation of Operating Subsidy Approvable for Subject Fiscal Year

Line 1 Utility Adjustment for Prior years (Identify individual FYs and amounts under Section 3)

FY03 Utility Adjustment	N/A
Funding Level	100.00%
Net Adjustment	<u>\$0</u>

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

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

Signature of Authorized HA Representative & Date: Tony I. Love 	October 19, 2004 X _____, Executive Director	Signature of Authorized Field Office Representative & Date: October 19, 2004
--	--	--

Inkster Housing Commission Unit Count

As of: December 31, 2004

	Total	Bedroom Size						Dec-03 Count	Reason for Difference
		0	1	2	3	4	5+		
MI28-01 LeMoyne Gardens I	189	0	24	63	69	23	10	189	
MI28-02 LeMoyne Gardens II	90	0	28	16	24	14	8	90	
MI28-03 Demby Terraces	184	20	40	34	58	24	8	184	
MI28-04 Twin Towers 100 & 200	200	0	199	1	0	0	0	200	
MI28-05 Canterbury	24	0	0	24	0	0	0	24	
MI28-06 Parkside	134	0	15	74	45	0	0	134	
Total	821	20	306	212	196	61	26	821	

RBY Non-Dwelling Units

	Total	Bedroom Size						Dec-03 Count	Use / Occupant
		0	1	2	3	4	5+		
MI28-01 LeMoyne Gardens I	0	0	0	0	0	0	0	0	
MI28-02 LeMoyne Gardens II	0	0	0	0	0	0	0	0	
MI28-03 Demby Terraces	0	0	0	0	0	0	0	0	
MI28-04 Twin Towers 100 & 200	0	0	0	0	0	0	0	0	
MI28-05 Canterbury	0	0	0	0	0	0	0	0	
MI28-06 Parkside	0	0	0	0	0	0	0	0	
Total	0	0	0	0	0	0	0	0	

As of: December 31, 2005	821	20	306	212	196	61	26	
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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

HA Name: INKSTER HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:	MI28 P027 501 01	Federal FY of Grant 2001
---	--	-------------------------	------------------------------------

Original Annual Statement _____ Reserve for Disasters/Emergencies _____ Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report **X** **Performance & Evaluation Report for Program Year Ending 6/30/04**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original (per rev. #3)	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$188,757		\$188,757	\$188,757
3	1408 Management Improvements Soft Costs	\$16,720		\$16,720	\$16,720
	Management Improvements Hard Costs	\$25,525		\$25,525	\$25,525
4	1410 Administration	\$63,500		\$63,500	\$63,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	\$106,780		\$106,780	\$106,780
8	1440 Site Acquisition				
9	1450 Site Improvement	\$326,024		\$326,024	\$317,182
10	1460 Dwelling Structure	\$1,126,386		\$1,126,386	\$1,126,386
11	1465.1 Dwelling Equipment-Nonexpendable	\$15,225		\$15,225	\$15,225
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	\$0		\$0	\$0
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	\$18,656		\$18,656	\$18,656
18	1498 Mod used for Development				
19	1502 Contingency				
20	Amount of Annual Grant (Sum of lines 2-19)	\$1,887,573		\$1,887,573	\$1,878,731
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 - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 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: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 01 Replacement Housing Factor Grant No.:					Federal FY of Grant: 2001 AS OF 6/30/04	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original (per rev. #3)	Revised	Funds Obligated	Funds Expended	
PHA WIDE	<u>OPERATIONS</u>	1406						
	A. Operations			<u>188,757</u>		<u>188,757</u>	<u>188,757</u>	
	SUB TOTAL			188,757		188,757	188,757	
PHA WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	A. Water consumption study			25,525		25,525	25,525	
	B. Commissioner & Staff training			<u>16,720</u>		<u>16,720</u>	<u>16,720</u>	
	SUB TOTAL			42,245		42,245	42,245	
PHA WIDE	<u>ADMINISTRATION</u>	1410						
	A. Portion of Salaries & benefits			<u>63,500</u>		<u>63,500</u>	<u>63,500</u>	
	SUB TOTAL			63,500		63,500	63,500	
PHA WIDE	<u>FEES & COSTS</u>	1430						
	A. A&E fees and related costs			<u>106,780</u>		<u>106,780</u>	<u>106,780</u>	
	SUB TOTAL			106,780		106,780	106,780	
PHA WIDE	<u>SITE IMPROVEMENTS</u>	1450						
	A. Extensive Tree trimming/removal			59,850		59,850	59,850	
	B. Install Development Signage			20,000		20,000	11,158	
	C. Upgrade security lighting			<u>246,174</u>		<u>246,174</u>	<u>246,174</u>	
	SUB TOTAL			326,024		326,024	317,182	

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 01 Replacement Housing Factor Grant No.:					Federal FY of Grant: 2001 AS OF 6/30/04	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original (per rev. #3)	Revised	Funds Obligated	Funds Expended	
	<u>DWELLING STRUCTURES</u>	1460						
PHA WIDE	A. Vacant Unit Rehab		14 units	738,352		738,352	738,352	
27/1,2	C. Replace roofs with new Duro-Last roofing system			56,890		56,890	56,890	
27-4	C. Accumulation toward comprehensive renovation of Twin Towers developments			0				
27-1,2	D. Vinyl Siding Replacement			331,144		<u>331,144</u>	<u>331,144</u>	
27-1,2	E. Fascia, downspout, soffit replacements as needed			0				
27-1,2	F. Complete bathroom renovation CGP 1999			<u>0</u>				
	SUB TOTAL			1,126,386		1,126,386	1,126,386	
	<u>DWELLING EQUIPMENT</u>	1465						
27-3	A. Appliances		100 units	<u>15,225</u>		<u>15,225</u>	<u>15,225</u>	
	SUB TOTAL			15,225		15,225	15,225	
	<u>RELOCATION</u>	1495						
27-4	A. Relocate non-elderly tenants		30 units	<u>18,656</u>		<u>18,656</u>	<u>18,656</u>	
	SUB TOTAL			18,656		18,656	18,656	
	GRAND TOTAL			1,887,573		1,887,573	1,878,731	

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

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 01 Replacement Housing Factor Grant No.:					Federal FY of Grant: 2001 AS OF 6/30/04	
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
	3/31/04			3/31/05				

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

HA Name: INKSTER HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 02 Replacement Housing Factor Grant No.:	Federal FY of Grant 2002
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report
 Performance & Evaluation Report for Program Year Ending 6/30/04

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original (per Rev.#3)	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$92,502		\$92,502	\$92,502
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	\$63,500		\$63,500	\$63,500
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	\$115,875		\$115,875	\$95,875
8	1440 Site Acquisition				
9	1450 Site Improvement	\$26,332		\$26,332	\$26,332
10	1460 Dwelling Structure	\$1,411,564		\$1,411,564	\$493,260
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	\$81,883		\$81,883	\$81,883
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)	\$1,791,656		\$1,791,656	\$853,352
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 - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date X Tony L. Love, Executive Director	Signature of Public Housing director/Office of Native American Programs Administrator and Date X
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Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 02 Replacement Housing Factor Grant No.:					Federal FY of Grant: 2002 AS OF 6/30/04	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original (per rev. #3)	Revised	Funds Obligated	Funds Expended	
PHA WIDE	<u>OPERATIONS</u>	1406						
	A. Operations			<u>92,502</u>		<u>92,502</u>	<u>92,502</u>	
	SUB TOTAL			92,502		92,502	92,502	
PHA WIDE	<u>ADMINISTRATION</u>	1410						
	A. Portion of Salaries & benefits			<u>63,500</u>		<u>63,500</u>	<u>63,500</u>	
	SUB TOTAL			63,500		63,500	63,500	
PHA WIDE	<u>FEES & COSTS</u>	1430						
	A. A&E fees and related costs			<u>115,875</u>		<u>115,875</u>	<u>95,875</u>	
	SUB TOTAL			115,875		115,875	95,875	
	<u>SITE IMPROVEMENT</u>	1450						
27-3	A. Security lighting upgrades			<u>26,332</u>		<u>26,332</u>	<u>26,332</u>	
	SUB TOTAL			26,332		26,332	26,332	
	<u>DWELLING STRUCTURES</u>	1460						
27-4	A. Renovate North Tower HVAC systems			1,211,564		1,211,564	293,260	
PHA WIDE	B. Vacant Unit Rehab			<u>200,000</u>		<u>200,000</u>	<u>200,000</u>	
	SUB TOTAL			1,411,564		1,411,564	493,260	
PHA WIDE	<u>DEMOLITION</u>	1485						
	A. Demolition			<u>81,883</u>		<u>81,883</u>	<u>81,883</u>	
				81,883		81,883	81,883	
	GRAND TOTAL			1,791,656		1,791,656	853,352	

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

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 02 Replacement Housing Factor Grant No.:					Federal FY of Grant: 2002 AS OF 6/30/04	
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
	5/31/04			5/31/06				

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

HA Name:

INKSTER HOUSING COMMISSION

Grant Type and Number
Capital Fund Program Grant No.:
Replacement Housing Factor Grant No.:

MI28 P027 501 03

Federal FY of Grant
2003

Original Annual Statement
Final Performance and Evaluation Report

Reserve for Disasters/Emergencies

Revised Annual Statement/Revision Number

Performance & Evaluation Report for Program Year Ending 6/30/04

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original (per Rev. #1)	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	\$115,894		\$115,894	\$0
3	1408 Management Improvements Soft Costs	\$100,000		\$100,000	\$94,368
	Management Improvements Hard Costs				
4	1410 Administration	\$100,000		\$100,000	\$50,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	\$102,435		\$102,435	\$47,435
8	1440 Site Acquisition				
9	1450 Site Improvement	\$52,900		\$52,900	\$52,900
10	1460 Dwelling Structure	\$893,242		\$751,140	\$237,004
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	\$26,533		\$26,533	\$1,153
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)	\$1,391,004		\$1,248,902	\$482,860
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 - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy/Conservation Measures				
	Collateralization Expenses or Debt Service				
Signature of Executive Director and Date		Signature of Public Housing director/Office of Native American Programs Administrator and Date			
<input checked="" type="checkbox"/> Tony L. Love, Executive Director		<input checked="" type="checkbox"/>			

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

Part II: Supporting Pages

PHA Name:		INKSTER HOUSING COMMISSION		Grant Type and Number		Capital Fund Program Grant No.:		Replacement Housing Factor Grant No.:		MI28 P027 501 03		Federal FY of Grant:	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work					
				Original (per Rev.#1)	Revised	Funds Obligated	Funds Expended						
PHA WIDE	<u>OPERATIONS</u> A. Operations	1406		<u>115,894</u> 115,894		<u>115,894</u> 115,894	<u>0</u> 0						
PHA WIDE	<u>MANAGEMENT IMPROVEMENTS</u> A. Security/Police services	1408		<u>100,000</u> 100,000		<u>100,000</u> 100,000	<u>94,368</u> 94,368						
PHA WIDE	<u>ADMINISTRATION</u> A. Portion of Salaries & benefits	1410		<u>100,000</u> 100,000		<u>100,000</u> 100,000	<u>50,000</u> 50,000						
PHA WIDE	<u>FEES & COSTS</u> A. A&E fees and related costs	1430		<u>102,435</u> 102,435		<u>102,435</u> 102,435	<u>47,435</u> 47,435						
PHA WIDE	<u>NON-DWELLING EQUIPMENT</u> A. Copy machines	1475		<u>26,533</u> 26,533		<u>26,533</u> 26,533	<u>1,153</u> 1,153						
PHA WIDE	<u>SITE IMPROVEMENTS</u> A. Pruning/removal of trees	1450		<u>52,900</u> 52,900		<u>52,900</u> 52,900	<u>52,900</u> 52,900						
	SUB TOTAL												

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name:		Grant Type and Number		Capital Fund Program Grant No.:		M128 P027 501 03		Federal FY of Grant:	
INKSTER HOUSING COMMISSION		Replacement Housing Factor Grant No.:						2003	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
DWELLING STRUCTURES									
PHA WIDE	A. Install replacement windows/screens/storm doors			22,225		22,225	22,225		
PHA WIDE	B. Remodel kitchens			0					
PHA WIDE	C. Occupancy improvement plan/mod. Units			142,102					
MI 27-3	A. Upgrade electrical roof raisers			0					
	B. Repair roofing			76,795		76,795	76,795		
	C. Repair gutters and downspouts			52,500		52,500	52,500		
MI 27-4	A. Major renovations and unit reconfiguration to meet elderly family needs and improve marketability			482,052		482,052			
MI 27-5	A. Install vinyl siding			56,334		56,334	24,250		
MI 27-6	A. Repaid front porch steps			30,617		30,617	30,617		
	B. Replace rear porch steps			<u>30,617</u>		<u>30,617</u>	<u>30,617</u>		
	SUB TOTAL	1460		893,242		751,140	237,004		
	GRAND TOTAL			1,391,004		1,248,902	482,860		

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

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: M128 P027 501 03 Replacement Housing Factor Grant No.:			Federal FY of Grant: 2003 AS OF 6/30/04		
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
	9/16/05			9/16/07			

FINAL PERFORMANCE AND EVALUATION REPORT

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

HA Name: **INKSTER HOUSING COMMISSION**
 Grant Type and Number: **MI28 P027 502 03**
 Capital Fund Program Grant No.:
 Replacement Housing Factor Grant No.:
 Federal FY of Grant: **2003 Bonus**

Original Annual Statement _____ Reserve for Disasters/Emergencies _____
 Revised Annual Statement/Revision Number _____
 Performance & Evaluation Report for Program Year Ending _____

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	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 & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure				
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)			\$293,792	\$293,792
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 - Soft Costs				
24	Amount of Line 20 related to Security - Hard Costs				
	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				
Signature of Executive Director and Date		Signature of Public Housing director/Office of Native American Programs Administrator and Date			

Tony L. Love, Executive Director

Signature of Public Housing director/Office of Native American Programs Administrator and Date

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

Part II: Supporting Pages

PHA Name:		Grant Type and Number		Capital Fund Program Grant No.:		Replacement Housing Factor Grant No.:		MI28 P027 502 03		Federal FY of Grant:
INKSTER HOUSING COMMISSION		Capital Fund Program Grant No.:		Replacement Housing Factor Grant No.:		MI28 P027 502 03				2003 Bonus
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work		
				Original	Revised	Funds Obligated	Funds Expended			
MI 27-4	DWELLING STRUCTURES A. Continue comprehensive Renovations to North Tower	1460		293,792		293,792	293,792			
	SUB TOTAL			293,792		293,792	293,792			
	GRAND TOTAL			293,792		293,792	293,792			

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

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 502 03 Replacement Housing Factor Grant No.:			Federal FY of Grant: 2003 Bonus		
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
27-4	2/13/06		3/15/05	2/13/08	3/15/05		

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

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 04 Replacement Housing Factor Grant No.:				Federal FY of Grant: 2004	
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 27-3							
Upgrade Electrical	9/7/06			8/31/08			
Roof Raisers							
MI 27-4							
Exterior Building	9/7/06			8/31/08			
Recondition							
MI 27-5							
Install Individual Unit	9/7/06			8/31/08			
Boilers							
Construct A/C Unit	9/7/06			8/31/08			
Holder							
MI 27-6							
Install Vinyl Siding	9/7/06			8/31/08			
& Down spouts System							
PHA WIDE							
Concrete Paving and	9/7/06			8/31/08			
Sidewalk Replacement							
Signature of Executive Director and Date			Signature of Public Housing Director and Date				
X Tony L. Love, Executive Director			X				

PHA WIDE						
Repair Concrete	9/7/06			8/31/08		
Masonry, Reconstruct						
Columns and Repair						
Structural Cracks						
PHA WIDE						
Repair Roofs, Shingles	9/7/06			8/31/08		
& Vent Flashings						
PHA WIDE						
Replace Kitchen	9/7/06			8/31/08		
Cabinets & Range						
Hoods						
PHA WIDE						
Capital Fund	9/7/06			8/31/08		
Securitization/						
Occupancy Improvement						
Plan Units paint/repair						
wall/ceilings, replace						
roofs, replace lighting,						
replace wall switches,						
install hard wired smoke						
detectors, replace						
floorings/carpets, replace						
doors, install closet						
doors w/ headers,						
remodel kitchens						
repair plumbing, install						
furnaces/hot water tanks						
replace bath tub liners						
PHA WIDE						
Relocation Activities	9/7/06			8/31/08		
PHA WIDE						
Operations	9/7/06			8/31/08		
Energy Audit	9/7/06			8/31/08		
Mgt. Improvement	9/7/06			8/31/08		
Administration	9/7/06			8/31/08		
Fees And Costs	9/7/06			8/31/08		

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Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:				MI28 P027 501 04		Federal FY of Grant: 2004
Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original Revised		Total Actual Cost Funds Funds Obligated Expended		Status of Work
MI 27-1	<u>SITE IMPROVEMENTS</u>	1450						
	Install Parking Lots		5 Lots	0				moved fy 2005
	SUB TOTAL			0				
MI 27-2	<u>SITE IMPROVEMENTS</u>	1450						
	Install Parking Lots		2 Lots	0				moved fy 2005
	SUB TOTAL			0				
MI 27-3	<u>SITE IMPROVEMENTS</u>	1450		0				
	Install Parking Lots		4 Lots	0				moved fy 2005
	SUB TOTAL			0				
MI 27-3	<u>DWELLING STRUCTURES</u>	1460						
	Upgrade Electrical Roof Raisers		16 Blgs.	41,520		0	0	
	SUB TOTAL			41,520		0	0	
MI 27-4	<u>DWELLING STRUCTURES</u>	1460						
	Exterior Building Recondition			47,253		0	0	
	SUB TOTAL			47,253		0	0	

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 04 Replacement Housing Factor Grant No.:						Federal FY of Grant: 2004
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI 27-5	<u>DWELLING STRUCTURES</u>	1460						
	Install Individual Unit Boilers			110,000		0	0	
	Construct A/C Unit Holders			24,442		0	0	
	SUB TOTAL			<u>134,442</u>		0	0	
MI 27-6	<u>DWELLING STRUCTURES</u>							
	Install Vinyl Siding & Down Spouts System	1460		200,000		0	0	
	SUB TOTAL			<u>200,000</u>		0	0	
PHA WIDE	<u>SITE IMPROVEMENTS</u>	1450						
	Concrete Paving and Sidewalk Replacement			50,000		0	0	
	SUB TOTAL			<u>50,000</u>		0	0	
PHA WIDE	Repair Concrete Masonry, Reconstruct Columns and Repair Structural Cracks	1460		25,000		0	0	
	Repair Roofs, Shingles & Vent Flashings			35,000		0	0	
	Replace Kitchen Cabinets & Range Hoods			25,000		0	0	
	SUB TOTAL			<u>85,000</u>		0	0	
PHA WIDE	<u>DWELLING STRUCTURES</u>	1460		418,425		0	0	
	Capital Funds Securitization/ Occupancy Improvement Plan Units (paint/ repair -walls/ceilings, replace roofs, replace lightings, replace wall switches as needed, install hard wired smoke detectors, replace floorings/carpets, replace doors, install closet doors w/ headers, remodel kitchens as needed repair plumbing as needed. Install furnace as need, install furnaces as needed & replacement of bath tub liners).							
	SUB TOTAL			<u>418,425</u>		0	0	

Annual Statement/Performance and Evaluation Report

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

Part II: Supporting Pages

PHA Name: INKSTER HOUSING COMMISSION		Grant Type and Number Capital Fund Program Grant No.: MI28 P027 501 04 Replacement Housing Factor Grant No.:						Federal FY of Grant: 2004
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	<u>RELOCATION COSTS</u>	1495 .1		60,000		<u>0</u>	<u>0</u>	
	Relocation Activities due to renovation of occupancy improvement units. To include transfer of utilities, cable television services and telephone lines.							
	SUB TOTAL			<u>60,000</u>		<u>0</u>	<u>0</u>	
PHA WIDE	<u>Operations</u>	1406		63,952		63,952	0	
	<u>Energy Audit</u>	1408		25,000		0	0	
	<u>Management Improvement (Security)</u>	1408		225,000		225,000	0	
	SUB TOTAL			<u>250,000</u>		<u>288,952</u>	<u>0</u>	
	<u>Administration</u>	1410						
	Executive Director			13,000		13,000	0	
	Director of Finance			13,000		13,000	0	
	Modernization Coordinator			26,000		26,000	0	
	Director of Facilities			6,500		6,500	0	
	Accountant			6,500		6,500	0	
	Fringe Benefits			35,000		35,000	0	
	SUB TOTAL			<u>100,000</u>		<u>100,000</u>	<u>0</u>	
	<u>Fees and Costs (Architect)</u>	1430		100,000				
	GRAND TOTAL			<u>1,550,592</u>		388,952	0	
Signature of Executive Director and Date		Signature of Public Housing Director and Date						
X Tony L. Love, Executive Director		X						

Annual Statement/Performance and Evaluation Report

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

HA Name: INKSTER HOUSING COMMISSION	Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:	MI28 P027 501 04	Federal FY of Grant 2004
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number One
 Final Performance and Evaluation Report
 Performance & Evaluation Report for Program Year Ending **06/30/04**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	63,952	0	63,952	0
3	1408 Management Improvements Soft Costs	250,000	0	225,000	0
	Management Improvements Hard Costs				
4	1410 Administration	100,000	0	100,000	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	100,000	0	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement	50,000	0	0	0
10	1460 Dwelling Structure	926,640	0	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	60,000	0	0	0
18	1498 Mod used for Development				
19	1502 Contingency				
20	Amount of Annual Grant (Sum of lines 2-19)	1,550,592	0	388,952	0
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 - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date X Tony L. Love, Executive Director	Signature of Public Housing Director and Date X
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