

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

HOUSING AUTHORITY OF THE CITY OF JEFFERSON – MO009

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2005

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

**PHA Plan
Agency Identification**

PHA Name: HOUSING AUTHORITY OF THE CITY OF JEFFERSON

PHA Number: MO009

PHA Fiscal Year Beginning: 04/2005

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

A. Mission

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

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

The PHA's mission is:

"To serve our community's housing needs using all resources available."

To provide affordable housing for all residents through creative partnerships with public and private collaborators."

"Our Mission is to provide quality housing opportunities to improve the lives of the citizens who are in need."

"To provide safe, decent, affordable housing for eligible residents of the City of Jefferson"

"To provide affordable housing that is in good repair, to be stewards of public funds and trust, and to serve all customers with respect."

"To do good by doing good business in offering a variety of housing opportunities for the community's citizens."

B. Goals

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

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

PHA Goal: Expand the supply of assisted housing

Objectives:

Apply for additional rental vouchers:

Reduce public housing vacancies:

Leverage private or other public funds to create additional housing opportunities:

- Acquire or build units or developments
- Other (list below)

- PHA Goal: Improve the quality of assisted housing
 - Objectives:
 - Improve public housing management: (PHAS score) 94
 - Improve voucher management: (SEMAP score) 63
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

- PHA Goal: Increase assisted housing choices
 - Objectives:
 - Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

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

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

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

Objectives:

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

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

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

Other PHA Goals and Objectives:

Local Objectives:

To provide improved living conditions for very low and low income families while maintaining their rent payments at an affordable level.

To operate a socially and financially sound public housing agency that provides decent, safe, and sanitary housing within a drug free, suitable living environment for tenants and their families.

To avoid concentrations of economically and socially deprived families in any one or all of the PHA's public housing developments.

To lawfully deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to PHA employees.

To attempt to house a tenant body in each development that is composed of families with a broad range of incomes and rent-paying abilities that are representative of the range of incomes of low-income families in the PHA's jurisdiction.

To facilitate the judicious management of the PHA inventory, and the efficient management of the PHA staff.

To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

Annual PHA Plan PHA Fiscal Year 2005

[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Streamlined Plan:

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

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Jefferson City Housing Authority is a low medium sized Authority (251-500 units) and a PHAS High-Performer agency located in Cole County, Missouri. The JCHA manages 342 units of public housing at five developments and has an allocation of 231 units of Section 8 Housing Choice Vouchers (The actual number of units for Section 8 has declined to around 200 to 210 because of funding cuts from the Housing and Urban Development).

The Jefferson City Housing Authority currently owns 150 units of Section 8 Project Based, manages 40 units of Section 202's, 16 units of Section 811, and 210 units of Low Income Housing Tax Credits, 139 of these units have project based Section 8 funding.

The Jefferson City Housing Authority also works with the local Public School in building homes to sell to low to moderate income people. One of the homes during 2004 was sold to a Housing Choice Voucher Program holder under the Section 8 Homeownership program.

The mission of the JCHA is:

To promoting adequate and affordable housing, economic opportunity and a suitable living environment without discrimination for low-income, very low-income families, persons with disabilities or the elderly.

The JCHA will be a vehicle of social mobility by giving qualified applicants the opportunity to reside in a subsidized public housing for a period of time, so that they may secure the necessary schooling or training they may need, which may consist of, but not limited to, obtaining a high school diploma or GED, college degree vocational training and/or marketable skills to obtain gainful employment.

The JCHA will accomplish its mission ideals through its goals and objectives:

- A. Providing decent, safe and affordable housing in our community
- B. Ensuring equal opportunity in housing for everyone
- C. Promoting self-sufficiency and asset development of financially disadvantaged families and individuals
- D. Improving community quality of life and economic vitality
- E. Provide timely response to resident request for maintenance problems.
- F. Continue to enforce our drug policies for resident and applicants.
- G. Improve and/or maintain our financial stability through aggressive rent collections and improved reserve position.

The JCHA's financial resources include an operating fund, capital fund, dwelling rental income and Section 8 Administrative fees which will be used to operate the agency in the most cost effective means possible and still provide the services and activities for its residents.

The JCHA has assessed the housing needs of Jefferson City and surrounding Cole County area and has determined that it is currently and will continue to meet the housing needs of the community to the extent practical for a Low Medium size agency. The JCHA has approved a Deconcentration Policy and will utilize Local Preferences to attract and encourage applicants that can qualify for public housing. The JCHA has determined that its housing strategy complies with the City of Jefferson's Consolidated Plan.

The JCHA has updated and rewritten its Admissions and Continued Occupancy

Plan, Dwelling Lease and Grievance procedures to comply with all QHWRA requirements. The JCHA has established a minimum rent of \$25.00. JCHA's flat rent is based on a market rent survey conducted in September 2003 and is reviewed to determine its dollar value.

The JCHA has conducted a physical needs assessment to determine its modernization requirements and has developed an Annual and 5 year Action Plan to address its Capital Improvements.

The JCHA has no plans to demolish or dispose of any of its properties. The JCHA has jointly addressed with the local police department to develop safety and crime prevention that adequately meets the needs of its residents

The JCHA has established a Section 8 Homeownership Program and has sold one home.

The JCHA has developed an agency wide Pet Policy that allows any family to have a pet if they follow a set of rules.

The JCHA has certified that it has and will continue to adhere to all Civil Rights requirements and will affirmatively further fair housing in addition, the JCHA has included a copy of its most recent fiscal year audit reports as part of the documentation made available for public review during the 45 days prior to submission of JCHA's Agency Plan to HUD on January 14, 2005.

The JCHA has developed a very effective Asset Management plan to maintain its properties and manage its. Operation through the proper utilization of the following Annual Plan components:

- Financial Resources
- Operations and Management
- Capital Improvements

Because the JCHA is a PHAS High-Performing Agency (per the Management Assessment Subsystem), it is not required to respond to the following Annual Plan components:

- Component 5 – Operations and Management
- Component 6 – Grievance Procedures
- Component 9 – Designation of Housing
- Component 11 – Homeownership
- Component 12 – Community Service and Self Sufficiency Programs
- Component 13 – Asset Management

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

Table of Contents

	<u>Page #</u>
Annual Plan	
i. Executive Summary	5
ii. Table of Contents	
1. Housing Needs	11
2. Financial Resources	16
3. Policies on Eligibility, Selection and Admissions	17
4. Rent Determination Policies	27
5. Operations and Management Policies	34
6. Grievance Procedures	35
7. Capital Improvement Needs	36
8. Demolition and Disposition	38
9. Designation of Housing	39
10. Conversions of Public Housing	40
11. Homeownership	41
12. Community Service Programs	44
13. Crime and Safety	46
14. Pets	48
15. Civil Rights Certifications (included with PHA Plan Certifications)	65
16. Audit	65
17. Asset Management	65
18. Other Information	66
19. Definition of Substantial Deviation and Significant Amendment or Modification	68

Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration **Page 70**
- FY 2005 Capital Fund Program Annual Statement **(mo009b02)**
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- Performance and Evaluation Report for Period Ending on September 30, 2004 for Comprehensive Grant Program MO36-P009-501-04 **(MO009c02)**
- Performance and Evaluation Report for Period Ending on September 30, 2004 for Capital Fund Program MO36-P009-502-03 and 501-03 **(MO009e02) (MO009d02)**
- Performance and Evaluation Report for Period Ending on September 30, 2004 for Capital Fund Program MO36-P009-501-02 **(MO009f02)**

Optional Attachments:

- PHA Management Organizational Chart (**mo009g02**)
- FY 2006 Capital Fund Program 5 Year Action Plan (**mo009a02**)
- 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)

- Attachment A - Resident Membership of the PHA Governing Board - **Page 69**
- Attachment B - Membership of the Resident Advisory Committee – **Page 69**
- Attachment C - Brief Statement of Progress in meeting the 5-year Plan Mission and Goals **Page 69**
- Attachment D - Brief Statement of Site-Base Waiting list. Demographic **Page 70**
- Attachment E – Certification on the use of Upfront Income Verification System **Page 71**
- Attachment F – Chapter 7 of Administration Plan (Verification) **Page 71**
- Attachment G – Chapter 7 of Admission and Continued Occupancy Policy (Verification) **Page 92**

Supporting Documents Available for Review

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

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
Yes	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
Yes	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Yes	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Yes	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Yes	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
Yes	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
Yes	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Yes	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
Yes	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs (mo009b02), (mo009c02), (mo009d02) (mo009e02), & (mo009f02)
Yes	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs (mo009a02)

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
Yes	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
Yes	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
Yes	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
Yes	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
Yes	Other supporting documents 1) Resident Survey Follow-up Plan	Annual Plan: Resident Survey Follow-up 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	1,542	5	5	5	3	3	2
Income >30% but <=50% of AMI	1,203	5	5	5	3	3	3
Income >50% but <80% of AMI	1,784	4	4	4	3	3	2
Elderly	749	5	5	4	3	2	4
Families with Disabilities	860	5	5	4	5	4	4
Race/Ethnicity W	3,350	5	5	5	3	3	2
Race/Ethnicity B	918	5	5	5	3	3	2
Race/Ethnicity H	99	5	5	5	3	3	2
Race/Ethnicity O	80	5	5	5	3	3	2
Race/Ethnicity NA	20	5	5	5	3	3	2
Race/Ethnicity A	58	5	5	5	3	3	2
Race/Ethnicity PI	4	5	5	5	3	3	2

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: 2004-2008
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS")
dataset: CHAS Table 1C, 2000
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)
Bureau of Census, 2000 Census of Population and Housing, Summary
Population and Housing Characteristics - Missouri

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

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

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
 Public Housing
 Combined Section 8 and Public Housing
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)
 If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	304		120
Extremely low income <=30% AMI	302	99%	
Very low income (>30% but <=50% AMI)	2	1%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	88	29%	
Elderly families	1	.329%	
Families with Disabilities	3	.986%	
Race/ethnicity W	84	27.63%	
Race/ethnicity B	218	71.71%	
Race/ethnicity A	2	.66%	
Race/ethnicity			

Characteristics by Bedroom Size (Public Housing Only)

1BR	206	67.76%	
2 BR	74	24.34%	
3 BR	22	7.23%	
4 BR	2	.66%	
5 BR			
5+ BR	0		

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

If yes:

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

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

Housing Needs of Families on the Waiting List

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
 Public Housing
 Combined Section 8 and Public Housing
 Public Housing Site-Based or sub-jurisdictional waiting list (optional)
 If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	416		179
Extremely low income <=30% AMI	413	99.28%	
Very low income (>30% but <=50% AMI)	3	.72%	
Low income (>50% but <80% AMI)			
Families with children	247		
Elderly families	2	.481%	
Families with Disabilities	6	1.44%	
Race/ethnicity W	178	42.79%	
Race/ethnicity B	231	55.53%	
Race/ethnicity NA	5	1.20%	
Race/ethnicity A	1	.24%	
Race/ethnicity NH	1	.24%	

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

If yes:

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

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.

(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 (Public Housing)
- Adopt rent policies to support and encourage work
- Other: (list below)

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2004 grants)		
a) Public Housing Operating Fund	627,640	
b) Public Housing Capital Fund	919,449	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	956,257	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
MO36P009502-03	108,009	Capital Fund
3. Public Housing Dwelling Rental Income		
Dwelling Rental	361,651	Operating Fund
4. Other income (list below)		
Rented Spaces	1,785	Operating Fund
Interest Income	8,000	Operating Fund
4. Non-federal sources (list below)		
Total resources	2,982,791	

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: **(5)**
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

We check for criminal activities, owe other PHA, owe us, on no trespass list, sex offender list, and on evict list upon receipt of application, after offer letter families bring in information which is verified before moving into unit.

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

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

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

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

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

(2)Waiting List Organization

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

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

Our applications include all properties that have separate waiting list. The applications are all maintained by a central application clerk. The clerk places the applicant on all the waiting list checked on application.

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

- PHA main administrative office

- PHA development site management office
- Other (**U.S. Mail**)

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? 3

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? If they qualify for all three.

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

All families with children

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.

3. 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)
 1. Working families with children and families who include elderly person or person with disability
 2. All families with children

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

- PHAbriefing seminars or written materials
- Other source: **(During submittal of Application for Public Housing).**

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: Does the PHA have general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.

b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

Deconcentration Policy for Covered Developments			
Development Name:	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]
MO009004	30	The EIR for the family housing is \$4,746 – This development has average income at \$5,882. This is 123.93%. This is a drop of 1.29% over last year. \$5,882 is still less than 30% medium for a family of one. This development is two, threes and four bedroom.	

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: MO009004
- 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: MO009004

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**)

Based on information in our possession:

Eviction History, Damage to rental units, complaints from neighbors, timeliness of rent payments, and housekeeping

(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 (**U.S. Mail**)

(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:

Extenuating circumstances such as hospitalization or a family emergency for an extended period of time which has affected the family's ability to find a unit within the initial sixty-day period. Verification is required.

The PHA is satisfied that the family has made a reasonable effort to locate a unit, including seeking the assistance of the PHA, throughout the initial sixty-day period. A completed search record is required.

The family was prevented from finding a unit due to disability accessibility requirements or large size (4) bedroom unit requirement.

(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)

Working families with children and families who include elderly person or person with disability
All families with children

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.

3. Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
 Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

- The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of

adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

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

b. Minimum Rent

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

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

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

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

Jefferson City Housing Authority Minimum Rent Hardship Exemption Request Guidelines for Residents

Any resident Head of Household that is paying a minimum rent, which is \$25, may make a written request for a hardship exemption (**Note: This hardship exemption only applies to residents that are paying a minimum rent and does not apply to any other resident household**). The written request must be submitted to the Housing Manager prior to the rent becoming delinquent, which is prior to close of business the 5th working day of each month. The written request must contain one of the following situations to be considered eligible for a hardship exemption, which includes:

1. The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the immigration and nationalization act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
2. The family would be evicted as a result of the implementation of the minimum rent. This exemption is only applicable for the initial implementation of a minimum rent or increase in the existing minimum rent. The effective date of the initial implementation of the minimum rent for the Housing Authority (HA) was February 16, 1996 and the minimum rent was established at \$25. Therefore, this exemption will only apply if the HA increases the minimum rent.

3. The income of the family has decreased because of changed circumstance, including loss of employment.
4. A death in the family has occurred which affects the family circumstances.
5. If section 1 through 4 as listed above do not apply to a family paying a minimum rent, the Head of Household can cite any other circumstance that they believe created a financial hardship and describe that circumstance, in writing, and request that a hardship exemption be granted because of other circumstances. The HA will consider all “other circumstances” request for hardship exemptions as presented, in writing, by the Head of Household and make a decision to grant or deny the other circumstances request for a hardship exemption on a case by case basis.

All of the above must be proven by the Resident by providing verifiable information in writing to the HA prior to the rent becoming delinquent and before the lease is terminated by the HA.

Note:

If you request a minimum rent hardship exemption and your request is approved your new rent amount will be based on your total tenant payment (TTP) and a new dwelling lease will have to be executed. Calculating rent based on the TTP is required by federal regulation and is the method used to calculate rent for all public housing residents that are not paying a minimum rent or ceiling rent, as appropriate.

Head of Household	Date
Housing Authority Representative	Date

Jefferson City Housing Authority

Minimum Rent Hardship Exemption Approval/Denial Guidelines for Housing Managers

Each Head of Household that is paying or start paying a minimum rent must be given the “Minimum Rent Hardship Exemption Request Guidelines for Residents” and this document must be signed by the resident Head of Household and Housing Manager. The document must be explained to the resident, prior to signing. The original is to be retained in the resident file and a copy given to the resident.

If a Head of Household submits a written request for a hardship exemption from paying a monthly minimum rent, which is \$25, and the request complies with sections 1 through 4 of the “Minimum Rent Hardship Exemption Request Guidelines for Residents” the

request shall be approved.

If the request for a hardship exemption is based on other circumstances as noted in section 5 of the “Minimum Rent Hardship Exemption Request Guidelines for Residents”, the request must be forwarded to the Director of Administrative Services for approval or denial. The Director of Administrative Services will make a decision to approve or deny the request based on the merits and circumstances of each individual request. Also, the Director of Administrative Services will establish a file for all “other circumstances” request for hardship exemptions to ensure that all decisions made concerning “other circumstances” are consistent. The names of the residents will be stricken from the file to ensure privacy of the resident.

All request for hardship exemptions must be received prior to the rent becoming delinquent, which is before close of business on the 5th working day of each month. Also, it is the responsibility of the Head of Household to provide documentation that supports the hardship request and the information must be verifiable and provided prior to the rent becoming delinquent. However, an extension can be granted until the 15th of the month if the Head of Household request extra time to obtain the information to document their request, which may be necessary in some circumstances.

If the Head of Household request a hardship exemption timely, late penalties will not be charged.

If a request is approved and/or denied the resident will be notified in writing of the decision. The decision must be issued within 10 calendar days of receipt of the request and/or within 10 calendar days of receiving the documentation necessary to support the hardship exemption request. The resident must be notified in the letter that if there is a change in circumstances that relieves the hardship, those circumstances must be reported to the Housing Manager within ten (10) calendar days of the changed circumstances as required by the Section 17 (D) of the dwelling lease. Failure to report changes will result in termination of dwelling lease.

Also, if a resident requests a hardship exemption (**prior to the rent being delinquent, which is the 5th working day of each month**) under this section, and the Housing Authority (HA) reasonably determines the hardship to be of a temporary nature, exemption shall not be granted during a ninety day period beginning upon the making of the request for the exemption. A resident may not be evicted during the ninety day period for non-payment of rent. In such a case, if the resident thereafter demonstrates that the financial hardship is of a long term basis, the HA shall retroactively exempt the resident from the applicability of the minimum rent requirement for such ninety day period and reduce the account receivable as appropriate. This Paragraph does not prohibit the HA from taking eviction action for other violations of the lease.

During the exemption period, the rent will be reduced to the appropriated total tenant payment (TTP), which represent the regulatory amount of rent calculated for all public

housing residents.

The following language must be used in the letters of (1) acceptance, (2) temporary determination and (3) denial of a request for a hardship exemption:

Acceptance Letter:

The purpose of this letter is to inform you that your request for a minimum rent hardship exemption is approved. During the exemption period your rent will be _____, which represents your total tenant payment (TTP). Calculating rent based on the TTP is required by federal regulation and is the method used to calculate rent for all public housing residents that are not paying a minimum rent or ceiling rent, as appropriate. Also, you will be responsible for paying for any applicable “other charges” which may be incurred during the exemption period. Some examples of “other charges”, would be excess utilities and/or maintenance charges. The action requires that a new dwelling lease be executed; therefore, an appointment for the signing of a new dwelling lease has been scheduled for _____.

As required by Section 17 (D) of the dwelling lease you are reminded that you must report any changes in family income or family composition within ten (10) days of the changed circumstances as required by the Section 17 (D) of the dwelling lease. Failure to report such changes will result in termination of your dwelling lease.

If you have any questions concerning this letter or need to reschedule your appointment to sign the new dwelling lease, please call me at _____.

Temporary Denial Letter:

The purpose of this letter is to inform you that your request for a minimum rent hardship exemption is denied because it has been determined that your situation is of a temporary nature. From the date of this letter, an exemption shall not be granted for a ninety day period; however, you will not be evicted during this period for non-payment of rent. Please note that the decision not to evict for non-payment of rent does not prevent the Housing Authority from filing an eviction action of any other lease violation. You must comply with all other provisions of your dwelling lease.

During the ninety day period your rent and, if applicable, other charges are due and payable on the first of each month; however, you will not be charged any late fees during this ninety day period, which ends on _____. Also, at any time during this ninety day period you can demonstrate that the financial hardship is of a long term basis and not temporary, the Housing Authority shall retroactively exempt the applicable minimum rent and your account adjusted to the appropriate amount of rent due based on calculating your total tenant payment from the date of your original request to be approved for a minimum rent hardship exemption.

In accordance with the Housing Authorities grievance procedure, you may request an informal settlement within ten (10) business days from the date of the mailing of this adverse

action if you do not agree with the decision. The request for an informal settlement can be made at this office orally or in writing.

If you have any questions concerning this letter, please call me at _____.

Denial Letter:

The purpose of this letter is to deny your request for a hardship exemption from paying minimum rent. Your request did not meet the requirements for granting a hardship exemption from paying a minimum rent as outlined in the “Minimum Rent Hardship Exemption Request Guidelines for Residents”, which you signed on _____.

In accordance with the Housing Authorities grievance procedure, you may request an informal settlement within ten (10) business days for the date of the mailing of this adverse action if you do not agree with the decision. The request for an informal settlement can be made at this office orally or in writing. If you grieve this decision your dwelling lease will not be terminated during the time period of the grievance procedure. Also, you will not be charged late fees during the grievance period.

If you have any questions concerning this letter, please call me at _____.

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) (**\$100 per month**)
- Other (list below)

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

- FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area

- The PHA has chosen to serve additional families by lowering the payment standard
- Reflects market or submarket
- Other (list below)

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

See question in Section 4-A-1-b-3 under Public Housing

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		
Section 8 Vouchers		
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

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)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment **(mo009b02)**

-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 **(mo009a02)**

-or-

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

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

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

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

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

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

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

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

[24 CFR Part 903.7 9 (i)]

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

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

streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

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: (DD/MM/YY)	
5. If approved, will this designation constitute a (select one)	
<input type="checkbox"/> New Designation Plan	
<input type="checkbox"/> Revision of a previously-approved Designation Plan?	
6. Number of units affected:	
7. Coverage of action (select one)	
<input type="checkbox"/> Part of the development	
<input type="checkbox"/> Total development	

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

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

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

B. Voluntary Conversion Initial Assessments. (Initial Assessment conducted for FY 2002 PHA Plan).

- a. How many of the PHA's developments were subject to the Required Initial Assessments: **(3)**
- b. How many of the PHA's developments were not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? **(1)**
- c. How many Assessments were conducted for the PHA's covered developments? **(3)**
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	

- d. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments: **(N/A)**

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

PHA status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

- The purchaser must meet other threshold requirements, including a minimum income;
- The purchaser must be a first time homebuyer;
- Participation in credit counseling programs will be required of all families expressing an interest in purchasing. No family will be admitted to the program if credit is not acceptable or correctable in a period of time that is reasonable for this program;
- Participation in a series of home buying training and counseling courses will be required of all prospective buyers;
- No family with a history of property destruction or criminal behavior will be permitted to participate in the program. Past drug - and alcohol -related problems that appear to be corrected and are at least five years in the past will not be grounds for exclusion from the homebuyer program;
- Participation in a self-sufficiency program may be required of all non-working adult members for the household;
- Evidence of sufficient income to support home ownership (including house payment, utilities, taxes and insurance);

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 entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

- 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)

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

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

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

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. PET POLICY

[24 CFR Part 903.7 9 (n)]

HOUSING AUTHORITY OF THE CITY OF JEFFERSON

PET POLICY - GENERAL OCCUPANCY (FAMILY) PROJECTS

[24 CFR Part 960, Subpart G]

INTRODUCTION

This Chapter explains the PHA's policies on the keeping of pets in general occupancy projects and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

This policy does not apply to animals that are used to assist, support or provide service to persons with disabilities, or to service animals that visit public housing developments.

A. ANIMALS THAT ASSIST, SUPPORT OR PROVIDE SERVICE TO PERSONS WITH DISABILITIES

The resident/pet owner will be required to qualify animals (for exclusion from the pet policy) that assist, support or provide service to persons with disabilities.

Pet rules will not be applied to animals that assist, support or provide service to persons with disabilities. This exclusion applies to both service animals and companion animals as reasonable accommodation for persons with disabilities. This exclusion applies to such animals that reside in public housing and that visit these developments.

B. STANDARDS FOR PETS

Types of Pets Allowed

Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle. Common household pets are defined as follows:

Bird Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

Fish In tanks or aquariums, not to exceed 20 gallons in capacity; poisonous or dangerous fish are not permitted.

Dogs Not to exceed 25 lbs. weight, or 15 inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

- a. Chihuahua
- b. Pekinese
- c. Poodle
- d. Schnauzer
- e. Cocker Spaniel
- f. Dachshund
- g. Terriers

Vicious or intimidating pets. Dog breeds including but not limited to pit bull/rottweiler/chow/boxer/Doberman/Dalmatian/German shepherd are considered vicious or intimidating breeds and are not allowed.

Cats Cats must be spayed or neutered and be de-clawed or have scratching post, and should not exceed 15 pounds.

Rodents Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

Reptiles Reptiles other than turtles or small lizards such as chameleons are not considered common household pets.

Exotic pets At no time will the Management approve of exotic pets, such as snakes, monkeys, game pets, etc.

No more than one dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of 20 gallons shall be permitted. A resident with a dog or cat may also have other categories of "common household pets" as defined above.

Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.

All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.)

Pets cannot be kept, bred or used for any commercial purpose.

Type of pets not allowed:

Wild, feral, or any other animals that are not amenable to routine human handling.

Any poisonous animals of any kind.

Non-human primates.

Animals whose climatological needs cannot be met in the unaltered environment of the individual dwelling unit.

Pot-bellied pigs.

Ferrets or other animals whose natural protective mechanisms pose a risk of serious bites and/or lacerations to small children.

Hedgehogs or other animals whose protective instincts and natural body armor produce a risk of serious puncture injuries to children.

Chicks, turtles, or other animals that pose a significant risk of salmonella infection to those who handle them.

Pigeons, doves, mynahs, psittacines, and birds of other species that are hosts to the organisms that cause psittacosis in humans.

Snakes or other kinds of reptiles.

C. REGISTRATION OF PETS

All pets shall be registered with the Management Office immediately.

Pets must be registered with the PHA before they are brought onto the premises.

Registration shall consist of providing;

- a. Basic information about the pet (type, age, description, name, etc.)
- b. Proof of inoculation and licensing.
- c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a resident of the community.

Registration must be renewed and will be coordinated with the annual reexamination date.

Proof of inoculation will be submitted at least 30 days prior to annual reexamination.

Each pet owner must provide two color photographs of their pet(s).

Approval for the keeping of a pet shall not be extended pending the completion of these requirements.

Refusal to Register Pets

If the PHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial. The notification will be served in accordance with HUD notice requirements.

The PHA will refuse to register a pet if:

The pet is not a "common household pet" as defined in this policy;

Keeping the pet would violate any House Rules;

The pet owner fails to provide complete pet registration information;

The pet owner fails to update the registration annually;

The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with the provisions of the lease.

The notice of refusal may be combined with a notice of pet violation.

D. PET AGREEMENT

Residents who have been approved to have a pet must enter into a Pet Agreement with the PHA.

The Resident will certify, by signing the Pet Agreement, that the Resident will adhere to the following rules:

Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, Management employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.

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

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

c. Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.

Agree that the resident is responsible and liable for all damages caused by their pet(s).

All complaints of cruelty and all dog bites will be referred to animal control or applicable agency for investigation and enforcement.

All common household pets are to be fed inside the apartment. Feeding is not allowed on porches, sidewalks, patios or other outside areas.

Tenants are prohibited from feeding stray animals.

Residents shall not feed any stray animals; doing so, or keeping stray or unregistered animals, will be considered having a pet without permission.

No animals may be tethered or chained outside or inside the dwelling unit.

When outside the dwelling unit, all pets must be on a leash or in an animal transport enclosure and under the control of a responsible individual.

All fecal matter deposited by the pet(s) must be promptly and completely removed from any common area. Failure to do so will result in a Pet Waste Removal charge of \$25. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in an external trash bin. Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be stored inside the resident's dwelling unit or in animal enclosures maintained within dwelling units AND must be removed and/or replaced regularly. Failure to do so will result in a Pet Waste Removal charge.

The resident/pet owner shall take adequate precautions to eliminate any animal or pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

Mandatory implementation of effective flea control by measures that produce no toxic hazard to children who may come into contact with treated animals.

The right of management to enter dwelling unit when there is evidence that an animal left alone is in danger or distress, or is creating a nuisance.

The right of management to seek impoundment and sheltering of any animal found to be maintained in violation of housing rules, pending resolution of any dispute regarding such violation, at owner's expense. The resident shall be responsible for any impoundment fees, and the PHA accepts no responsibility for pets so removed.

That failure to abide by any animal-related requirement or restriction constitutes a violation of the "Resident Obligations" in the resident's Lease Agreement.

Residents will prevent disturbances by their pets that interfere with the quiet enjoyment of the premises of other residents in their units or in common areas. This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.

Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

E. LIMITATIONS ON PET OWNERSHIP

Reserved

F. DESIGNATION OF PET-FREE AREAS

The following areas are designated as no-pet areas:

PHA playgrounds

PHA day care centers

PHA management offices

PHA community centers

PHA recreation center areas

G. PETS TEMPORARILY ON THE PREMISES

Excluded from the premises are all animals and/or pets not owned by residents, except for service animals.

Residents are prohibited from feeding or harboring stray animals.

This rule excludes visiting pet programs sponsored by a humane society or other non-profit organization and approved by the PHA.

H. DEPOSITS FOR PETS

Payment of a pet deposit of \$200.00 for dog, cat, or rodent and \$25.00 for any other type pets such as fish or birds. The pet deposit must be paid in full, or over a period of time not to exceed six (6) months, in case of hardship to defray the cost of potential damage done by the pet to the unit or to common areas of the community. The additional security deposit shall not preclude charges to a resident for repair of damages done on an ongoing basis by a pet. The resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable if no damage is identified at the move-out inspection. The unused portion of the pet deposit will be refunded to the pet owner within 30 days after the pet owner moves from the dwelling unit or no longer owns or keeps a pet in the dwelling unit.

Type of Pet	Pets Name	Inoculations (type and date)
License Date	Spay or Neuter Date	

The resident will be responsible for all reasonable expenses directly related to the presence of the animal or pet on the premises, including the cost of repairs and replacement in the apartment, and the cost of animal care facilities if needed.

These charges are due and payable within 30 days of written notification.

The PHA reserves the right to change or increase the required deposit by amendment to these rules.

The PHA will refund the Pet Deposit to the tenant, less any damage caused by the pet to the dwelling unit, within a reasonable time after the tenant moves or upon removal of the pet from the unit.

The PHA will return the Pet Deposit to the former tenant or to the person designated by the former tenant in the event of the former tenant's incapacitation or death.

The PHA will provide the tenant or designee identified above with a written list of any charges against the pet deposit. If the tenant disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.

All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including, but not limited to:

The cost of repairs and replacements to the resident's dwelling unit;

Fumigation of the dwelling unit;

Common areas of the project if applicable

The expense of flea deinfestation shall be the responsibility of the resident.

If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge.

If such expenses occur as the result of a move-out inspection, they will be deducted from the pet deposit. The resident will be billed for any amount that exceeds the pet deposit.

Pet Deposits are not a part of rent payable by the resident.

I. ADDITIONAL PET FEES

The PHA will charge a non-refundable nominal fee of \$50.00 for each household with a pet. This fee is intended to cover the reasonable operating costs to the project relating to the presence of pets. Reasonable operating costs to the project relating to the presence of pets include, but are not limited to:

Landscaping costs

Pest control costs

Insurance costs

Clean-up costs

The nominal fee will be assessed annually.

The PHA reserves the right to change or increase the required deposit by amendment to these rules.

J. PET WASTE REMOVAL CHARGE

Each pet owner shall be fully responsible for the care of the pet. Owners must take all pet waste to the appropriate dumpster in bags they purchase for their own use. If no area in the Development is designed for exercise or the deposit of waste, pet owners must remove pets from the premises to permit the pet to exercise and deposit waste. In the case of cats and other pets using litter boxes, the pet owner must change the litter at least twice a week, and pet owners must separate waste from litter at least once a day.

A separate pet waste removal charge of \$25.00 per occurrence will be assessed against the resident for violations of the pet policy.

Pet waste removal charges are not part of rent payable by the resident.

K. PET AREA RESTRICTIONS

All cats and dogs must be appropriately and effectively restrained and under the control of a responsible individual while on the common areas of the Development (that is, any areas outside the apartment). Unless the owner is unable to do so for health reasons or disability, the pet must be in the owner's arms when going to and from the building and in the elevators. Pets shall not be tied up and left unattended either inside or outside the building. Neither dogs or cats shall be permitted to run loose. No dog houses or pens shall be permitted on the grounds of the Development.

A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

A common household pet must be effectively restrained and under the control of a responsible person when passing through a common area, from the street to the apartment, etc.

L. CLEANLINESS REQUIREMENTS

Residents must take appropriate actions to protect their pets from fleas and ticks.

Litter Box Requirements. All animal waste or the litter from waterproof litter boxes shall be picked up/emptied every 2 days by the pet owner, disposed of in heavy, sealed plastic trash bags, and placed in a trash container immediately.

Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be stored inside the resident's dwelling unit.

M. PET CARE

Animal neglect and abandonment under the laws of the State of Missouri is not tolerated and is punishable by the following: any person convicted of failure to provide adequate care or adequate control of animal, so that an animal does not injure itself, any person, any other animal or property is guilty of a Class C Misdemeanor with a maximum fine of \$500 and a maximum sentence of 15 days imprisonment. A second conviction is a Class B Misdemeanor and has a maximum fine of \$1,000 and maximum sentence of 6 months.

Animal Abuse under the laws of the State of Missouri is not tolerated and is punishable by the following: any person convicted of knowingly failing to provide adequate care or adequate control of an animal is guilty of a Class A Misdemeanor with a maximum fine of \$1,000 and a maximum sentence of one year imprisonment. A second conviction is a Class D Misdemeanor and has a maximum fine of \$5,000 and maximum sentence of 5 years imprisonment.

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 hours.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

N. RESPONSIBLE PARTIES

Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the Management from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.

Residents are encouraged to carry liability insurance to cover bodily harm to individuals or damages to buildings or other property caused by their pets.

The resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

O. INSPECTIONS

The PHA may enter and inspect the unit only if a written complaint is received alleging that the conduct or condition of the pet in the unit is a violation, or constitutes a nuisance or threat to the health or safety of the other occupants or other persons in the community under applicable State or local law.

P. PET RULE VIOLATION NOTICE

The authorization for a common household pet may be revoked at any time subject to the Housing Authority's grievance procedure if the pet becomes destructive or a nuisance to others, or if the tenant fails to comply with this policy.

Residents who violate these rules are subject to:

Mandatory removal of the pet from the premises within 10 days of notice by the Housing Authority; or if for a threat to health and safety, removal within 24 hours of notice.

Lease termination proceedings.

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has **ten (10)** days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

Q. NOTICE FOR PET REMOVAL

If the resident/pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident/ pet owner must remove the pet within **ten (10)** days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

R. TERMINATION OF TENANCY

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

Housing Authority Representative

Date

HOUSING AUTHORITY OF THE CITY OF JEFFERSON

**PET POLICY - ELDERLY/DISABLED PROJECTS
[24 CFR Part 5, Subpart C]**

INTRODUCTION

PHAs have discretion to decide whether or not to develop policies pertaining to the keeping of pets in public housing units. This Chapter explains the PHA's policies on the keeping of pets and any criteria or standards pertaining to the policy for elderly/disabled projects. The rules adopted are reasonably related to the legitimate interest of this PHA to provide a decent, safe and sanitary living environment for all tenants, to protecting and preserving the physical condition of the property, and the financial interest of the PHA.

The purpose of this policy is to establish the PHA's policy and procedures for ownership of pets in elderly and disabled units and to ensure that no applicant or resident is discriminated against regarding admission or continued occupancy because of ownership of pets. It also establishes reasonable rules governing the keeping of common household pets.

Nothing in this policy or the dwelling lease limits or impairs the right of persons with disabilities to own animals that are used to assist them.

ANIMALS THAT ASSIST PERSONS WITH DISABILITIES

Pet rules will not be applied to animals that assist persons with disabilities. To be excluded from the pet policy, the resident/pet owner must certify:

That there is a person with disabilities in the household;
That the animal has been trained to assist with the specified disability.

A. MANAGEMENT APPROVAL OF PETS

All pets must be approved in advance by the PHA management.

The pet owner must submit and enter into a Pet Agreement with the PHA.

Registration of Pets

Pets must be registered with the PHA before they are brought onto the premises. Registration includes certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.

All pets shall be registered with the Management Office immediately.

All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation.

Registration shall consist of providing;

- a. Basic information about the pet (type, age, description, name, etc.)
- b. Proof of inoculation and licensing.

c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a resident of the community.

Registration must be renewed and will be coordinated with the annual recertification date and proof of license and inoculation will be submitted at least 30 days prior to annual reexamination.

Approval for the keeping of a pet shall not be extended pending the completion of these requirements.

Refusal to Register Pets

The PHA may not refuse to register a pet based on the determination that the pet owner is financially unable to care for the pet. If the PHA refuses 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 PHA will refuse to register a pet if:

The pet is not a *common household pet* as defined in this policy;

Keeping the pet would violate any House Pet Rules;

The pet owner fails to provide complete pet registration information, or fails to update the registration annually;

The PHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

The notice of refusal may be combined with a notice of a pet violation.

A resident who cares for another resident's pet must notify the PHA and agree to abide by all of the pet rules in writing.

B. STANDARDS FOR PETS

If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.

Pet rules will not be applied to animals that assist persons with disabilities.

Persons with Disabilities

To be excluded from the pet policy, the resident/pet owner must certify:

- That there is a person with disabilities in the household;**
- That the animal has been trained to assist with the specified disability; and**
- That the animal actually assists the person with the disability.**

Types of Pets Allowed

No types of pets other than the following may be kept by a resident.

⇒ Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle. Common household pets are defined as follows:

Bird Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

Fish In tanks or aquariums, not to exceed 20 gallons in capacity; poisonous or dangerous fish are not permitted.

Dogs Not to exceed 25 lbs. weight, or 15 inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

- | | |
|--------------|-------------------|
| a. Chihuahua | e. Cocker Spaniel |
| b. Pekinese | f. Dachshund |
| c. Poodle | g. Terriers |
| d. Schnauzer | |

No Pit Bulls will be permitted

Cats Cats must be spayed or neutered and be de-clawed or have scratching post, and should not exceed 15 pounds.

Rodents Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

Reptiles Reptiles other than turtles or small lizards such as chameleons are not considered common household pets.

Exotic pets At no time will the Management approve of exotic pets, such as snakes, monkeys, game pets, etc.

⇒ No more than one dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of 20 gallons shall be permitted. A resident with a dog or cat may also have other categories of "common household pets" as defined above.

⇒ Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.

⇒ All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.)

ii. Pets cannot be kept, bred or used for any commercial purpose.

C. PETS TEMPORARILY ON THE PREMISES

Pets that are not owned by a tenant will not be allowed.

Residents are prohibited from feeding or harboring stray animals.

This rule excludes visiting pet programs sponsored by a humane society or other non-profit organization and approved by the PHA.

D. DESIGNATION OF PET/NO-PET AREAS

Currently the Housing Authority has not designated any areas for pets/no pet.

E. ADDITIONAL FEES AND DEPOSITS FOR PETS

The resident/pet owner shall be required to pay a refundable deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a dog or cat.

Payment of a pet deposit of \$200.00 for dog, cat, or rodent and \$25.00 for any other type pets such as fish or birds. The pet deposit must be paid in full, or over a period of time not to exceed six (6) months, in case of hardship to defray the cost of potential damage done by the pet to the unit or to common areas of the community. The additional security deposit shall not preclude charges to a resident for repair of damages done on an ongoing basis by a pet. The resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable if no damage is identified at the move-out inspection. The unused portion of the pet deposit will be refunded to the pet owner within 30 days after the pet owner moves from the dwelling unit or no longer owns or keeps a pet in the dwelling unit.

Type of Pet	Pets Name	Inoculations (type and date)
License Date	Spay or Neuter Date	

The PHA reserves the right to change or increase the required deposit by amendment to its rules.

The PHA will return the Pet Deposit to the former tenant or to the person designated by the former tenant in the event of the former tenant's incapacitation or death.

The PHA will provide the tenant or designee identified above with a written list of any charges against the pet deposit. If the tenant disagrees with the amount charged to the pet deposit, the PHA will provide a meeting to discuss the charges.

All reasonable expenses incurred by the PHA as a result of damages directly attributable to the presence of the pet in the project will be the responsibility of the resident, including:

The cost of repairs and replacements to the resident's dwelling unit;

Fumigation of the dwelling unit;

Common areas of the project.

Pet Deposits are not a part of rent payable by the resident.

F. ALTERATIONS TO UNIT

Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal. Installation of pet doors is prohibited.

G. PET WASTE REMOVAL CHARGE

Each pet owner shall be fully responsible for the care of the pet. Owners must take all pet waste to the appropriate dumpster in bags they purchase for their own use. If no area in the Development is designed for exercise or the deposit of waste, pet owners must remove pets from the premises to permit the pet to exercise and deposit waste. In the case of cats and other pets using litter boxes, the pet owner must change the litter at least twice a week, and pet owners must separate waste from litter at least once a day.

A separate pet waste removal charge of 25.00 per occurrence will be assessed against the resident for violations of the pet policy.

Pet deposit and pet waste removal charges are not part of rent payable by the resident.

H. PET AREA RESTRICTIONS

Only one dog or cat is allowed per household. NO PIT BULLS WILL BE PERMITTED. All cats and dogs must be appropriately and effectively restrained and under the control of a responsible individual while on the common areas of the Development (that is, any areas outside the apartment). Unless the owner is unable to do so for health reasons or disability, the pet must be in the owner's arms when going to and from the building and in the elevators. Pets shall not be tied up and left unattended either inside or outside the building. Neither dogs or cats shall be permitted to run loose. No dog houses or pens shall be permitted on the grounds of the Development.

A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

Pets are not permitted in common areas including lobbies, community rooms and laundry areas except for those common areas which are entrances to and exits from the building.

I. NOISE AND ODORS

Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, Management employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.

- a. The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.
- b. Repeated substantiated complaints by neighbors or JCHA Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.
- c. Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance. **This includes, but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.**

J. CLEANLINESS REQUIREMENTS

Pet bedding shall not be washed in any common laundry facilities.

Residents must take appropriate actions to protect their pets from fleas and ticks.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.

Litter Box Requirements. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin.

Litter shall not be disposed of by being flushed through a toilet.

Removal of Waste from Other Locations. The Resident/Pet Owner shall be responsible for the removal of waste by placing it in a sealed plastic bag and disposing of it in an outside trash bin.

Any unit occupied by a dog, cat, or rodent will be fumigated at the time the unit is vacated.

The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

K. PET CARE

Animal neglect and abandonment under the laws of the State of Missouri is not tolerated and is punishable by the following: "any person convicted of failure to provide adequate care or adequate control of animal, so that an animal does not injure itself, any person, any other animal or property is guilty of a Class C Misdemeanor with a maximum fine of \$500 and a maximum sentence of 15 days imprisonment. A second conviction is a Class B Misdemeanor and has a maximum fine of \$1,000 and maximum sentence of 6 months.

Animal Abuse under the laws of the State of Missouri is not tolerated and is punishable by the following: "any person convicted of knowingly failing to provide adequate care or adequate control of an animal is guilty of a Class A Misdemeanor with a maximum fine of \$1,000 and a maximum sentence of one year imprisonment. A second conviction is a Class D Misdemeanor and has a maximum fine of \$5,000 and maximum sentence of 5 years imprisonment.

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 hours.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

L. RESPONSIBLE PARTIES

Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the Management from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.

Residents are encouraged to carry liability insurance to cover bodily harm to individuals or damages to buildings or other property caused by their pets.

The resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet.

M. INSPECTIONS

The PHA may enter and inspect the unit only if a written complaint is received alleging that the conduct or condition of the pet in the unit constitutes a nuisance or threat to the health or safety of the other occupants or other persons in the community under applicable State or local law.

N. PET RULE VIOLATION NOTICE

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) that were violated. The notice will also state:

That the resident/pet owner has **ten (10)** days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

O. NOTICE FOR PET REMOVAL

If the resident/pet owner and the PHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the PHA, the PHA may serve notice to remove the pet.

The Notice shall contain:

A brief statement of the factual basis for the PHA's determination of the Pet Rule that has been violated;

The requirement that the resident /pet owner must remove the pet within **ten (10)** days of the notice; and

A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

P. TERMINATION OF TENANCY

The PHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

Q. PET REMOVAL

If the death or incapacity of the pet owner threatens the health or safety of the pet, or other factors occur that render the owner unable to care for the pet, the situation will be reported to the Responsible Party designated by the resident/pet owner. This includes pets who are poorly cared for or have been left unattended for over **24** hours.

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

- Attached at Attachment
- Provided below: One person stated that Community Service needed to be removed. Two people made comments about condition in and around their apartments.

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

- 1. Consolidated Plan jurisdiction: **(City of Jefferson and Cole County)**
- 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)

⇒ Maintain the supply of decent, safe, and sanitary rental housing that is affordable for low, very low, and moderate income families.

D. Other Information Required by HUD

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

- A. Board Resolution -**
- B. Compliance with State Plan -**
- C. Certifications of Payments to Influence Federal Transactions -**
- D. Disclosure of Lobbying Activities -**
- E. Certification for a Drug-Free Workplace -**
- F. Certify the number of units -**
- G. Civil Rights Certification -**

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

[24 CFR Part 903.7(r)]

A. Substantial Deviation from the 5-Year Plan:

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

B. Significant Amendment or Modification to the Annual Plan:

Same as paragraph 19 A., above.

Attachments

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

Attachment A

Resident Membership of the PHA Governing Board

Dora Washington - Appointed by the Mayor - April 19, 2001 - Four year term

Attachment B

Membership of the Resident Advisory Committee

9-1 Pamela Mayotte, 9-3 Mike Gibson, 9-5 Wanda Atterberry and
Margaret Bax, 9-4 Rebecca Timberlake, 9-7 Joann Thomas

Attachment C

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

The turnaround time for vacant units has been reduced this year. It was averaging about 39 days and now averaging 34 days, several days of which are consumed by our screening process and updated verifications. The vacancy rate has increased averaging 5.56%.

We completed rehabilitation of a 116 unit Section 8 202 and converted it to a Low-Income Housing Tax Credits project with HUD project based subsidy.

For the past several years JCHA and the Jefferson City Public Schools have been building single family homes for sale to low income families. We are continuing this program. We currently have three homes for sale and building another. We have sold one of these homes to a Section 8 resident using the homeownership program.

We are closely monitoring our PHAS score. We plan on using grant funds to work with the city to increase the presence of police officers in public housing to answer the survey item that resident do not feel that adequate security is provided. The response to the survey question about communications being inadequate is confusing to us as all activities and other tenant related matters are relayed to all tenants on a timely basis. The survey item about neighborhood appearance and that the resident like their units, building, but not their neighborhood is very hard to address. We are screening new tenants to balance the vacancy issue and still ensure that the tenants will get along with their neighbors.

We are also closely monitoring our SEMAP score. We have corrected the deficiencies but still have the recommendation in the audit because the deficiencies did not get corrected until late 2003.

We are using CGP to continue to improve the units, reduce vacancies, improve amenities for the residents, and improve security.

Deconcentration is monitored by the staff. Most of our residents are at 30% or lower of medium income.

We have signed an agreement with the Division of Family Services to provide support for our families. The Headstart program is housed in an Authority owned facility. The Jefferson City Daycare is also on-site in one of our buildings.

Our Section 8 Voucher program is fully utilized based on funding from HUD. We cannot lease to base line (231) do to the funding that we are receiving. The actual number that we can issue is about 200 to 210.

The Jefferson City Housing Authority staff closely monitors all programs to ensure access to assisted housing regardless of race, color, religion, nation origin, sex, familial status, and insure accessible housing to person with all types of disabilities regardless of the unit size required.

Attachment D

Brief Statement of Demographic Changes since Site-Based Waiting

The Housing Authority has 3 waiting lists for public housing. The waiting lists were established based on location and type of housing units. All lists are maintained at the main office. The site manager do not maintain there own list. Family Public Housing is one list (for two sites), Elderly and disabled has two waiting list. One of these lists are for the mixed population at Dulle Towers (Public Housing) and Hamilton Towers (Section 8 New Construction), the other is Congregate (Public Housing) and Westminster Heritage (Section 8 202).

The major reason of going to the site-based waiting list is to allow applicants to stay on the waiting list that they have selected. We make three offers and then purge. If an elderly person does not wish to live in a mixed population building they would be deleted from the waiting list within a month do to turnover of units.

We have other waiting lists for properties that we manage. They are properties for the elderly and when an application is received at the main office, we ask them which list to place them on to make sure that they are include on all waiting list of there choice. If a site-based waiting list is inadequate to fill vacancy in the building the manager will make offers to applicants on other waiting list. This does not count as an offer against that applicant if they refuse the unit.

The Housing Authority has not seen any change in the make up of our locations. The demographic in other areas have not changed. Our auditors have audited that the Housing Authority is transmitting data into MTCS.

DECONCENTRATION POLICY

It is the policy of the Jefferson City Housing Authority (JCHA) to house families in a manner that will prevent a concentration of poverty families and/or concentration of higher income families in any one development. The specific objective of the JCHA is to house no less than 40% of its inventory, with families

that have income at or below 30% of the area median income by public housing development. Also the JCHA will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the JCHA does not concentrate families with higher income levels, it is the goal of the JCHA not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The JCHA will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the JCHA.

To accomplish the deconcentration goals the JCHA will take the following actions:

- A. At the beginning of each fiscal year, the JCHA will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous fiscal year.
- B. To accomplish the goals of:
 - 1 Housing not less than 40% of its inventory on an annual basis with families that have incomes at or below 30% of area median income, and
 2. Not housing families with incomes that exceed 30% of the area median income in developments that have 60% or more of the total household living in the development with incomes that exceed 30% of the area median income. The JCHA's Tenant Selection and Assignment Plan, which is a part of this policy, provides for the utilization of local preferences with regards to applicant selection from its waiting list.

Attachment E

Certification on the use of the Upfront Income Verification System

1. Public Housing Admission and Continued Occupancy Policy and Procedures (ACOP)

The Housing Authority of the City of Jefferson has amended the Public Housing Admission and Continued Occupancy Policy and Procedures (ACOP) to included the Upfront Income Verification process and procedures on its use.

2. Voucher Administrative Plan

The Housing Authority of the City of Jefferson has amended the Voucher Administrative Plan to include the Upfront Income Verification process and procedures on its use

Attachment F

**CHAPTER 7
VERIFICATION**

[24 CFR 960.259, 24 CFR 5.230]

INTRODUCTION

The PHA must verify all information that is used to establish the family's eligibility and level of assistance and is required to obtain the family's consent to collect the information. Applicants and tenants must cooperate with the verification process as a condition of receiving assistance. The PHA must not pass on the cost of verification to the family.

The PHA will follow the verification guidance provided by HUD in PIH Notice 2004-01 Verification Guidance and any subsequent guidance issued by HUD. This chapter summarizes those requirements and provides supplementary PHA policies.

Part I describes the general verification process. More detailed requirements related to individual factors are provided in subsequent parts including family information (Part II), income and assets (Part III), and mandatory deductions (Part IV).

Verification policies, rules and procedures will be modified as needed to accommodate persons with disabilities. All information obtained through the verification process will be handled in accordance with the records management policies established by the PHA.

PART I. GENERAL VERIFICATION REQUIREMENTS

7-1.A. FAMILY CONSENT TO RELEASE OF INFORMATION [24 CFR 960.259, 24 CFR 5.230]

The family must supply any information that the PHA or HUD determines is necessary to the administration of the program and must consent to PHA verification of that information [24 CFR 960.259(a)(1)].

Consent Forms

It is required that all adult applicants and tenants sign form HUD-9886, Authorization for Release of Information. The purpose of form HUD-9886 is to facilitate automated data collection and computer matching from specific sources and provides the family's consent only for the specific purposes listed on the form. HUD and the PHA may collect information from State Wage Information Collection Agencies (SWICAs) and current and former employers of adult family members. Only HUD is authorized to collect information directly from the Internal Revenue Service (IRS) and the Social Security Administration (SSA). Adult family members must sign other consent forms as needed to collect information relevant to the family's eligibility and level of assistance.

Penalties for Failing to Consent [24 CFR 5.232]

If any family member who is required to sign a consent form fails to do so, the PHA will deny admission to applicants and terminate the lease of tenants. The family may request an informal hearing in accordance with the PHA's grievance procedures.

7-1.B. OVERVIEW OF VERIFICATION REQUIREMENTS

HUD's Verification Hierarchy

HUD authorizes the PHA to use five methods to verify family information and specifies the circumstances in which each method will be used. In general HUD requires the PHA to use the most reliable form of

verification that is available and to document the reasons when the PHA uses a lesser form of verification. In order of priority, the forms of verification that may be used are:

- Up-front Income Verification (UIV) whenever available
- Third-party Written Verification
- Third-party Oral Verification
- Review of Documents
- Self-Certification

Each of the verification methods is discussed in subsequent sections below. Exhibit 7-1 at the end of the chapter contains an excerpt from the notice that provides guidance with respect to how each method may be used.

Requirements for Acceptable Documents

PHA Policy

Any documents used for verification must be the original (not photocopies) and generally must be dated within 60 calendar days of the date they are provided to the PHA. The documents must not be damaged, altered or in any way illegible.

The PHA will accept documents dated up to 6 months before the effective date of the family's reexamination if the document represents the most recent scheduled report from a source. For example, if the holder of a pension annuity provides semi-annual reports, the PHA would accept the most recent report.

Print-outs from web pages are considered original documents.

The PHA staff member who views the original document must make a photocopy, annotate the copy with the name of the person who provided the document and the date the original was viewed, and sign the copy.

Any family self-certifications must be made in a format acceptable to the PHA and must be signed in the presence of a PHA representative or PHA notary public.

File Documentation

The PHA must document in the file how the figures used in income and rent calculations were determined. All verification attempts, information obtained, and decisions reached during the verification process will be recorded in the family's file in sufficient detail to demonstrate that the PHA has followed all of the verification policies set forth in this ACOP. The record should be sufficient to enable a staff member or HUD reviewer to understand the process followed and conclusions reached.

7-I.C. UP-FRONT INCOME VERIFICATION (UIV)

Up-front income verification (UIV) refers to the PHA's use of the verification tools available from independent sources that maintain computerized information about earnings and benefits. UIV will be used to the extent that these systems are available to the PHA.

The PHA must restrict access to and safeguard UIV data in accordance with HUD guidance on security procedures, as issued and made available by HUD.

There may be legitimate differences between the information provided by the family and UIV-generated information. No adverse action can be taken against a family until the PHA has independently verified the UIV information and the family has been granted an opportunity to contest any adverse findings through the PHA's informal review/hearing processes.

Definition of Substantial Difference

UIV information is used differently depending upon whether there is a *substantial difference* between information provided by the family and the UIV information. In "HUD Guidelines for Projecting Annual Income When UIV Data is Available" [HUD website, April 2004], HUD recommends using \$200 per month as the threshold for a substantial difference. The PHA will therefore use \$200 per month as the threshold for a substantial difference.

See Chapter 6 for the PHA's policy on the use of UIV to project annual income and for the PHA's threshold for substantial difference.

When No Substantial Difference Exists

If UIV information does not differ substantially from family information, the UIV documentation may serve as third-party written verification.

When a Substantial Difference Exists

When there is a substantial difference between the information provided by the UIV source and the family, the PHA must request another form of third-party written verification and use any other verification methods (in priority order) to reconcile the difference(s).

7-I.D. THIRD-PARTY WRITTEN AND ORAL VERIFICATION

Reasonable Effort and Timing

Unless third-party verification is not required as described below, HUD requires the PHA to make at least two unsuccessful attempts to obtain third party verification before using another form of verification [VG, p. 15].

PHA Policy

The PHA will diligently seek third-party verification using a combination of written and oral requests to verification sources. Information received orally from third parties may be used either to clarify information provided in writing by the third party or as independent verification when written third-party verification is not received in a timely fashion.

The PHA may mail, fax, e-mail, or hand deliver third-party written verification requests and will accept third-party responses using any of these methods. The PHA will send a written request for verification to each required source within 5 business days of securing a family's authorization for the release of the information and give the source 10 business days to respond in writing. If a response has not been received by the 11th business day, the PHA will request third-party oral verification.

The PHA will make a minimum of two attempts, one of which may be oral, to obtain third-party verification. A record of each attempt to contact the third-party source (including no-answer calls) and all contacts with the source will be documented in the file. Regarding third-party oral verification, PHA staff will record in the family's file the name and title of the person contacted, the date and time of the conversation (or attempt), the telephone number used, and the facts provided.

When any source responds verbally to the initial written request for verification the PHA will accept the verbal response as oral verification but will also request that the source complete and return any verification forms that were provided.

If a third party agrees to confirm in writing the information provided orally, the PHA will wait no more than 5 business days for the information to be provided. If the information is not provided by the 6th business day, the PHA will use any information provided orally in combination with reviewing family-provided documents (see below).

When Third-Party Information is Late

When third-party verification has been requested and the timeframes for submission have been exceeded, the PHA will use the information from documents on a provisional basis. If the PHA later receives third-party verification that differs from the amounts used in income and rent determinations and it is past the deadline for processing the reexamination, the PHA will conduct an interim reexamination to adjust the figures used for the reexamination, regardless of the PHA's interim reexamination policy.

When Third-Party Verification is Not Required

Primary Documents

Third-party verification is not required when legal documents are the primary source, such as a birth certificate or other legal documentation of birth.

Certain Assets and Expenses

The PHA will accept a self-certification from the family as verification of assets disposed of for less than fair market value [HCV GB, p. 5-28].

The PHA will determine that third-party verification is not available if the asset or expense involves an insignificant amount, making it not cost-effective or reasonable to obtain third-party verification [VG, p. 15].

PHA Policy

The PHA will use review of documents in lieu of requesting third-party verification when the market value of an individual asset or an expense is less than \$500 annually and the family has original documents that support the declared amount.

Certain Income, Asset and Expense Sources

The PHA will determine that third-party verification is not available when it is known that an income source does not have the ability to provide written or oral third-party verification [VG, p. 15]. For example, the PHA will rely upon review of documents when the PHA determines that a third party's privacy rules prohibit the source from disclosing information. Another example would be where the Social Security Administration (SSA) has refused to respond to requests for third-party verification.

PHA Policy

The PHA will determine that third-party verification is not available when there is a service charge for verifying an asset or expense *and* the family has original documents that provide the necessary information.

If the family cannot provide original documents, the PHA will pay the service charge required to obtain third-party verification, unless it is not cost effective in which case a self-certification will be acceptable as the only means of verification. The cost of verification will not be passed on to the family.

The cost of postage and envelopes to obtain third-party verification of income, assets, and expenses is not an unreasonable cost [VG, p. 18].

7-1.E. REVIEW OF DOCUMENTS

Using Review of Documents as Verification

If the PHA has determined that third-party verification is not available or not required, the PHA will use documents provided by the family as verification.

The PHA may also review documents when necessary to help clarify information provided by third parties. In such cases the PHA will document in the file how the PHA arrived at a final conclusion about the income or expense to include in its calculations.

7-1.F. SELF-CERTIFICATION

When information cannot be verified by a third party or by review of documents, family members will be required to submit self-certifications attesting to the accuracy of the information they have provided to the PHA.

PHA Policy

The PHA may require a family to certify that a family member does not receive a particular type of income or benefit.

The self-certification must be made in a format acceptable to the PHA and must be signed by the family member whose information or status is being verified. All self-certifications must be signed in the presence of a PHA representative or PHA notary public.

PART II. VERIFYING FAMILY INFORMATION

7-II.A. VERIFICATION OF LEGAL IDENTITY

PHA Policy

The PHA will require families to furnish verification of legal identity for each household member.

Verification of Legal Identity for Adults	Verification of Legal Identity for Children
Certificate of birth, naturalization papers Church issued baptismal certificate Current, valid driver's license or Department of Motor Vehicle identification card U.S. military discharge (DD 214) U.S. passport Employer identification card	Certificate of birth Adoption papers Custody agreement Health and Human Services ID School records

If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required.

If none of these documents can be provided and at the PHA's discretion, a third party who knows the person may attest to the person's identity. The certification must be provided in a format acceptable to the PHA and be signed in the presence of a PHA representative or PHA notary public.

Legal identity will be verified on an as needed basis.

7-II.B. SOCIAL SECURITY NUMBERS [24 CFR 5.216 and HCV, p. 5-12]

For every family member age 6 or older, the family must provide documentation of a valid social security number (SSN), or a self-certification stating that no SSN has been issued. The self-certification must be executed personally by any family member 18 or older, or by a parent or guardian for a minor.

PHA Policy

The PHA will also accept the following documents as evidence if the SSN is provided on the document:

- Driver's license
- Other identification card issued by a federal, state, or local agency, a medical insurance company or provider, or employer or trade union
- Payroll stubs
- Benefit award letters from government agencies; retirement benefit letters; life insurance policies
- Court records (real estate, tax notices, marriage and divorce, judgment or bankruptcy records)

If the family reports an SSN but cannot provide acceptable documentation of the number, the PHA will require a self-certification stating that documentation of the SSN cannot be provided at this time. The PHA will require documentation of the SSN within 60 calendar days from the date of the family member's self-certification mentioned above. If the family is an applicant, assistance cannot be provided until proper documentation of the SSN is provided.

PHA Policy

The PHA will instruct the family to obtain a duplicate card from the local Social Security Administration (SSA) office.

For individuals who are at least 62 years of age and are unable to submit the required documentation of their SSN within the initial 60-day period, the PHA will grant an additional 60 calendar days to provide documentation.

Social security numbers must be verified only once during continuously-assisted occupancy.

If any family member obtains an SSN after admission to the program, the new SSN must be disclosed at the next regularly scheduled reexamination. In addition, if a child reaches the age of 6 and has no SSN, the parent or guardian must execute a self-certification stating that the child has no SSN at the next regularly scheduled reexamination.

The social security numbers of household members, such as live-in aids, must be verified for the purpose of conducting criminal background checks.

7-II.C. DOCUMENTATION OF AGE

A birth certificate or other official record of birth is the preferred form of age verification for all family members. For elderly family members an original document that provides evidence of the receipt of social security retirement benefits is acceptable.

PHA Policy

If an official record of birth or evidence of social security retirement benefits cannot be provided, the PHA will require the family to submit other documents that support the reported age of the family member (e.g., school records, driver's license if birth year is recorded) and to provide a self-certification.

Age must be verified only once during continuously-assisted occupancy.

7-II.D. FAMILY RELATIONSHIPS

Applicants and tenants are required to identify the relationship of each household member to the head of household. Definitions of the primary household relationships are provided in the Eligibility chapter.

PHA Policy

Family relationships are verified only to the extent necessary to determine a family's eligibility and level of assistance. Certification by the head of household normally is sufficient verification of family relationships.

Marriage

PHA Policy

Certification by the head of household is normally sufficient verification. If the PHA has reasonable doubts about a marital relationship, the PHA will require the family to document the marriage.

A marriage certificate generally is required to verify that a couple is married.

In the case of a common law marriage, the couple must demonstrate that they hold themselves to be married (e.g., by telling the community they are married, calling each other husband and wife, using the same last name, filing joint income tax returns).

Separation or Divorce

PHA Policy

Certification by the head of household is normally sufficient verification. If the PHA has reasonable doubts about a separation or divorce, the PHA will require the family to document the divorce, or separation.

A certified copy of a divorce decree, signed by a court officer, is required to document that a couple is divorced.

A copy of a court-ordered maintenance or other court record is required to document a separation.

If no court document is available, documentation from a community-based agency will be accepted.

Absence of Adult Member

PHA Policy

If an adult member who was formerly a member of the household is reported to be permanently absent, the family must provide evidence to support that the person is no longer a member of the family (e.g., documentation of another address at which the person resides such as a lease or utility bill).

Foster Children and Foster Adults

PHA Policy

Third-party verification from the state or local government agency responsible for the placement of the individual with the family is required.

7-II.E. VERIFICATION OF STUDENT STATUS

PHA Policy

The PHA requires families to provide information about the student status of all students who are 18 years of age or older. This information will be verified only if:

- The family claims full-time student status for an adult other than the head, spouse, or cohead, or
- The family claims a child care deduction to enable a family member to further his or her education.

7-II.F. DOCUMENTATION OF DISABILITY

The PHA must verify the existence of a disability in order to allow certain income disallowances and deductions from income. The PHA is not permitted to inquire about the nature or extent of a person's disability [24 CFR 100.202(c)]. The PHA may not inquire about a person's diagnosis or details of treatment for a disability or medical condition. If the PHA receives a verification document that provides such information, the PHA will not place this information in the tenant file. Under no circumstances will the PHA request a participant's medical record(s). For more information on health care privacy laws, see the Department of Health and Human Services' website at www.os.dhhs.gov.

The above cited regulation does not prohibit the following inquiries, provided these inquiries are made of all applicants, whether or not they are persons with disabilities [VG, p. 24]:

- Inquiry into an applicant's ability to meet the requirements of ownership or tenancy
- Inquiry to determine whether an applicant is qualified for a dwelling available only to persons with disabilities or to persons with a particular type of disability
- Inquiry to determine whether an applicant for a dwelling is qualified for a priority available to persons with disabilities or to persons with a particular type of disability
- Inquiring whether an applicant for a dwelling is a current illegal abuser or addict of a controlled substance
- Inquiring whether an applicant has been convicted of the illegal manufacture or distribution of a controlled substance

Family Members Receiving SSA Disability Benefits

The PHA will attempt to obtain information about disability benefits through the HUD UIV System when it is available, or HUD's Tenant Assessment Subsystem (TASS). If the HUD UIV System or TASS is not available, the PHA will attempt to obtain third-party written/oral verification from the SSA. If third-party verification is not available, the family may provide an original SSA document that confirms the current benefits.

Verification of receipt of SSA benefits or SSI based upon disability is sufficient for verification of disability for the purpose of qualification for waiting list preferences or certain income disallowances and deductions. Receipt of veteran's disability benefits, worker's compensation, or other non-SSA benefits based on the individual's claimed disability are not sufficient verification that the individual meets HUD's definition of disability in 24 CFR 5.603, necessary to qualify for waiting list preferences or certain income disallowances and deductions.

Family Members Not Receiving SSA Disability Benefits

For family members claiming disability who do not receive SSI or other disability payments from the SSA, a knowledgeable professional must provide third-party verification that the family member meets the HUD definition of disability. See the Eligibility chapter for the HUD definition of disability. The knowledgeable professional will verify whether the family member does or does not meet the HUD definition.

7-II.G. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS [24 CFR 5.508]

Overview

Housing assistance is not available to persons who are not citizens, nationals, or eligible immigrants. Prorated assistance is provided for "mixed families" containing both eligible and ineligible persons. See the Eligibility chapter for detailed discussion of eligibility requirements. This chapter (7) discusses HUD and PHA verification requirements related to citizenship status.

The family must provide a certification that identifies each family member as a U.S. citizen, a U.S. national, an eligible noncitizen or an ineligible noncitizen and submit the documents discussed below for each family member. Once eligibility to receive assistance has been verified for an individual it need not be collected or verified again during continuously-assisted occupancy [24 CFR 5.508(g)(5)]

U.S. Citizens and Nationals

HUD requires a declaration for each family member who claims to be a U.S. citizen or national. The declaration must be signed personally by any family member 18 or older and by a guardian for minors. The PHA may request verification of the declaration by requiring presentation of a birth certificate, United States passport or other appropriate documentation.

PHA Policy

Family members who claim U.S. citizenship or national status will not be required to provide additional documentation unless the PHA receives information indicating that an individual's declaration may not be accurate.

Eligible Immigrants

Documents Required

All family members claiming eligible immigration status must declare their status in the same manner as U.S. citizens and nationals.

The documentation required for eligible noncitizens varies depending upon factors such as the date the person entered the U.S., the conditions under which eligible immigration status has been granted, age, and the date on which the family began receiving HUD-funded assistance. Exhibit 7-2 at the end of this chapter summarizes documents family members must provide.

PHA Verification [HCV GB, pp 5-3 and 5-7]

For family members age 62 or older who claim to be eligible immigrants, proof of age is required in the manner described in 7-II.C. of this ACOP. No further verification of eligible immigration status is required. For family members under the age of 62 who claim to be eligible immigrants, the PHA must verify immigration status with the Bureau of Citizenship and Immigration Services (BCIS). The PHA will follow all BCIS protocols for verification of eligible immigration status.

7-II.H. VERIFICATION OF PREFERENCE STATUS

The PHA must verify any preferences claimed by an applicant.

PHA Policy

The PHA offers no preferences; therefore no verification of preferences is required.

PART III. VERIFYING INCOME AND ASSETS

Chapter 6, Part I of this ACOP describes in detail the types of income that are included and excluded and how assets and income from assets are handled. Any assets and income reported by the family must be verified. This part provides PHA policies that supplement the general verification procedures specified in Part I of this chapter.

7-III.A. EARNED INCOME

Tips

PHA Policy

Unless tip income is included in a family member's W-2 by the employer, persons who work in industries where tips are standard will be required to sign a certified estimate of tips received for the prior year and tips anticipated to be received in the coming year.

7-III.B. BUSINESS AND SELF EMPLOYMENT INCOME

PHA Policy

Business owners and self-employed persons will be required to provide:

An audited financial statement for the previous fiscal year if an audit was conducted. If an audit was not conducted, a statement of income and expenses must be submitted and the business owner or self-employed person must certify to its accuracy.

All schedules completed for filing federal and local taxes in the preceding year.

If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense, computed using straight-line depreciation rules.

The PHA will provide a format for any person who is unable to provide such a statement to record income and expenses for the coming year. The business owner/self-employed person will be required to submit the information requested and to certify to its accuracy at all future reexaminations.

At any reexamination the PHA may request documents that support submitted financial statements such as manifests, appointment books, cash books, or bank statements.

If a family member has been self-employed less than three (3) months, the PHA will accept the family member's certified estimate of income and schedule an interim reexamination in three (3) months. If the family member has been self-employed for three (3) to twelve (12) months the PHA will require the family to provide documentation of income and expenses for this period and use that information to project income.

7-III.C. PERIODIC PAYMENTS AND PAYMENTS IN LIEU OF EARNINGS

PHA Policy

The PHA will attempt to obtain information about social security/SSI benefits through the HUD UIV System or the Tenant Assessment Subsystem (TASS) when available. If not available, the PHA will attempt to contact the SSA for third-party written/oral verification of payments. If third-party verification is not available through either source, the family may provide an original SSA document that confirms the current benefits.

7-III.D. ALIMONY OR CHILD SUPPORT

PHA Policy

The way the PHA will seek verification for alimony and child support differs depending on whether the family declares that it receives regular payments.

If the family declares that it *receives regular payments*, verification will be sought in the following order.

If payments are made through a state or local entity, the PHA will request a record of payments for the past 12 months and request that the entity disclose any known information about the likelihood of future payments.

Third-party verification from the person paying the support

Copy of a separation or settlement agreement or a divorce decree stating amount and type of support and payment schedules

Copy of the latest check and/or payment stubs

Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.

If the family declares that it *receives irregular or no payments*, in addition to the verification process listed above, the family must provide evidence that it has taken all reasonable efforts to collect amounts due. This may include:

A statement from any agency responsible for enforcing payment that shows the family has requested enforcement and is cooperating with all enforcement efforts

If the family has made independent efforts at collection, a written statement from the attorney or other collection entity that has assisted the family in these efforts

Note: Families are not required to undertake independent enforcement action.

7-III.E. ASSETS AND INCOME FROM ASSETS

Assets Disposed of for Less than Fair Market Value

The family must certify whether any assets have been disposed of for less than fair market value in the preceding two years. The PHA needs to verify only those certifications that warrant documentation [HCV GB, p. 5-28].

PHA Policy

The PHA will verify the value of assets disposed of only if:

- (1) The PHA does not already have a reasonable estimation of its value from previously collected information, or
- (2) The amount reported by the family in the certification appears obviously in error.

Example 1: An elderly participant reported a \$10,000 certificate of deposit at the last annual reexamination and the PHA verified this amount. Now the person reports that she has given this \$10,000 to her son. The PHA has a reasonable estimate of the value of the asset; therefore, reverification of the value of the asset is not necessary.

Example 2: A family member has disposed of its 1/4 share of real property located in a desirable area and has valued her share at approximately 5,000. Based upon market conditions, this declaration does not seem realistic. Therefore, the PHA will verify the value of this asset.

7-III.F. NET INCOME FROM RENTAL PROPERTY

PHA Policy

The family must provide:

- (1) A current executed lease for the property that shows the rental amount or certification from the current tenant
- (2) A self-certification from the family members engaged in the rental of property providing an estimate of expenses for the coming year and the most recent IRS Form 1040 with Schedule E (Rental Income). If schedule E was not prepared, the PHA will require the family members involved in the rental of property to provide a self-certification of income and expenses for the previous year and may request documentation to support the statement including: tax statements, insurance invoices, bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.

7-III.G. RETIREMENT ACCOUNTS

PHA Policy

When third-party verification is not available the type of original document that will be accepted depends upon the family member's retirement status.

Before retirement, the PHA will accept an original document from the entity holding the account with a date that shows it is the most recently scheduled statement for the account but in no case earlier than 6 months from the effective date of the examination.

Upon retirement, the PHA will accept an original document from the entity holding the account that reflects any distributions of the account balance, any lump sums taken and any regular payments.

After retirement, the PHA will accept an original document from the entity holding the account dated no earlier than 12 months before that reflects any distributions of the account balance, any lump sums taken and any regular payments.

7-III.H. INCOME FROM EXCLUDED SOURCES

A detailed discussion of excluded income is provided in Chapter 6, Part I.

The PHA must obtain verification for income exclusions only if, without verification, the PHA would not be able to determine whether the income is to be excluded. For example: If a family's 16 year old has a job at a fast food restaurant, the PHA will confirm that PHA records verify the child's age but will not send a verification request to the restaurant. However, if a family claims the earned income disallowance for a source of income, both the source and the income must be verified.

PHA Policy

The PHA will reconcile differences in amounts reported by the third party and the family only when the excluded amount is used to calculate the family's rent (as is the case with the earned income disallowance). In all other cases, the PHA will report the amount to be excluded as indicated on documents provided by the family.

7-III.I. ZERO ANNUAL INCOME STATUS

Families claiming to have no annual income will be required to execute verification forms to determine that certain forms of income such as unemployment benefits, TANF, SSI, etc. are not being received by the household.

PART IV. VERIFYING MANDATORY DEDUCTIONS

7-IV.A. DEPENDENT AND ELDERLY/DISABLED HOUSEHOLD DEDUCTIONS

The dependent and elderly/disabled family deductions require only that the PHA verify that the family members identified as dependents or elderly/disabled persons meet the statutory definitions. No further verifications are required.

Dependent Deduction

See Chapter 6 (6-II.B.) for a full discussion of this deduction. The PHA will verify that:

- Any person under the age of 18 for whom the dependent deduction is claimed is not the head, spouse or cohead of the family and is not a foster child
- Any person age 18 or older for whom the dependent deduction is claimed is not a foster adult or live-in aide, and is a person with a disability or a full time student

Elderly/Disabled Family Deduction

See the Eligibility chapter for a definition of elderly and disabled families and Chapter 6 (6-II.C.) for a discussion of the deduction. The PHA will verify that the head, spouse, or cohead is 62 years of age or older or a person with disabilities.

7-IV.B. MEDICAL EXPENSE DEDUCTION

Policies related to medical expenses are found in 6-II.D. The amount of the deduction will be verified following the standard verification procedures described in Part I.

Amount of Expense

PHA Policy

The PHA will provide a third-party verification form directly to the medical provider requesting the needed information.

Medical expenses will be verified through:

Third-party verification form signed by the provider, when possible

If third-party is not possible, copies of cancelled checks used to make medical expense payments and/or printouts or receipts from the source will be used. In this case the PHA will make a best effort to determine what expenses from the past are likely to continue to occur in the future. The PHA will also accept evidence of monthly payments or total payments that will be due for medical expenses during the upcoming 12 months.

If third-party or document review is not possible, written family certification as to costs anticipated to be incurred during the upcoming 12 months

In addition, the PHA must verify that:

- The household is eligible for the deduction.
- The costs to be deducted are qualified medical expenses.
- The expenses are not paid for or reimbursed by any other source.
- Costs incurred in past years are counted only once.

Eligible Household

The medical expense deduction is permitted only for households in which the head, spouse, or cohead is at least 62 or a person with disabilities. The PHA will verify that the family meets the definition of an elderly or disabled family provided in the Eligibility chapter, and as described in Chapter 7 (7-IV.A) of this plan.

Qualified Expenses

To be eligible for the medical expenses deduction, the costs must qualify as medical expenses. See Chapter 6 (6-II.D.) for the PHA’s policy on what counts as a medical expense.

Unreimbursed Expenses

To be eligible for the medical expenses deduction, the costs must not be reimbursed by another source.

PHA Policy

The family will be required to certify that the medical expenses are not paid or reimbursed to the family from any source.

Expenses Incurred in Past Years

PHA Policy

When anticipated costs are related to on-going payment of medical bills incurred in past years, the PHA will verify:

The anticipated repayment schedule

The amounts paid in the past, and

Whether the amounts to be repaid have been deducted from the family’s annual income in past years

7-IV.C. DISABILITY ASSISTANCE EXPENSES

Policies related to disability assistance expenses are found in 6-II.E. The amount of the deduction will be verified following the standard verification procedures described in Part I.

Amount of Expense

Attendant Care

PHA Policy

The PHA will provide a third-party verification form directly to the care provider requesting the needed information.

Expenses for attendant care will be verified through:

Third-party verification form signed by the provider, when possible

If third-party is not possible, copies of cancelled checks used to make attendant care payments and/or receipts from care source

If third-party or document review is not possible, written family certification as to costs anticipated to be incurred for the upcoming 12 months

Auxiliary Apparatus

PHA Policy

Expenses for auxiliary apparatus will be verified through:

Third-party verification of anticipated purchase costs of auxiliary apparatus

If third-party is not possible, billing statements for purchase of auxiliary apparatus, or other evidence of monthly payments or total payments that will be due for the apparatus during the upcoming 12 months

If third-party or document review is not possible, written family certification of estimated apparatus costs for the upcoming 12 months

In addition, the PHA must verify that:

- The family member for whom the expense is incurred is a person with disabilities (as described in 7-II.F above).
- The expense permits a family member, or members, to work (as described in 6-II.E.).
- The expense is not reimbursed from another source (as described in 6-II.E.).

Family Member is a Person with Disabilities

To be eligible for the disability assistance expense deduction, the costs must be incurred for attendant care or auxiliary apparatus expense associated with a person with disabilities. The PHA will verify that the expense is incurred for a person with disabilities (See 7-II.F.).

Family Member(s) Permitted to Work

The PHA must verify that the expenses claimed actually enable a family member, or members, (including the person with disabilities) to work.

PHA Policy

The PHA will seek third-party verification from a Rehabilitation Agency or knowledgeable medical professional indicating that the person with disabilities requires attendant care or an auxiliary apparatus to be employed, or that the attendant care or auxiliary apparatus enables another family member, or members, to work (See 6-II.E.).

If third-party and document review verification has been attempted and is either unavailable or proves unsuccessful, the family must certify that the disability assistance expense frees a family member, or members (possibly including the family member receiving the assistance), to work.

Unreimbursed Expenses

To be eligible for the disability expenses deduction, the costs must not be reimbursed by another source.

PHA Policy

An attendant care provider will be asked to certify that, to the best of the provider’s knowledge, the expenses are not paid by or reimbursed to the family from any source.

The family will be required to certify that attendant care or auxiliary apparatus expenses are not paid by or reimbursed to the family from any source.

7-IV.D. CHILD CARE EXPENSES

Policies related to child care expenses are found in Chapter 6 (6-II.F). The amount of the deduction will be verified following the standard verification procedures described in Part I. In addition, the PHA must verify that:

- The child is eligible for care.
- The costs claimed are not reimbursed.
- The costs enable a family member to pursue an eligible activity.
- The costs are for an allowable type of child care.
- The costs are reasonable.

Eligible Child

To be eligible for the child care deduction, the costs must be incurred for the care of a child under the age of 13. The PHA will verify that the child being cared for (including foster children) is under the age of 13 (See 7-II.C.).

Unreimbursed Expense

To be eligible for the child care deduction, the costs must not be reimbursed by another source.

PHA Policy

The child care provider will be asked to certify that, to the best of the provider’s knowledge, the child care expenses are not paid by or reimbursed to the family from any source.

The family will be required to certify that the child care expenses are not paid by or reimbursed to the family from any source.

Pursuing an Eligible Activity

The PHA must verify that the family member(s) that the family has identified as being enabled to seek work, pursue education, or be gainfully employed, are actually pursuing those activities.

PHA Policy

Information to be Gathered

The PHA will verify information about how the schedule for the claimed activity relates to the hours of care provided, the time required for transportation, the time required for study (for students), the relationship of the family member(s) to the child, and any special needs of the child that might help determine which family member is enabled to pursue an eligible activity.

Seeking Work

Whenever possible the PHA will use documentation from a state or local agency that monitors work-related requirements (e.g., welfare or unemployment). In such cases the PHA will request verification from the agency of the member's job seeking efforts to date and require the family to submit to the PHA any reports provided to the other agency.

In the event third-party verification is not available, the PHA will provide the family with a form on which the family member must record job search efforts. The PHA will review this information at each subsequent reexamination for which this deduction is claimed.

Furthering Education

The PHA will ask that the academic or vocational educational institution verify that the person permitted to further his or her education by the child care is enrolled and provide information about the timing of classes for which the person is registered.

Gainful Employment

The PHA will seek verification from the employer of the work schedule of the person who is permitted to work by the child care. In cases in which two or more family members could be permitted to work, the work schedules for all relevant family members may be verified.

Allowable Type of Child Care

The type of care to be provided is determined by the family, but must fall within certain guidelines, as discussed in Chapter 6.

PHA Policy

The PHA will verify that the type of child care selected by the family is allowable, as described in Chapter 6 (6-II.F).

The PHA will verify that the fees paid to the child care provider cover only child care costs (e.g., no housekeeping services or personal services) and are paid only for the care of an eligible child (e.g., prorate costs if some of the care is provided for ineligible family members).

The PHA will verify that the child care provider is not an assisted family member. Verification will be made through the head of household's declaration of family members who are expected to reside in the unit.

Reasonableness of Expenses

Only reasonable child care costs can be deducted.

PHA Policy

The actual costs the family incurs will be compared with the PHA's established standards of reasonableness for the type of care in the locality to ensure that the costs are reasonable.

If the family presents a justification for costs that exceed typical costs in the area, the PHA will request additional documentation, as required, to support a determination that the higher cost is appropriate.

Exhibit 7-1: Excerpt from HUD Verification Guidance Notice (PIH 2004-01, pp. 11-14)

Upfront (UIV)	Highest (Highly Recommended, highest level of third party verification)
Written 3 rd Party	High (Mandatory if upfront income verification is not available or if UIV data differs substantially from tenant-reported information)
Oral 3 rd Party	Medium (Mandatory if written third party verification is not available)
Document Review	Medium-Low (Use on provisional basis)
Tenant Declaration	Low (Use as a last resort)

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
Wages/Salaries	Use of computer matching agreements with State Wage Information Collection Agencies (SWICA) to obtain wage information electronically, by mail or fax on a person	The PTA may fax or e-mail a verification form directly to the independent sources to obtain wage information	In the event the independent source does not respond to the PTA's written request for information, the PTA may contact the independent source by phone or mail or a third person visit to obtain the requested information	When neither form of third party verification is available, the PTA may accept original documents such as consecutive pay stubs (HUD recommends the PTA review at least three months of pay stubs, if employed by the same employer for three months or more), W-2 forms, etc. from the tenant. Note: The PTA must document in the tenant file the reason third party verification was not available.	The PTA may accept a notarized statement or affidavit from the tenant that declares the family's total annual income from earnings. Note: The PTA must document in the tenant file the reason third party verification was not available.
	Agreements with private vendor agencies such as The Work Number or Checkpoint, to obtain wage and salary information	The PTA may have the tenant sign a Request for Family Statement from the SSA to confirm past earnings. The PTA must the form to SSA and the statement will be sent to the address the PTA specifies on the form			
	Use of HUD systems when available				
<p>Verification of Employment Income: The PTA should always obtain as much information as possible about the employment, such as start date from employer, termination date (previous arrangement), pay frequency, pay rate, an anticipated pay increase in the next twelve months, year-to-date earnings, bonuses, overtime, overpay issues, address and telephone number, title and position of the person completing the employment verification form.</p> <p>Effective Date of Employment: The PTA should always confirm start and termination dates of employment.</p>					

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
Self-Employment	Not Available	The PIAs may or may not require a verification form directly or indirectly by the family to obtain income information.	The PIAs may call the tenant to obtain income information.	The PIAs may accept any documents (i.e. tax returns, pay stubs and letters from customers) provided by the tenant to verify self-employment income. Note: The PIAs must document in the tenant file the reason third party verification was not obtained.	The PIAs may accept a notarized statement or affidavit from the tenant that declares the family's total annual income from self-employment. Note: The PIAs must document in the tenant file, but at least a third party verification was not available.
<p>Verification of Self-Employment Income: Typically, it is a challenge for PIAs to obtain third party verification of self-employment income. When third party verification is not available, the PIAs should always request a notarized tenant declaration that includes a jurat statement.</p>					
Social Security Benefits	Use of HUD Tenant Assessment System (TASS) to obtain current benefit history and discrepancy reports.	The PIAs may or may not require a verification form directly to the local SSA office to obtain social security benefit information. (Not Available in some areas because SSA makes this data available through TASS. SSA encourages PIAs to use TASS.)	The PIAs may call SSA with the tenant or the PIAs to obtain current benefit amount. (Not Available in some areas because SSA makes this data available through TASS. SSA encourages PIAs to use TASS.)	The PIAs may accept an original SSA Notice from the tenant. Note: The PIAs must document in the tenant file the reason third party verification was not available.	The PIAs may accept a notarized statement or affidavit from the tenant that declares current social security benefits. Note: The PIAs must document in the tenant file, but at least a third party verification was not available.
Welfare Benefits	Use of computer matching agreements with the local Social Services Agency to obtain current benefit amount electronically, by mail or fax or in person.	The PIAs may, in favor, or obtain a verification form directly to the local Social Services Agency to obtain welfare benefit information.	The PIAs may call the local Social Services Agency to obtain current benefit amount.	The PIAs may review an original award notice or printout from the local Social Services Agency provided by the tenant. Note: The PIAs must document in the tenant file the reason third party verification was not available.	The PIAs may accept a notarized statement or affidavit from the tenant that declares current welfare benefits. Note: The PIAs must document in the tenant file, but at least a third party verification was not available.

Income Type	Uplift	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
Child Support	Use of agreement with the local Child Support Enforcement Agency to obtain current child support amount and payment status electronically by mail or fax or in person.	The PHA mails, faxes, or e-mails a verification form directly to the local Child Support Enforcement Agency or child support payer to obtain current child support amount and payment status.	The PHA may call the local Child Support Enforcement Agency or child support payer to obtain current child support amount and payment status.	The PHA may review an original court order, notice or judgment from the local Child Support Enforcement Agency provided by the tenant or verify current child support amount and payment status. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares current child support amount and payment status. Note: The PHA must document in the tenant file, the reason third party verification was not available.
Unemployment Benefits	Use of computer matching agencies with a State Wage Information Collection Agency to obtain unemployment compensation electronically by mail or fax or in person. Use of HUD systems, when available.	The PHA mails, faxes, or e-mails a verification form directly to the State Wage Information Collection Agency to obtain current unemployment compensation information.	The PHA may call the State Wage Information Collection Agency to obtain current benefit amount.	The PHA may review an original benefit notice or unemployment case stub, or judgment from the local State Wage Information Collection Agency provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares unemployment benefits. Note: The PHA must document in the tenant file, the reason third party verification was not available.
Pension	Use of computer matching agencies with a Federal, State, or Local Government Agency to obtain pension information electronically by mail or fax or in person.	The PHA mails, faxes, or e-mails a verification form directly to the pension provider to obtain pension information.	The PHA may call the pension provider to obtain current benefit amount.	The PHA may review an original benefit notice from the pension provider provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares monthly pension amounts. Note: The PHA must document in the tenant file, the reason third party verification was not available.

Income Type	Uplift	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
Assets	Use of cooperative apartment with sources to determine and assess financial information electronically by mail or fax or in person.	The PHA mails, faxes, or sends a verification form directly to the source to obtain asset and/or asset income information.	The PHA may call the source to obtain asset and asset income information.	The PHA may review original documents provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept notarized statements or affidavits from the tenant that declare assets and asset income. Note: The PHA must document in the tenant file, the reason third party verification was not available.
Consumers	Whenever HUD makes available wage, unemployment, and SSA information, the PHA should use the information as part of the reexamination process. There may be some residual mailboxes for e.g. RMI review.	Note: The Independent source completes the form and returns the form directly to the PHA Agency. The source should not hand carry documents to or from the independent source.	The PHA should document in the tenant file, the date and time of the telephone call or in person visit, along with the name and title of the person that verified the current income amount.		The PHA should use this verification method as a last resort, when all other verification methods are not possible or have been unsuccessful. Notarized statement should include a perjury penalty statement.
Note: The PHA must not pass verification costs along to the participant.					
Note: In cases where the PHA cannot reliably project annual income, the PHA may elect to complete regular interim reexaminations (this policy should be part of the PHA's written policies.)					

**Exhibit 7-2: Summary of Documentation Requirements for Noncitizens
[HCV GB, pp. 5-9 and 5-10]**

<ul style="list-style-type: none"> • All noncitizens claiming eligible status must sign a declaration of eligible immigrant status on a form acceptable to the PHA. • Except for persons 62 or older, all noncitizens must sign a verification consent form • Additional documents are required based upon the person's status. 	
<p>Elderly Noncitizens</p> <ul style="list-style-type: none"> • A person 62 years of age or older who claims eligible immigration status also must provide proof of age such as birth certificate, passport, or documents showing receipt of SS old-age benefits. 	
<p>All other Noncitizens</p> <ul style="list-style-type: none"> • Noncitizens that claim eligible immigration status also must present the applicable BCIS document. Acceptable BCIS documents are listed below. 	
<ul style="list-style-type: none"> • Form I-551 Alien Registration Receipt Card (for permanent resident aliens) • Form I-94 Arrival-Departure Record annotated with one of the following: <ul style="list-style-type: none"> • “Admitted as a Refugee Pursuant to Section 207” • “Section 208” or “Asylum” • “Section 243(h)” or “Deportation stayed by Attorney General” • “Paroled Pursuant to Section 221 (d)(5) of the BCIS” 	<ul style="list-style-type: none"> • Form I-94 Arrival-Departure Record with no annotation accompanied by: <ul style="list-style-type: none"> • A final court decision granting asylum (but only if no appeal is taken); • A letter from a BCIS asylum officer granting asylum (if application is filed on or after 10/1/90) or from a BCIS district director granting asylum (application filed before 10/1/90); • A court decision granting withholding of deportation; or • A letter from an asylum officer granting withholding or deportation (if application filed on or after 10/1/90).
<ul style="list-style-type: none"> • Form I-688 Temporary Resident Card annotated “Section 245A” or Section 210”. 	<ul style="list-style-type: none"> • Form I-688B Employment Authorization Card annotated “Provision of Law 274a. 12(11)” or “Provision of Law 274a.12”.
<ul style="list-style-type: none"> • A receipt issued by the BCIS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant’s entitlement to the document has been verified; or • Other acceptable evidence. If other documents are determined by the BCIS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the <i>Federal Register</i> 	

Attachment G

Chapter 7

VERIFICATION

[24 CFR 982.516, 24 CFR 982.551, 24 CFR 5.230]

INTRODUCTION

The PHA must verify all information that is used to establish the family's eligibility and level of assistance and is required to obtain the family's consent to collect the information. Applicants and program participants must cooperate with the verification process as a condition of receiving assistance. The PHA must not pass on the cost of verification to the family.

The PHA will follow the verification guidance provided by HUD in PIH Notice 2004-01 Verification Guidance and any subsequent guidance issued by HUD. This chapter summarizes those requirements and provides supplementary PHA policies.

Part I describes the general verification process. More detailed requirements related to individual factors are provided in subsequent parts including family information (Part II), income and assets (Part III), and mandatory deductions (Part IV).

Verification policies, rules and procedures will be modified as needed to accommodate persons with disabilities. All information obtained through the verification process will be handled in accordance with the records management policies of the PHA.

PART I. GENERAL VERIFICATION REQUIREMENTS

7-I.A. FAMILY CONSENT TO RELEASE OF INFORMATION [24 CFR 982.516 AND 982.551, 24 CFR 5.230]

The family must supply any information that the PHA or HUD determines is necessary to the administration of the program and must consent to PHA verification of that information [24 CFR 982.551].

Consent Forms

It is required that all adult applicants and participants sign form HUD-9886, Authorization for Release of Information. The purpose of form HUD-9886 is to facilitate automated data collection and computer matching from specific sources and provides the family's consent only for the specific purposes listed on the form. HUD and the PHA may collect information from State Wage Information Collection Agencies (SWICAs) and current and former employers of adult family members. Only HUD is authorized to collect information directly from the Internal Revenue Service (IRS) and the Social Security Administration (SSA). Adult family members must sign other consent forms as needed to collect information relevant to the family's eligibility and level of assistance.

Penalties for Failing to Consent [24 CFR 5.232]

If any family member who is required to sign a consent form fails to do so, the PHA will deny admission to applicants and terminate assistance of participants. The family may request an informal review (applicants) or informal hearing (participants) in accordance with PHA procedures.

7-I.B. OVERVIEW OF VERIFICATION REQUIREMENTS

HUD's Verification Hierarchy

HUD authorizes the PHA to use five methods to verify family information and specifies the circumstances in which each method will be used. In general HUD requires the PHA to use the most reliable form of verification that is available and to document the reasons when the PHA uses a lesser form of verification. In order of priority, the forms of verification that may be used are:

- Up-front Income Verification (UIV) whenever available
- Third-party Written Verification
- Third-party Oral Verification
- Review of Documents
- Self-Certification

Each of the verification methods is discussed in subsequent sections below. Exhibit 7-1 at the end of the chapter contains an excerpt from the notice that provides guidance with respect to how each method may be used.

Requirements for Acceptable Documents

PHA Policy

Any documents used for verification must be the original (not photocopies) and generally must be dated within 60 calendar days of the date they are provided to the PHA. The documents must not be damaged, altered or in any way illegible.

The PHA will accept documents dated up to 6 months before the effective date of the family's reexamination if the document represents the most recent scheduled report from a source. For example, if the holder of a pension annuity provides semi-annual reports, the PHA would accept the most recent report.

Print-outs from web pages are considered original documents.

The PHA staff member who views the original document must make a photocopy, annotate the copy with the name of the person who provided the document and the date the original was viewed, and sign the copy.

Any family self-certifications must be made in a format acceptable to the PHA and must be signed in the presence of a PHA representative or PHA notary public.

File Documentation

The PHA must document in the file how the figures used in income and rent calculations were determined. All verification attempts, information obtained, and decisions reached during the verification process will be recorded in the family's file in sufficient detail to demonstrate that the PHA has followed all of the verification policies set forth in this plan. The record should be sufficient to enable a staff member or HUD reviewer to understand the process followed and conclusions reached.

7-I.C. UP-FRONT INCOME VERIFICATION (UIV)

Up-front income verification (UIV) refers to the PHA's use of the verification tools available from independent sources that maintain computerized information about earnings and benefits. UIV will be used to the extent that these systems are available to the PHA.

The PHA must restrict access to and safeguard UIV data in accordance with HUD guidance on security procedures, as issued and made available by HUD.

There may be legitimate differences between the information provided by the family and UIV-generated information. No adverse action can be taken against a family until the PHA has independently verified the UIV information and the family has been granted an opportunity to contest any adverse findings through the informal review/hearing process of the PHA.

Definition of Substantial Difference

UIV information is used differently depending upon whether there is a *substantial difference* between information provided by the family and the UIV information. In "HUD Guidelines for Projecting Annual Income When UIV Data is Available" [HUD website, April 2004], HUD recommends using \$200 per month as the threshold for a substantial difference. The PHA will therefore use \$200 per month as the threshold for a substantial difference.

See Chapter 6 for the PHA's policy on the use of UIV to project annual income and for the PHA's threshold for substantial difference.

When No Substantial Difference Exists

If UIV information does not differ substantially from family information, the UIV documentation may serve as third-party written verification.

When a Substantial Difference Exists

When there is a substantial difference between the information provided by the UIV source and the family, the PHA must request another form of third-party written verification and use any other verification methods (in priority order) to reconcile the difference(s).

7-I.D. THIRD-PARTY WRITTEN AND ORAL VERIFICATION

Reasonable Effort and Timing

Unless third-party verification is not required as described below, HUD requires the PHA to make at least two unsuccessful attempts to obtain third-party verification before using another form of verification [VG, p. 15].

PHA Policy

The PHA will diligently seek third-party verification using a combination of written and oral requests to verification sources. Information received orally from third parties may be used either to clarify information provided in writing by the third party or as independent verification when written third-party verification is not received in a timely fashion.

The PHA may mail, fax, e-mail, or hand deliver third-party written verification requests and will accept third-party responses using any of these methods. The PHA will send a written request for verification to each required source within 5 business days of securing a family's authorization for the release of the information and give the source 10 business days to respond in writing. If a response has not been received by the 11th business day, the PHA will request third-party oral verification.

The PHA will make a minimum of two attempts, one of which may be oral, to obtain third-party verification. A record of each attempt to contact the third-party source (including no-answer calls) and all contacts with the source will be documented in the file. Regarding third-party oral verification, PHA staff will record in the family's file the name and title of the person contacted, the date and time of the conversation (or attempt), the telephone number used, and the facts provided.

When any source responds verbally to the initial written request for verification the PHA will accept the verbal response as oral verification but will also request that the source complete and return any verification forms that were provided.

If a third party agrees to confirm in writing the information provided orally, the PHA will wait no more than 5 business days for the information to be provided. If the information is not provided by the 6th business day, the PHA will use any information provided orally in combination with reviewing family-provided documents.

When Third-Party Information is Late

When third-party verification has been requested and the timeframes for submission have been exceeded, the PHA will use the information from documents on a provisional basis. If the PHA later receives third-party verification that differs from the amounts used in income and rent determinations and it is past the deadline for processing the reexamination, the PHA will conduct an interim reexamination to adjust the figures used for the reexamination, regardless of the PHA's interim reexamination policy.

When Third-Party Verification is Not Required

Primary Documents

Third-party verification is not required when legal documents are the primary source, such as a birth certificate or other legal documentation of birth.

Certain Assets and Expenses

The PHA will accept a self-certification from a family as verification of assets disposed of for less than fair market value [HCV GB, p. 5-28].

The PHA will determine that third-party verification is not available if the asset or expense involves an insignificant amount, making it not cost-effective or reasonable to obtain third-party verification [VG, p. 15].

PHA Policy

The PHA will use review of documents in lieu of requesting third-party verification when the market value of an individual asset or an expense is less than \$500 annually *and* the family has original documents that support the declared amount.

Certain Income, Asset and Expense Sources

The PHA will determine that third-party verification is not available when it is known that an income source does not have the ability to provide written or oral third-party verification [VG, p. 15]. For example, the PHA will rely upon review of documents when the PHA determines that a third party's privacy rules prohibit the source from disclosing information. Another example would be where the Social Security Administration (SSA) has refused to respond to requests for third-party verification.

PHA Policy

The PHA also will determine that third-party verification is not available when there is a service charge for verifying an asset or expense *and* the family has original documents that provide the necessary information.

If the family cannot provide original documents, the PHA will pay the service charge required to obtain third-party verification, unless it is not cost effective in which case a self-certification will be acceptable as the only means of verification. The cost of verification will not be passed on to the family.

The cost of postage and envelopes to obtain third-party verification of income, assets, and expenses is not an unreasonable cost [VG, p. 18].

7-1.E. REVIEW OF DOCUMENTS

Using Review of Documents as Verification

If the PHA has determined that third-party verification is not available or not required, the PHA will use documents provided by the family as verification.

The PHA may also review documents when necessary to help clarify information provided by third parties. In such cases the PHA will document in the file how the PHA arrived at a final conclusion about the income or expense to include in its calculations.

7-1.F. SELF-CERTIFICATION

When information cannot be verified by a third party or by review of documents, family members will be required to submit self-certifications attesting to the accuracy of the information they have provided to the PHA.

PHA Policy

The PHA may require a family to certify that a family member does not receive a particular type of income or benefit.

The self-certification must be made in a format acceptable to the PHA and must be signed by the family member whose information or status is being verified. All self-certifications must be signed in the presence of a PHA representative or PHA notary public.

PART II. VERIFYING FAMILY INFORMATION

7-II.A. VERIFICATION OF LEGAL IDENTITY

PHA Policy

The PHA will require families to furnish verification of legal identity for each household member.

Verification of Legal Identity for Adults	Verification of Legal Identity for Children
--	--

Certificate of birth, naturalization papers Church issued baptismal certificate Current, valid driver's license or Department of Motor Vehicles identification card U.S. military discharge (DD 214) U.S. passport Employer identification card	Certificate of birth Adoption papers Custody agreement Health and Human Services ID School records
--	--

If a document submitted by a family is illegible or otherwise questionable, more than one of these documents may be required.

If none of these documents can be provided and at the PHA's discretion, a third party who knows the person may attest to the person's identity. The certification must be provided in a format acceptable to the PHA and be signed in the presence of a PHA representative or PHA notary public.

Legal identity will be verified on an as needed basis.

7-II.B. SOCIAL SECURITY NUMBERS [24 CFR 5.216 and HCV GB, p. 5-12]

For every family member age 6 or older, the family must provide documentation of a valid social security number (SSN), or a self-certification stating that no SSN has been issued. The self-certification must be executed personally by any family member 18 or older, or by a parent or guardian for a minor.

PHA Policy

The PHA will also accept the following documents as evidence if the SSN is provided on the document:

- Driver's license
- Other identification card issued by a federal, state, or local agency, a medical insurance company or provider, or employer or trade union
- Payroll stubs
- Benefit award letters from government agencies; retirement benefit letters; life insurance policies

Court records (real estate, tax notices, marriage and divorce, judgment or bankruptcy records)

If the family reports an SSN but cannot provide acceptable documentation of the number, the PHA will require a self-certification stating that documentation of the SSN cannot be provided at this time. The PHA will require documentation of the SSN within 60 calendar days from the date of the family member's self-certification mentioned above. If the family is an applicant, assistance cannot be provided until proper documentation of the SSN is provided.

PHA Policy

The PHA will instruct the family to obtain a duplicate card from the local Social Security Administration (SSA) office.

For individuals who are at least 62 years of age and are unable to submit the required documentation of their SSN within the initial 60-day period, the PHA will grant an additional 60 calendar days to provide documentation.

Social security numbers must be verified only once during continuously-assisted occupancy.

If any family member obtains an SSN after admission to the program, the new SSN must be disclosed at the next regularly scheduled reexamination. In addition, if a child reaches the age of 6 and has no SSN, the parent or guardian must execute a self-certification stating that the child has no SSN at the next regularly scheduled reexamination.

The social security numbers of household members, such as live-in aids, must be verified for the purpose of conducting criminal background checks.

7-II.C. DOCUMENTATION OF AGE

A birth certificate or other official record of birth is the preferred form of age verification for all family members. For elderly family members an original document that provides evidence of the receipt of social security retirement benefits is acceptable.

PHA Policy

If an official record of birth or evidence of social security retirement benefits cannot be provided, the PHA will require the family to submit other documents that support the reported age of the family member (e.g., school records, driver's license if birth year is recorded) and to provide a self-certification.

Age must be verified only once during continuously-assisted occupancy.

7-II.D. FAMILY RELATIONSHIPS

Applicants and program participants are required to identify the relationship of each household member to the head of household. Definitions of the primary household relationships are provided in the Eligibility chapter.

PHA Policy

Family relationships are verified only to the extent necessary to determine a family's eligibility and level of assistance. Certification by the head of household normally is sufficient verification of family relationships.

Marriage

PHA Policy

Certification by the head of household is normally sufficient verification. If the PHA has reasonable doubts about a marital relationship, the PHA will require the family to document the marriage.

A marriage certificate generally is required to verify that a couple is married.

In the case of a common law marriage, the couple must demonstrate that they hold themselves to be married (e.g., by telling the community they are married, calling each other husband and wife, using the same last name, filing joint income tax returns).

Separation or Divorce

PHA Policy

Certification by the head of household is normally sufficient verification. If the PHA has reasonable doubts about a separation or divorce, the PHA will require the family to document the divorce, or separation.

A certified copy of a divorce decree, signed by a court officer, is required to document that a couple is divorced.

A copy of a court-ordered maintenance or other court record is required to document a separation.

If no court document is available, documentation from a community-based agency will be accepted.

Absence of Adult Member

PHA Policy

If an adult member who was formerly a member of the household is reported to be permanently absent, the family must provide evidence to support that the person is no longer a member of the family (e.g., documentation of another address at which the person resides such as a lease or utility bill).

Foster Children and Foster Adults

PHA Policy

Third-party verification from the state or local government agency responsible for the placement of the individual with the family is required.

7-II.E. VERIFICATION OF STUDENT STATUS

PHA Policy

The PHA requires families to provide information about the student status of all students who are 18 years of age or older. This information will be verified only if:

The family claims full-time student status for an adult other than the head, spouse, or cohead, or
The family claims a child care deduction to enable a family member to further his or her education.

7-II.F. DOCUMENTATION OF DISABILITY

The PHA must verify the existence of a disability in order to allow certain income disallowances and deductions from income. The PHA is not permitted to inquire about the nature or extent of a person's disability [24 CFR 100.202(c)]. The PHA may not inquire about a person's diagnosis or details of treatment for a disability or medical condition. If the PHA receives a verification document that provides such information, the PHA will not place this information in the tenant file. Under no circumstances will the PHA request a participant's medical record(s). For more information on health care privacy laws, see the Department of Health and Human Services' website at www.os.dhhs.gov.

The above cited regulation does not prohibit the following inquiries, provided these inquiries are made of all applicants, whether or not they are persons with disabilities [VG, p. 24]:

- Inquiry into an applicant's ability to meet the requirements of ownership or tenancy
- Inquiry to determine whether an applicant is qualified for a dwelling available only to persons with disabilities or to persons with a particular type of disability
- Inquiry to determine whether an applicant for a dwelling is qualified for a priority available to persons with disabilities or to persons with a particular type of disability
- Inquiring whether an applicant for a dwelling is a current illegal abuser or addict of a controlled substance
- Inquiring whether an applicant has been convicted of the illegal manufacture or distribution of a controlled substance

Family Members Receiving SSA Disability Benefits

The PHA will attempt to obtain information about disability benefits through the HUD UIV System when it is available, or HUD's Tenant Assessment Subsystem (TASS). If the HUD UIV System or TASS is not available, the PHA will attempt to obtain third-party written/oral verification from the SSA. If third-party verification is not available, the family may provide an original SSA document that confirms the current benefits.

Verification of receipt of SSA benefits or SSI based upon disability is sufficient for verification of disability for the purpose of qualification for waiting list preferences or certain income disallowances and deductions. Receipt of veteran's disability benefits, worker's compensation, or other non-SSA benefits based on the individual's claimed disability are not sufficient verification that the individual meets HUD's definition of disability in 24 CFR 5.603, necessary to qualify for waiting list preferences or certain income disallowances and deductions.

Family Members Not Receiving SSA Disability Benefits

For family members claiming disability who do not receive SSI or other disability payments from the SSA, a knowledgeable professional must provide third-party verification that the family member meets the HUD definition of disability. See the Eligibility chapter for the HUD definition of disability. The knowledgeable professional will verify whether the family member does or does not meet the HUD definition.

7-II.G. CITIZENSHIP OR ELIGIBLE IMMIGRATION STATUS [24 CFR 5.508]

Overview

Housing assistance is not available to persons who are not citizens, nationals, or eligible immigrants. Prorated assistance is provided for "mixed families" containing both eligible and ineligible persons. A detailed discussion of eligibility requirements is in the Eligibility chapter. This verifications chapter discusses HUD and PHA verification requirements related to citizenship status.

The family must provide a certification that identifies each family member as a U.S. citizen, a U.S. national, an eligible noncitizen or an ineligible noncitizen and submit the documents discussed below for each family

member. Once eligibility to receive assistance has been verified for an individual it need not be collected or verified again during continuously-assisted occupancy [24 CFR 5.508(g)(5)]

U.S. Citizens and Nationals

HUD requires a declaration for each family member who claims to be a U.S. citizen or national. The declaration must be signed personally by any family member 18 or older and by a guardian for minors. The PHA may request verification of the declaration by requiring presentation of a birth certificate, United States passport or other appropriate documentation.

PHA Policy

Family members who claim U.S. citizenship or national status will not be required to provide additional documentation unless the PHA receives information indicating that an individual's declaration may not be accurate.

Eligible Immigrants

Documents Required

All family members claiming eligible immigration status must declare their status in the same manner as U.S. citizens and nationals.

The documentation required for eligible noncitizens varies depending upon factors such as the date the person entered the U.S., the conditions under which eligible immigration status has been granted, age, and the date on which the family began receiving HUD-funded assistance. Exhibit 7-2 at the end of this chapter summarizes documents family members must provide.

PHA Verification [HCV GB, pp. 5-3 and 5-7]

For family members age 62 or older who claim to be eligible immigrants, proof of age is required in the manner described in 7-II.C. of this plan. No further verification of eligible immigration status is required. For family members under the age of 62 who claim to be eligible immigrants, the PHA must verify immigration status with the United States Citizenship and Immigration Services (USCIS). The PHA will follow all USCIS protocols for verification of eligible immigration status.

7-II.H. VERIFICATION OF PREFERENCE STATUS

The PHA must verify any preferences claimed by an applicant.

PHA Policy

The PHA offers no preferences; therefore no verification of preferences is required.

PART III. VERIFYING INCOME AND ASSETS

Chapter 6, Part I of this plan describes in detail the types of income that are included and excluded and how assets and income from assets are handled. Any assets and income reported by the family must be verified. This part provides PHA policies that supplement the general verification procedures specified in Part I of this chapter.

7-III.A. EARNED INCOME

Tips

PHA Policy

Unless tip income is included in a family member's W-2 by the employer, persons who work in industries where tips are standard will be required to sign a certified estimate of tips received for the prior year and tips anticipated to be received in the coming year.

7-III.B. BUSINESS AND SELF EMPLOYMENT INCOME

PHA Policy

Business owners and self-employed persons will be required to provide:

An audited financial statement for the previous fiscal year if an audit was conducted. If an audit was not conducted, a statement of income and expenses must be submitted and the business owner or self-employed person must certify to its accuracy.

All schedules completed for filing federal and local taxes in the preceding year.

If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense, computed using straight-line depreciation rules.

The PHA will provide a format for any person who is unable to provide such a statement to record income and expenses for the coming year. The business owner/self-employed person will be required to submit the information requested and to certify to its accuracy at all future reexaminations.

At any reexamination the PHA may request documents that support submitted financial statements such as manifests, appointment books, cash books, or bank statements.

If a family member has been self-employed less than three (3) months, the PHA will accept the family member's certified estimate of income and schedule an interim reexamination in three (3) months. If the family member has been self-employed for three (3) to twelve (12) months the PHA will require the family to provide documentation of income and expenses for this period and use that information to project income.

7-III.C. PERIODIC PAYMENTS AND PAYMENTS IN LIEU OF EARNINGS

Social Security/SSI Benefits

PHA Policy

To verify the SS/SSI benefits of applicants, the PHA will request a current (dated within the last 60 days) SSA benefit verification letter from each family member that receives social security benefits. If the family is unable to provide the document(s), the PHA will ask the family to request a benefit verification letter by either calling SSA at 1-800-772-1213, or by requesting it from www.ssa.gov. Once the applicant has received the benefit verification letter they will be required to provide it to the PHA.

To verify the SS/SSI benefits of participants, the PHA will obtain information about social security/SSI benefits through the HUD UIV System or the Tenant Assessment Subsystem (TASS). If benefit information is not available in HUD systems, the PHA will request a current SSA benefit verification letter from each family member that receives social security benefits. If the family is unable to provide the document(s) the PHA will ask the family to request a benefit verification letter by either calling SSA at 1-800-772-1213, or by requesting it from www.ssa.gov. Once the participant has received the benefit verification letter they will be required to provide it to the PHA.

7-III.D. ALIMONY OR CHILD SUPPORT

PHA Policy

The way the PHA will seek verification for alimony and child support differs depending on whether the family declares that it receives regular payments.

If the family declares that it *receives regular payments*, verification will be sought in the following order.

If payments are made through a state or local entity, the PHA will request a record of payments for the past 12 months and request that the entity disclose any known information about the likelihood of future payments.

Third-party verification from the person paying the support

Copy of a separation or settlement agreement or a divorce decree stating amount and type of support and payment schedules

Copy of the latest check and/or payment stubs

Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.

If the family declares that it *receives irregular or no payments*, in addition to the verification process listed above, the family must provide evidence that it has taken all reasonable efforts to collect amounts due. This may include:

A statement from any agency responsible for enforcing payment that shows the family has requested enforcement and is cooperating with all enforcement efforts

If the family has made independent efforts at collection, a written statement from the attorney or other collection entity that has assisted the family in these efforts
Note: Families are not required to undertake independent enforcement action.

7-III.E. ASSETS AND INCOME FROM ASSETS

Assets Disposed of for Less than Fair Market Value

The family must certify whether any assets have been disposed of for less than fair market value in the preceding two years. The PHA needs to verify only those certifications that warrant documentation [HCV GB, p. 5-28].

PHA Policy

The PHA will verify the value of assets disposed of only if:

The PHA does not already have a reasonable estimation of its value from previously collected information, or

The amount reported by the family in the certification appears obviously in error.

Example 1: An elderly participant reported a \$10,000 certificate of deposit at the last annual reexamination and the PHA verified this amount. Now the person reports that she has given this \$10,000 to her son. The PHA has a reasonable estimate of the value of the asset; therefore, reverification of the value of the asset is not necessary.

Example 2: A family member has disposed of its 1/4 share of real property located in a desirable area and has valued her share at approximately 5,000. Based upon market conditions, this declaration does not seem realistic. Therefore, the PHA will verify the value of this asset.

7-III.F. NET INCOME FROM RENTAL PROPERTY

PHA Policy

The family must provide:

A current executed lease for the property that shows the rental amount or certification from the current tenant

A self-certification from the family members engaged in the rental of property providing an estimate of expenses for the coming year and the most recent IRS Form 1040 with Schedule E (Rental Income). If schedule E was not prepared, the PHA will require the family members involved in the rental of property to provide a self-certification of income and expenses for the previous year and may request documentation to support the statement including: tax statements, insurance invoices, bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.

7-III.G. RETIREMENT ACCOUNTS

PHA Policy

When third-party verification is not available the type of original document that will be accepted depends upon the family member's retirement status.

Before retirement, the PHA will accept an original document from the entity holding the account with a date that shows it is the most recently scheduled statement for the account but in no case earlier than 6 months from the effective date of the examination.

Upon retirement, the PHA will accept an original document from the entity holding the account that reflects any distributions of the account balance, any lump sums taken and any regular payments.

After retirement, the PHA will accept an original document from the entity holding the account dated no earlier than 12 months before that reflects any distributions of the account balance, any lump sums taken and any regular payments.

7-III.H. INCOME FROM EXCLUDED SOURCES

A detailed discussion of excluded income is provided in Chapter 6, Part I.

The PHA must obtain verification for income exclusions only if, without verification, the PHA would not be able to determine whether the income is to be excluded. For example: If a family's 16 year old has a job at a fast food restaurant, the PHA will confirm that PHA records verify the child's age but will not send a verification request to the restaurant. However, if a family claims the earned income disallowance for a source of income, both the source and the income must be verified.

PHA Policy

The PHA will reconcile differences in amounts reported by the third party and the family only when the excluded amount is used to calculate the family share (as is the case with the earned income disallowance). In all other cases, the PHA will report the amount to be excluded as indicated on documents provided by the family.

7-III.I. ZERO ANNUAL INCOME STATUS

Families claiming to have no annual income will be required to execute verification forms to determine that certain forms of income such as unemployment benefits, TANF, SSI, etc. are not being received by the household.

PART IV. VERIFYING MANDATORY DEDUCTIONS

7-IV.A. DEPENDENT AND ELDERLY/DISABLED HOUSEHOLD DEDUCTIONS

The dependent and elderly/disabled family deductions require only that the PHA verify that the family members identified as dependents or elderly/disabled persons meet the statutory definitions. No further verifications are required.

Dependent Deduction

See Chapter 6 (6-II.B.) for a full discussion of this deduction. The PHA will verify that:

- Any person under the age of 18 for whom the dependent deduction is claimed is not the head, spouse, or cohead of the family and is not a foster child
- Any person age 18 or older for whom the dependent deduction is claimed is not a foster adult or live-in aide, and is a person with a disability or a full time student

Elderly/Disabled Family Deduction

See Eligibility chapter for a definition of elderly and disabled families and Chapter 6 (6-II.C.) for a discussion of the deduction. The PHA will verify that the head, spouse, or cohead is 62 years of age or older or a person with disabilities.

7-IV.B. MEDICAL EXPENSE DEDUCTION

Policies related to medical expenses are found in 6 II.D. The amount of the deduction will be verified following the standard verification procedures described in Part I.

Amount of Expense

PHA Policy

The PHA will provide a third-party verification form directly to the medical provider requesting the needed information.

Medical expenses will be verified through:

Third-party verification form signed by the provider, when possible

If third-party is not possible, copies of cancelled checks used to make medical expense payments and/or printouts or receipts from the source will be used. In this case the PHA will make a best effort to determine what expenses from the past are likely to continue to occur in the future. The PHA will also accept evidence of monthly payments or total payments that will be due for medical expenses during the upcoming 12 months.

If third-party or document review is not possible, written family certification as to costs anticipated to be incurred during the upcoming 12 months

In addition, the PHA must verify that:

- The household is eligible for the deduction.

- The costs to be deducted are qualified medical expenses.
- The expenses are not paid for or reimbursed by any other source.
- Costs incurred in past years are counted only once.

Eligible Household

The medical expense deduction is permitted only for households in which the head, spouse, or cohead is at least 62, or a person with disabilities. The PHA will verify that the family meets the definition of an elderly or disabled family provided in the Eligibility chapter and as described in Chapter 7 (7-IV.A) of this plan.

Qualified Expenses

To be eligible for the medical expenses deduction, the costs must qualify as medical expenses. See Chapter 6 (6-II.D.) for the PHA’s policy on what counts as a medical expense.

Unreimbursed Expenses

To be eligible for the medical expenses deduction, the costs must not be reimbursed by another source.

PHA Policy

The family will be required to certify that the medical expenses are not paid or reimbursed to the family from any source.

Expenses Incurred in Past Years

PHA Policy

When anticipated costs are related to on-going payment of medical bills incurred in past years, the PHA will verify:

The anticipated repayment schedule

The amounts paid in the past, and

Whether the amounts to be repaid have been deducted from the family’s annual income in past years

7-IV.C. DISABILITY ASSISTANCE EXPENSES

Policies related to disability assistance expenses are found in 6-II.E. The amount of the deduction will be verified following the standard verification procedures described in Part I.

Amount of Expense

Attendant Care

PHA Policy

The PHA will provide a third-party verification form directly to the care provider requesting the needed information.

Expenses for attendant care will be verified through:

Third-party verification form signed by the provider, when possible

If third-party is not possible, copies of cancelled checks used to make attendant care payments and/or receipts from care source

If third-party or document review is not possible, written family certification as to costs anticipated to be incurred for the upcoming 12 months

Auxiliary Apparatus

PHA Policy

Expenses for auxiliary apparatus will be verified through:

Third-party verification of anticipated purchase costs of auxiliary apparatus

If third-party is not possible, billing statements for purchase of auxiliary apparatus, or other evidence of monthly payments or total payments that will be due for the apparatus during the upcoming 12 months

If third-party or document review is not possible, written family certification of estimated apparatus costs for the upcoming 12 months

In addition, the PHA must verify that:

- The family member for whom the expense is incurred is a person with disabilities (as described in 7-II.F above).
- The expense permits a family member, or members, to work (as described in 6-II.E.).
- The expense is not reimbursed from another source (as described in 6-II.E.).

Family Member is a Person with Disabilities

To be eligible for the disability assistance expense deduction, the costs must be incurred for attendant care or auxiliary apparatus expense associated with a person with disabilities. The PHA will verify that the expense is incurred for a person with disabilities (See 7-II.F.).

Family Member(s) Permitted to Work

The PHA must verify that the expenses claimed actually enable a family member, or members, (including the person with disabilities) to work.

PHA Policy

The PHA will seek third-party verification from a Rehabilitation Agency or knowledgeable medical professional indicating that the person with disabilities requires attendant care or an auxiliary apparatus to be employed, or that the attendant care or auxiliary apparatus enables another family member, or members, to work (See 6-II.E.).

If third-party and document review verification has been attempted and is either unavailable or proves unsuccessful, the family must certify that the disability assistance expense frees a family member, or members (possibly including the family member receiving the assistance), to work.

Unreimbursed Expenses

To be eligible for the disability expenses deduction, the costs must not be reimbursed by another source.

PHA Policy

An attendant care provider will be asked to certify that, to the best of the provider's knowledge, the expenses are not paid by or reimbursed to the family from any source.

The family will be required to certify that attendant care or auxiliary apparatus expenses are not paid by or reimbursed to the family from any source.

7-IV.D. CHILD CARE EXPENSES

Policies related to child care expenses are found in Chapter 6 (6-II.F). The amount of the deduction will be verified following the standard verification procedures described in Part I of this chapter. In addition, the PHA must verify that:

- The child is eligible for care.
- The costs claimed are not reimbursed.
- The costs enable a family member to pursue an eligible activity.
- The costs are for an allowable type of child care.
- The costs are reasonable.

Eligible Child

To be eligible for the child care deduction, the costs must be incurred for the care of a child under the age of 13. The PHA will verify that the child being cared for (including foster children) is under the age of 13 (See 7-II.C.).

Unreimbursed Expense

To be eligible for the child care deduction, the costs must not be reimbursed by another source.

PHA Policy

The child care provider will be asked to certify that, to the best of the provider's knowledge, the child care expenses are not paid by or reimbursed to the family from any source.

The family will be required to certify that the child care expenses are not paid by or reimbursed to the family from any source.

Pursuing an Eligible Activity

The PHA must verify that the family member(s) that the family has identified as being enabled to seek work, pursue education, or be gainfully employed, are actually pursuing those activities.

PHA Policy

Information to be Gathered

The PHA will verify information about how the schedule for the claimed activity relates to the hours of care provided, the time required for transportation, the time required for study (for students), the relationship of the family member(s) to the child, and any special needs of the child that might help determine which family member is enabled to pursue an eligible activity.

Seeking Work

Whenever possible the PHA will use documentation from a state or local agency that monitors work-related requirements (e.g., welfare or unemployment). In such cases the PHA will request verification from the agency of the member's job seeking efforts to date and require the family to submit to the PHA any reports provided to the other agency.

In the event third-party verification is not available, the PHA will provide the family with a form on which the family member must record job search efforts. The PHA will review this information at each subsequent reexamination for which this deduction is claimed.

Furthering Education

The PHA will ask that the academic or vocational educational institution verify that the person permitted to further his or her education by the child care is enrolled and provide information about the timing of classes for which the person is registered.

Gainful Employment

The PHA will seek verification from the employer of the work schedule of the person who is permitted to work by the child care. In cases in which two or more family members could be permitted to work, the work schedules for all relevant family members may be verified.

Allowable Type of Child Care

The type of care to be provided is determined by the family, but must fall within certain guidelines, as discussed in Chapter 6.

PHA Policy

The PHA will verify that the type of child care selected by the family is allowable, as described in Chapter 6 (6-II.F).

The PHA will verify that the fees paid to the child care provider cover only child care costs (e.g., no housekeeping services or personal services) and are paid only for the care of an eligible child (e.g., prorate costs if some of the care is provided for ineligible family members).

The PHA will verify that the child care provider is not an assisted family member. Verification will be made through the head of household's declaration of family members who are expected to reside in the unit.

Reasonableness of Expenses

Only reasonable child care costs can be deducted.

PHA Policy

The actual costs the family incurs will be compared with the PHA's established standards of reasonableness for the type of care in the locality to ensure that the costs are reasonable.

If the family presents a justification for costs that exceed typical costs in the area, the PHA will request additional documentation, as required, to support a determination that the higher cost is appropriate.

**EXHIBIT 7-1: EXCERPT FROM HUD VERIFICATION GUIDANCE
NOTICE (PIH 2004-01, pp. 11-14)**

Upfront (UTV)	Highest (Highly Recommended, highest level of third party verification)
Written 3rd Party	High (Mandatory if upfront income verification is not available or if UTV data differs substantially from tenant-reported information)
Oral 3rd Party	Medium (Mandatory if written third party verification is not available)
Document Review	Medium-Low (Use on provisional basis)
Tenant Declaration	Low (Use as a last resort)

Income Type	Upfront (LEVEL 5)	Written Third Party (LEVEL 4)	Oral Third Party (LEVEL 3)	Document Review (LEVEL 2)	Tenant Declaration (LEVEL 1)
Wages/Salaries	Use of computer matching agencies with State Wage Information Collection Agency (SWICA) to obtain wage information electronically, by mail or fax on a person	The PHA may fax or e-mail a verification form directly to the independent sources to obtain wage information	In the event the independent source does not respond to the PHA's written request for information, the PHA may contact the independent source by phone or mail or in person via a visit to obtain the requested information	When neither form of third party verification can be obtained, the PHA may accept original documents such as consecutive pay stubs (HUD recommends the PHA review at least three months of pay stubs), if employed by the same employer for three months or more; W-2 forms, etc. from the tenant. Note: The PHA must document in the tenant file the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares the family's total annual income from earnings. Note: The PHA must document in the tenant file the reason third party verification was not available.
	Agreements with private vendor agencies such as The Work Number or ChoicePoint, to obtain wage and salary information	The PHA may have the tenant sign a Request for Tenant's Statement from the SSA to confirm past earnings. The PHA marks the form to SSA and the statement will be sent to the address the PHA specifies on the form			
	Use of HUD systems when available				
<p>Verification of Employment Income: The PHA should always obtain as much information as possible about the employment, such as start date from employment, termination date (previous employment), pay frequency, pay rate, anticipated pay increases in the next twelve months, year-to-date earnings, business or company name, company name, address and telephone number, name and position of the person contacting the employment verification form.</p> <p>Effective Date of Employment: The PHA should always confirm start and termination dates of employment.</p>					

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
Self-Employment	Not Available	The PIAs may or may not require a verification form directly or indirectly by the family to obtain income information.	The PIAs may call the tenant to obtain income information.	The PIAs may accept any documents (i.e. tax returns, pay stubs and letters from customers) provided by the tenant to verify self-employment income. Note: The PIAs must document in the tenant file the reason third party verification was not obtained.	The PIAs may accept a notarized statement or affidavit from the tenant that declares the family's total annual income from self-employment. Note: The PIAs must document in the tenant file, but at least a third party verification was not available.
<p>Verification of Self-Employment Income: Typically, it is a challenge for PIAs to obtain third party verification of self-employment income. When third party verification is not available, the PIAs should always request a notarized tenant declaration that includes a jurat statement.</p>					
Social Security Benefits	Use of HUD Tenant Assessment System (TASS) to obtain current benefit history and discrepancy reports.	The PIAs may or may not require a verification form directly to the local SSA office to obtain social security benefit information. (Not Available in some areas because SSA makes this data available through TASS. SSA encourages PIAs to use TASS.)	The PIAs may call SSA with the tenant or the PIAs to obtain current benefit amount. (Not Available in some areas because SSA makes this data available through TASS. SSA encourages PIAs to use TASS.)	The PIAs may accept an original SSA Notice from the tenant. Note: The PIAs must document in the tenant file the reason third party verification was not available.	The PIAs may accept a notarized statement or affidavit from the tenant that declares monthly social security benefits. Note: The PIAs must document in the tenant file, but at least a third party verification was not available.
Welfare Benefits	Use of computer matching agreements with the local Social Services Agency to obtain current benefit amount electronically, by mail or fax or in person.	The PIAs may, in favor, or obtain a verification form directly to the local Social Services Agency to obtain welfare benefit information.	The PIAs may call the local Social Services Agency to obtain current benefit amount.	The PIAs may review an original award notice or printout from the local Social Services Agency provided by the tenant. Note: The PIAs must document in the tenant file the reason third party verification was not available.	The PIAs may accept a notarized statement or affidavit from the tenant that declares monthly welfare benefits. Note: The PIAs must document in the tenant file, but at least a third party verification was not available.

Income Type	Uplift	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
Child Support	Use of agreement with the local Child Support Enforcement Agency to obtain current child support amount and payment status electronically by mail or fax or in person.	The PHA mails, faxes, or e-mails a verification form directly to the local Child Support Enforcement Agency or child support payer to obtain current child support amount and payment status.	The PHA may call the local Child Support Enforcement Agency or child support payer to obtain current child support amount and payment status.	The PHA may review an original court order, notice or judgment from the local Child Support Enforcement Agency provided by the tenant or verify current child support amount and payment status. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares current child support amount and payment status. Note: The PHA must document in the tenant file, the reason third party verification was not available.
Unemployment Benefits	Use of computer matching agencies with a State Wage Information Collection Agency to obtain unemployment compensation electronically by mail or fax or in person. Use of HUD systems, when available.	The PHA mails, faxes, or e-mails a verification form directly to the State Wage Information Collection Agency to obtain current unemployment compensation information.	The PHA may call the State Wage Information Collection Agency to obtain current benefit amount.	The PHA may review an original benefit notice or unemployment case stub, or judgment from the local State Wage Information Collection Agency provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares unemployment benefits. Note: The PHA must document in the tenant file, the reason third party verification was not available.
Pension	Use of computer matching agencies with a Federal, State, or Local Government Agency to obtain pension information electronically by mail or fax or in person.	The PHA mails, faxes, or e-mails a verification form directly to the pension provider to obtain pension information.	The PHA may call the pension provider to obtain current benefit amount.	The PHA may review an original benefit notice from the pension provider provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept a notarized statement or affidavit from the tenant that declares monthly pension amounts. Note: The PHA must document in the tenant file, the reason third party verification was not available.

Income Type	Upfront	Written Third Party	Oral Third Party	Document Review	Tenant Declaration
	(LEVEL 5)	(LEVEL 4)	(LEVEL 3)	(LEVEL 2)	(LEVEL 1)
Assets	Use of cooperative apartment with sources to determine and assess financial information electronically by mail or fax or in person.	The PHA mails, faxes, or sends a verification form directly to the source to obtain asset and/or asset income information.	The PHA may call the source to obtain asset and asset income information.	The PHA may review original documents provided by the tenant. Note: The PHA must document in the tenant file, the reason third party verification was not available.	The PHA may accept notarized statements or affidavits from the tenant that declare assets and asset income. Note: The PHA must document in the tenant file, the reason third party verification was not available.
Consumers	Whenever PIA makes available wage, unemployment, and SSA information, the PHA should use the information as part of the reexamination process. There may be some residual mailboxes for e.g. RMI review.	Note: The Independent source completes the form and returns the form directly to the PHA Agency. The source should not hand carry documents to or from the independent source.	The PHA should document in the tenant file the date and time of the telephone call or in person visit, along with the name and title of the person that verified the current income amount.		The PHA should use this verification method as a last resort when all other verification methods are not possible or have been unsuccessful. Notarized statement should include a perjury penalty statement.
Note: The PHA must not pass verification costs along to the participant.					
Note: In cases where the PHA cannot reliably project annual income, the PHA may elect to complete regular interim reexaminations (this policy should be part of the PHA's written policies.)					

**EXHIBIT 7-2: SUMMARY OF DOCUMENTATION REQUIREMENTS
FOR NONCITIZENS [HCV GB, pp. 5-9 and 5-10]**

- All noncitizens claiming eligible status must sign a declaration of eligible immigrant status on a form acceptable to the PHA.
- Except for persons 62 or older, all noncitizens must sign a verification consent form
- Additional documents are required based upon the person's status.

Elderly Noncitizens

- A person 62 years of age or older who claims eligible immigration status also must provide proof of age such as birth certificate, passport, or documents showing receipt of SS old-age benefits.

All other Noncitizens

- Noncitizens that claim eligible immigration status also must present the applicable USCIS document. Acceptable USCIS documents are listed below.

- | | |
|--|--|
| <ul style="list-style-type: none"> • Form I-551 Alien Registration Receipt Card (for permanent resident aliens) • Form I-94 Arrival-Departure Record annotated with one of the following: <ul style="list-style-type: none"> • “Admitted as a Refugee Pursuant to Section 207” • “Section 208” or “Asylum” • “Section 243(h)” or “Deportation stayed by Attorney General” • “Paroled Pursuant to Section 221 (d)(5) of the USCIS” | <ul style="list-style-type: none"> • Form I-94 Arrival-Departure Record with no annotation accompanied by: <ul style="list-style-type: none"> • A final court decision granting asylum (but only if no appeal is taken); • A letter from a USCIS asylum officer granting asylum (if application is filed on or after 10/1/90) or from a USCIS district director granting asylum (application filed before 10/1/90); • A court decision granting withholding of deportation; or • A letter from an asylum officer granting withholding or deportation (if application filed on or after 10/1/90). |
|--|--|

- | | |
|--|--|
| <ul style="list-style-type: none"> • Form I-688 Temporary Resident Card annotated “Section 245A” or Section 210”. | <ul style="list-style-type: none"> • Form I-688B Employment Authorization Card annotated “Provision of Law 274a. 12(11)” or “Provision of Law 274a.12”. |
|--|--|

- A receipt issued by the USCIS indicating that an application for issuance of a replacement document in one of the above listed categories has been made and the applicant’s entitlement to the document has been verified; or
- Other acceptable evidence. If other documents are determined by the USCIS to constitute acceptable evidence of eligible immigration status, they will be announced by notice published in the *Federal Register*

CAPITAL FUND PROGRAM TABLES START HERE

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Jefferson City Housing Authority		Jefferson City, Missouri		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: MO36-P009-501-06 PHA FY: 2006	Work Statement for Year 3 FFY Grant: MO36-P009-501-07 PHA FY: 2007	Work Statement for Year 4 FFY Grant: MO36-P009-501-08 PHA FY: 2008	Work Statement for Year 5 FFY Grant: MO36-P009-501-09 PHA FY: 2009
MO9-1 Eliz/Elm St	Annual Statement	192,350.00	239,954.00	252,954.00	221,054.00
MO9-3 Dulle Tower		71,100.00	55,000.00	31,000.00	27,800.00
MO9-4 Dulle St		32,000.00	36,000.00	39,000.00	84,600.00
MO9-5 Linden Ct		47,750.00	27,000.00	37,500.00	42,000.00
MO9-7 Congregate		17,254.00	32,500.00	30,000.00	15,000.00
Physical Improvements					
Management Improvements		10,000.00	10,000.00	10,000.00	10,000.00
HA-Wide Non - dwelling Structures & Equipment		35,000.00	5,000.00	5,000.00	5,000.00
Administration		62,500.00	62,500.00	62,500.00	62,500.00
Other (A/E)(CF Coordinator)		24,000.00	24,000.00	24,000.00	24,000.00
HA-Wide Operations		50,000.00	50,000.00	50,000.00	50,000.00
Total CFP Funds (Est.)		541,954.00	541,954.00	541,954.00	541,954.00
Total Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year: 2 FFY Grant: MO36-P009-501-06 PHA FY: 2006			Activities for Year: 3 FFY Grant: MO36-P009-501-07 PHA FY: 2007		
SEE	General Description	Quantity	Estimated Cost	General Description	Quantity	Estimated Cost
ANNUAL STATEMENT	<u>MO9-1 Elizabeth & E. Elm St</u>			<u>MO 9-1 Elizabeth & E. Elm St</u>		
	Replace Playground Equipment	5 Sys	0.00	Landscaping	10%	22,509.00
	Renovate Public Housing Units	25 Units	23,750.00	Install A/C Units	36 Units	110,945.00
	Replace Smoke Detectors	24 Units	3,600.00	Replace Smoke Detectors	60 Units	9,000.00
	Upgrade Plumbing	80 Units	25,000.00	Raise Slab Floors	15 Units	15,000.00
	Upgrade Electrical	170Units	15,000.00	Replace HVAC Units Head Start JC Daycare	2 Bldgs	25,000.00
	Rejuvenate Unit Furnaces/ Vent Piping	30 Units	0.00	Renovate Public Housing Units	50 Units	47,500.00
	Refurbish Tenant Learning Facility	1 Bldg	50,000.00	Construct Dumpster Pads	10 Ea	0.00
	Install Sidewalks & Concrete Stoops	3000Sq/Ft	75,000.00	Rejuvenate Unit Furnaces	60 Units	0.00
	Subtotal		192,350.00	Replace Refrigerators	10 Units	5,000.00
	<u>MO9-3 Dulle Tower</u>			Replace Stoves	10 Units	5,000.00
	Landscaping	10%	5,000.00	Subtotal		239,954.00
	Upgrade Elevators	2 Ea	7,000.00	<u>MO 9-3 Dulle Tower</u>		
	Replace Domestic Hot Water Heaters	2 Ea	0.00	Landscaping	10%	5,000.00
	Replace Closet Folding Doors	100 Ea	0.00	Renovate Public Housing Units	12 Units	0.00
	Renovate Public Restrooms	4 Units	20,000.00	Renovate Common Areas	9 Floors	0.00
	Subtotal		32,000.00	Install Kitchen Cabinets	40 Units	0.00
	<u>MO 9-4 Dulle Street</u>			Upgrade HVAC System	1 Sys	15,000.00
	Replace Concrete Driveways &Stoops	5 Units	27,000.00	Replace Lateral Waste Water Lines	1 Blgds	35,000.00
	Replace Closet Folding Doors	40 Ea	36,000.00	Subtotal		55,000.00
	Replace Stairs Threads 4 Bedroom Units	4 Units	1,600.00	<u>MO 9-4 Dulle St</u>		
	Landscaping	25 %	6,500.00	Replace Concrete Driveways & Stoops	4 Units	21,000.00
	Subtotal		71,100.00	Replace Entrance Doors	30 Units	15,000.00
				Subtotal		36,000.00

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

Activities for Year 1	Activities for Year: 2 FFY Grant: MO36-P009-501-06 PHA FY: 2006			Activities for Year: 3 FFY Grant: MO36-P009-501-07 PHA FY: 2007		
SEE	General Description	Quantity	Estimated Cost	General Description	Quantity	Estimated Cost
ANNUAL STATEMENT	<u>MO 9-5 Linden Court</u>			<u>MO9-5 Linden Court</u>		
	Landscaping	20%	12,000.00	Landscaping	20%	0.00
	Replace Closet Folding Doors	50 Ea	20,000.00	Replace Kitchen Cabinets	15 Units	27,000.00
	Replace Exterior Lighting Fixtures	35 Units	15,750.00	Subtotal		27,000.00
	Subtotal		47,750.00	<u>MO 9-7 Congregate</u>		
	<u>MO9-7 Congregate</u>			Landscaping	7%	8,500.00
	Replace Entrance Drive & Parking	7500Sq/Ft	0.00	Replace HVAC Units	24 Units	24,000.00
	Landscaping	7%	8,345.00	Subtotal		32,500.00
	Upgrade Electrical	24 Units	2,909.00	<u>HA Wide Non-Dwelling Equipment</u>		
	Refurbish Common Areas	3 Floors	6,000.00	Replace Deteriorated Maintenance Equipment	5%	5,000.00
	Subtotal		17,254	Subtotal		5,000.00
	<u>HA Wide Non-Dwelling Equipment</u>			<u>HA Wide Operations</u>		
	Replace Deteriorated Maintenance Equipment	5%	5,000.00	HA Wide Operations	20%	50,000.00
	Replace Maintenance Vehicles	2 Ea	30,000.00	Subtotal		50,000.00
	Subtotal		35,000.00	<u>Management Improvements</u>		
	<u>HA Wide Operations</u>			Upgrade Computer System	1 Ea	10,000.00
	HA Wide Operations	20%	50,000.00	Subtotal		10,000.00
	Subtotal		50,000.00	<u>HA Wide Administrative Cost</u>		
	<u>Management Improvements</u>			Development Coordinator Salary	1	35,000.00
				In-House A/E Services	1	15,000.00
				Employee Benefits	1	7,500.00
				Sundry	1	5,000.00
				Subtotal		62,500.00

Upgrade Computer System	1 Ea	10,000.00	Management Improvements	Upgrade Computer System	1 Ea	10,000.00
Subtotal		10,000.00		Subtotal		10,000.00
HA Wide Administrative Cost						
Development Coordinator Salary	1	35,000.00	HA Wide Administrative Cost	Development Coordinator Salary	1	35,000.00
In House A/E Services	1	15,000.00		In-House A/E Services	1	15,000.00
Employee Benefits	1	7,500.00		Employee Benefits	1	7,500.00
Sundry	1	5,000.00		Sundry	1	5,000.00
Subtotal		62,500.00		Subtotal		62,500.00
HA Wide Fees & Costs						
Consulting Engineer	1	14,000.00	HA Wide Fees & Costs	Consulting Engineer	1	14,000.00
A/E Services for MO 9-1,3,4,5, & 7	100%	10,000.00		A/E Services for MO 9-1, 3, 4, 5, & 7	100%	10,000.00
Subtotal		24,000.00		Subtotal		24,000.00
GRAND TOTAL		541,954.00		GRAND TOTAL		541,954.00

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

Activities for Year 1	Activities for Year: 4 FFY Grant: MO36-P009-501-08 PHA FY: 2008			Activities for Year: 5 FFY Grant: MO36-P009-501-09 PHA FY: 2009		
SEE	General Description	Quantity	Estimated Cost	General Description	Quantity	Estimated Cost
ANNUAL STATEMENT	<u>MO 9-1 Elizabeth & E. Elm St</u>			<u>MO 9-1 Elizabeth & E. Elm St</u>		
	Renovate Tenant Services Bldg	1 Bldg	30,000.00	Restructure Roof Lines	36 Units	86,054.00
	Install Range Hoods	80 Units	25,000.00	Renovate Public Housing Units	50 Units	50,000.00
	Install Security Cameras	5 Ea	5,000.00	Landscaping	26 Acres	5,000.00
	Install Playground Surfacing	1 Sys	9,954.00	Replace Exterior Balconies	20 Units	70,000.00
	Renovate Bathrooms	80 Units	64,000.00	Replace Refrigerators	10 Units	5,000.00
	Replace Exterior Balconies	20 Units	70,000.00	Replace Stoves	10 Units	5,000.00
	Resurface Office Parking Lots	1 Bldg	5,000.00	Subtotal		221,054.00
	Replace/Repair Siding & Fascia	40 Bldgs	24,000.00			
	Replace 4-Plex Entrance Doors & Hardware	16 Bldgs	8,000.00	<u>MO 9-3 Dulle Tower</u>		
	Tuck Point Exterior Brick	40 Bldgs	12,000.00	Renovate Public Housing Units	6 Units	4,800.00
	Subtotal		252,954.00	Upgrade HVAC Controls	1 Sys	10,000.00
	<u>MO 9-3 Dulle Tower</u>			Rejuvenate Air Handling System	1 Sys	5,000.00
	Upgrade Elevators	2 Ea	10,000.00	Refurbish Roof Vents	4 Vents	8,000.00
	Upgrade Boiler System	8 Ea	8,000.00	Subtotal		27,800.00
	Replace Hot Water Heaters	2 Ea	5,000.00			

	Resurface Parking Lots	1 Bldg	8,000.00	MO 9-4 Dulle St		
	Subtotal		31,000.00	Replace Refrigerators	10 Units	5,000.00
				Install Fire Alarm Pack Community Center	1 Sys	21,000.00
	MO 9-4 Dulle St			Renovate Public Housing Units	10 Units	9,000.00
	Renovate Bathrooms	30 Units	18,000.00	Replace Gutter and Downspouts	1200 LF	9,600.00
	Replace Hot Water Heaters	30 Units	6,000.00	Replace Floor Heat Registers	30 Bldgs	35,000.00
	Upgrade Boilers	30 Units	15,000.00	Termite Treatment Pack Community Center	1 Sys	5,000.00
	Subtotal		39,000.00	Subtotal		84,600.00

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

Activities for Year 1	Activities for Year: 4 FFY Grant: MO36-P009-501-08 PHA FY: 2008	Activities for Year: 5 FFY Grant: MO36-P009-501-09 PHA FY: 2009
--------------------------	--	--

SEE	General Description	Quantity	Estimated Cost	General Description	Quantity	Estimated Cost
ANNUAL STATEMENT	<u>MO 9-5 Linden Court</u>			<u>MO 9-5 Linden Court</u>		
	Renovate Bathrooms	30 Units	30,000.00	Renovate Pubic Housing Units	10 Units	10,000.00
	Replace Unit Exhaust Fans	30 Units	7,500.00	Replace Gutters & Downspouts	12 Bldgs	5,000.00
	Subtotal		37,500.00	Replace Kitchen Cabinets	15 Units	27,000.00
				Subtotal		42,000.00
	<u>MO 9-7 Congregate</u>			<u>MO 9-7 Congregate</u>		
	Renovate Public Restrooms	2 Ea	10,000.00	Upgrade HVAC Controls	1 Sys	10,000.00
	Replace Hot Water Heaters	1 Bldg	5,000.00	Rejuvenate Air Handling System	1 Sys	5,000.00
	Rejuvenate Air Handling System	1 Sys	15,000.00	Subtotal		15,000.00
	Subtotal		30,000.00			
				<u>HA Wide Non-Dwelling Equipment</u>		
	<u>HA Wide Non-Dwelling Equipment</u>			Replace Deteriorated Maintenance Equipment	5%	5,000.00
	Replace Deteriorated Maintenance Equipment	5 %	5,000.00	Subtotal		5,000.00
	Subtotal		5,000.00			
				<u>HA Wide Operations</u>		
	<u>HA Wide Operations</u>			HA Wide Operations	20%	50,000.00
	HA Wide Operations	20 %	50,000.00	Subtotal		50,000.00
	Subtotal		50,000.00			
				<u>Management Improvements</u>		
				Upgrade Computer System	1 Ea	10,000.00
				Subtotal		10,000.00
	<u>Management Improvements</u>			<u>HA Wide Administrative Cost</u>		
	Upgrade Computer System	1 Ea	10,000.00	Development Coordinator Salary	1	35,000.00
	Subtotal			In-House A/E Services	1	15,000.00
				Employee Benefits	1	7,500.00
	<u>HA Wide Administrative Cost</u>			Sundry	1	5,000.00
	Development Coordinator Salary	1	35,000.00	Subtotal		62,500.00
	In-House A/E Services	1	15,000.00			
	Employee Benefits	1	7,500.00			
	Sundry	1	5,000.00			
	Subtotal		62,500.00			

	<u>HA Wide Fees & Costs</u>			<u>HA Wide Fees & Costs</u>		
	Consulting Engineer	1	14,000.00	Consulting Engineer	1	14,000.00
	A/E Services for MO 9-1, 3, 4, 5, & 7	100 %	10,000.00	A/E Services for MO 9-1, 3, 4, 5, & 7	100 %	10,000.00
	Subtotal		24,000.00	Subtotal		24,000.00
	GRAND TOTAL		541,954.00	GRAND TOTAL		541,954.00

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-05 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 2005	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	50,000.00			
3	1408 Management Improvements Soft Costs	10,000.00			
	Management Improvements Hard Costs				
4	1410 Administration	62,500.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	24,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00			
10	1460 Dwelling Structures	344,454.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	21,000.00			
13	1475 Nondwelling Equipment	20,000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

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

PHA Name: Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net	Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-05 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2005
--	---	--

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization Expenses or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)		541,954.00		
22	Amount of line XX Related to LBP Activities				
23	Amount of line XX Related to Section 504 compliance				
24	Amount of Line XX related to Security -- Soft Costs				
25	Amount of line XX Related to Security – Hard Costs				
26	Amount of line XX Related to Energy Conservation Measures				

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 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
MO 9-1	Restructure Roof Lines		1460	36 Bldgs	86,054.00			
Elizabeth & East Elm St	Renovate Public Housing Units		1460	50 Units	50,000.00			
	Landscaping		1450	26 Acres	5,000.00			
	Replace Exterior Balconies		1460	20 Units	70,000.00			
	Replace Refrigerators		1475	10 Units	5,000.00			
	Replace Stoves		1475	10 Units	5,000.00			
	Subtotal				221,054.00			
MO 9-3	Renovate Public Housing Units		1460	6 Units	4,800.00			
Dulle Tower	Upgrade HVAC Controls		1460	1 Sys	10,000.00			
	Rejuvenate Air Handling System		1460	1 Sys	5,000.00			
	Refurbish Roof Vents		1460	4 Vents	8,000.00			
	Subtotal				27,800.00			
MO9-4	Replace Refrigerators		1475	10 Units	5,000.00			
Dulle Street	Install Fire Alarm Pack Community Center		1470	1 Sys	21,000.00			
	Renovate Public Housing Units		1460	10 Units	9,000.00			
	Replace Gutters and Downspouts		1460	1200 LF	9,600.00			
	Replace Floor Heat Registers		1460	30 Bldgs	35,000.00			
	Termite Treatment Pack Community Center		1450	1 Sys	5,000.00			
	Subtotal				84,600.00			

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-05 Replacement Housing Factor Grant No:				Federal FY of Grant: FY 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
MO 9-5	Renovate Public Housing Units		1460	10 Units	10,000.00			
Linden Court	Replace Gutters and Downspouts		1460	12 Bldgs	5,000.00			
	Replace Kitchen Cabinets		1460	15 Units	27,000.00			
	Subtotal				42,000.00			
MO9-7	Upgrade HVAC Controls		1460	1 Sys	10,000.00			
Congregate	Rejuvenate Air Handling System		1460	1 Sys	5,000.00			
	Subtotal				15,000.00			
PHA Wide Operations	HA Operations		1406	20%	50,000.00			
Management Improvements	Upgrade Computers Systems		1408	100%	10,000.00			
Administrative Cost	Development Coordinator		1410	100%	35,000.00			
	In-House A/E Services		1410	100%	15,000.00			
	Employee Benefits		1410	100%	7,500.00			
	Sundry		1410	100%	5,000.00			
Fees & Costs	Consulting Engineer		1430	100%	14,000.00			
	A/E Services MO 9-1,3,4,5, & 7		1430	100%	10,000.00			
Non-Dwelling Equipment	Replace Maintenance Equipment		1475	10%	5,000.00			
	Total CFP Estimated Cost				541,954.00			

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program No: MO36-P009-501-05 Replacement Housing Factor No:				Federal FY of Grant: FY 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MO9-1 Eliz / E. Elm St	03/31/2007			09/31/2008			
MO9-3 Dulle Tower	03/31/2007			09/31/2008			
MO9-4 Dulle St	03/31/2007			09/31/2008			
MO9-5 Linden Court	03/31/2007			09/31/2008			
MO9-7 Congregate	03/31/2007			09/31/2008			
PHA-Wide	03/31/2007			09/31/2008			

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net			Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-04 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/04 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	50,000.00	50,000.00	0.00	0.00
3	1408 Management Improvements Soft Costs	10,500.00	10,500.00	0.00	0.00
	Management Improvements Hard Costs				
4	1410 Administration	67,500.00	67,500.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00	27,000.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	179,800.00	179,800.00	0.00	0.00
10	1460 Dwelling Structures	277,840.00	277,840.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5,000.00	5,000.00	0.00	0.00
13	1475 Nondwelling Equipment	10,000.00	10,000.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net	Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-04 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2004
--	--	---

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization Expenses or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	627,640.00	627,640.00	0.00	0.00
22	Amount of line XX Related to LBP Activities				
23	Amount of line XX Related to Section 504 compliance				
24	Amount of Line XX related to Security -- Soft Costs				
25	Amount of line XX Related to Security – Hard Costs				
26	Amount of line XX Related to Energy Conservation Measures				

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-04 Replacement Housing Factor Grant No:					Federal FY of Grant: FY 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
MO 9-1	Repair 4-Plex Stairwells		1460	26 Bldgs	25,000.00	25,000.00	0.00	0.00	Pre Bid Stage
Elizabeth & East Elm St	Install Security Lights		1450	4 Ea	10,000.00	10,000.00	0.00	0.00	Pre Bid Stage
	Upgrade Bathroom & Kitchen Plumbing		1460	85 Units	21,250.00	21,250.00	0.00	0.00	Pre Bid Stage
	Replace Balconies		1450	40 Bldgs	140,000.00	140,000.00	0.00	0.00	Pre Bid Stage
	Replace Handrails		1450	2600 LF	0.00	0.00	0.00	0.00	
	Replace Exterior Concrete Stairs		1450	26 Bldgs	25,000.00	25,000.00	0.00	0.00	Pre Bid Stage
	Install Electrical Signal for Utility Loss		1460	65 Units	0.00	0.00	0.00	0.00	
	Renovate Public Housing Units		1460	30 Units	30,000.00	30,000.00	0.00	0.00	Pre Bid Stage
MO 9-3	Replace Unit Latch Sets & Dead Bolts		1460	100 Units	25,000.00	25,000.00	0.00	0.00	Pre Bid Stage
Dulle Tower	Renovate Pubic Areas		1460	9 Floors	10,600.00	10,600.00	0.00	0.00	Pre Bid Stage
	Replace Apartment HVAC Units		1460	100 Units	50,000.00	50,000.00	0.00	0.00	Pre Bid Stage
	Install Kitchen Cabinets		1460	50 Units	40,000.00	40,000.00	0.00	0.00	Pre Bid Stage
MO9-4	Renovate Public Housing Units		1460	5 Units	0.00	0.00	0.00	0.00	
Dulle Street	Install Security Fence		1450	2400 LF	4,800.00	4,800.00	0.00	0.00	Pre Bid Stage
	Upgrade Security Cameras-DLPCC		1470	1 Sys	5,000.00	5,000.00	0.00	0.00	Pre Bid Stage
MO 9-5	Replace Apartment Water Shut-Off Valves		1460	30 Units	3,000.00	3,000.00	0.00	0.00	Pre Bid Stage
Linden Court	Replace Domestic Hot Water Heaters		1460	30 Units	10,000.00	10,000.00	0.00	0.00	Pre Bid Stage
	Replace Gutters & Downspouts		1460	2500 LF	10,000.00	10,000.00	0.00	0.00	Pre Bid Stage
	Replace Floor Heating Registers		1460	30 Units	25,000.00	25,000.00	0.00	0.00	Pre Bid Stage

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-04 Replacement Housing Factor Grant No:					Federal FY of Grant: FY 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
MO9-7									
Congregate	Replace Apartment Faucets & Drains		1460	24 Units	7,990.00	7,990.00	0.00	0.00	Pre Bid Stage
	Rejuvenate Air Handling System		1460	1 Sys	20,000.00	20,000.0	0.00	0.00	Pre Bid Stage
PHA Wide Operations	HA Operations		1406	20%	50,000.00	50,000.00	0.00	0.00	None Obligated
Management Improvements	Upgrade Computers Systems		1408	100%	10,500.00	10,500.00	0.00	0.00	None Obligated
Administrative Cost	Development Coordinator		1410	100%	40,000.00	40,000.00	0.00	0.00	None Obligated
	In-House A/E Services		1410	100%	15,000.00	15,000.00	0.00	0.00	None Obligated
	Employee Benefits		1410	100%	7,500.00	7,500.00	0.00	0.00	None Obligated
	Sundry		1410	100%	5,000.00	5,000.00	0.00	0.00	None Obligated
Fees & Costs	Consulting Engineer		1430	100%	15,000.00	15,000.00	0.00	0.00	None Obligated
	A/E Services MO 9-1,3,4,5, & 7		1430	100%	12,000.00	12,000.00	0.00	0.00	None Obligated
Non-Dwelling Equipment	Replace Maintenance Equipment		1475	10%	10,000.00	10,000.00	0.00	0.00	None Obligated
	Total CFP Estimated Cost				627,640.00	627,640.00	0.00	0.00	

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program No: MO36-P009-501-04 Replacement Housing Factor No:					Federal FY of Grant: FY 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
MO9-1 Eliz / E. Elm St	03/31/2006			09/31/2007				
MO9-3 Dulle Tower	03/31/2006			09/31/2007				
MO9-4 Dulle St	03/31/2006			09/31/2007				
MO9-5 Linden Court	03/31/2006			09/31/2007				
MO9-7 Congregate	03/31/2006			09/31/2007				
PHA-Wide	03/31/2006			09/31/2007				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name : Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net			Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-03 Replacement Housing Factor Grant No:		Federal FY of Grant: 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/04 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	55,400.00	75,420.68	75,420.68	8,778.50
3	1408 Management Improvements Soft Costs	10,500.00	2,500.00	2,500.00	0.00
	Management Improvements Hard Costs				
4	1410 Administration	62,500.00	78,809.00	78,809.00	41,049.68
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	27,000.00	18,017.00	18,017.00	11,410.89
8	1440 Site Acquisition				
9	1450 Site Improvement	43,000.00	36,224.32	36,224.32	36,224.32
10	1460 Dwelling Structures	271,054.00	185,233.00	185,233.00	72,647.44
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	29,500.00	145,750.00	145,750.00	3,915.00
13	1475 Nondwelling Equipment	43,000.00	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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

PHA Name : Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net	Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-03 Replacement Housing Factor Grant No:	Federal FY of Grant: 2003
---	---	---

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines.....)	541,954.00	541,954.00	541,954.00	174,025.83
21	Amount of line XX Related to LBP Activities				
22	Amount of line XX Related to Section 504 compliance				
23	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
24	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
PHA Wide	<u>Operations</u>	<u>1406</u>		<u>\$55,400.00</u>	<u>\$75,420.68</u>	<u>\$75,420.68</u>	<u>\$8,778.50</u>		
	Operations	1406	1 yr	55,400.00	75,420.68	75,420.68	8,778.50	Not Completed	
PHA- Wide	<u>Management Improvements</u>	<u>1408</u>		<u>\$10,500.00</u>	<u>\$2,500.00</u>	<u>\$2,500.00</u>	<u>\$0.00</u>		
	Upgrade Computer Software	1408	1 yr	10,500.00	2,500.00	2,500.00	0.00	Completed	
PHA-Wide	<u>Administrative Costs</u>	<u>1410</u>		<u>\$62,500.00</u>	<u>\$78,809.00</u>	<u>\$78,809.00</u>	<u>\$41,049.68</u>		
	Fund Development Coordinator	1410	1 yr	35,000.00	35,000.00	35,000.00	19,369.14	On Schedule	
	In House A/E Services	1410	1 yr	15,000.00	20,000.00	20,000.00	13,124.25	On Schedule	
	Employee Benefits	1410	1 yr	7,500.00	8,500.00	8,500.00	2,349.64	On Schedule	
	Sundry	1410	1 yr	5,000.00	4,809.00	4,809.00	817.60	On Schedule	
	Dental Benefit	1410	1 yr	0.00	500.00	500.00	165.19	On Schedule	
	Retirement Benefit	1410	1 yr	0.00	6,000.00	6,000.00	3,215.66	On Schedule	
	Medical Benefit	1410	1 yr	0.00	4,000.00	4,000.00	2,008.20	On Schedule	
PHA-Wide	<u>Fees & Costs</u>	<u>1430</u>		<u>\$27,000.00</u>	<u>\$18,017.00</u>	<u>\$18,017.00</u>	<u>\$11,410.89</u>		
	Consulting Engineer	1430	1 yr	15,000.00	0.00	0.00	0.00	Item Deleted	
	A/E Services MO9-1, 3, 4, & 5	1430	1 yr	12,000.00	18,017.00	18,017.00	11,410.89	On Schedule	

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
	Site Improvement	1450		\$43,000.00	\$36,224.32	\$36,224.32	\$36,224.32		
MO9-1	Install Playground Surfacing	1450		0.00	0.00	0.00	0.00	Fungibility	
MO9-1	Landscaping	1450		0.00	0.00	0.00	0.00	Fungibility	
MO9-5	Landscaping	1450		5,000.00	0.00	0.00	0.00	Fungibility	
MO9-5	Replace Sidewalks	1450		28,000.00	0.00	0.00	0.00	Fungibility	
MO9-5	Upgrade Security Lights	1450		10,000.00	0.00	0.00	0.00	Fungibility	
MO9-5	Construct Retaining Wall	1450		0.00	36,224.32	36,224.32	36,224.32	Completed	
	Dwelling Structures	1460		\$271,054.00	\$185,233.00	\$185,233.00	\$72,647.44		
MO9-1	Install Range Hoods	1460	170 Units	0.00	0.00	0.00	0.00	Fungibility	
MO9-1	Rejuvenate Unit Furnace/Vent Piping	1460	60 Units	50,791.00	0.00	0.00	0.00	Fungibility	
MO9-1	Renovate Public Housing Units	1460	60 Units	0.00	65,000.00	65,000.00	37,414.44	On Schedule	
MO9-3	Replace Roof	1460	1 Bldg	55,000.00	0.00	0.00	0.00	Fungibility	
MO9-3	Upgrade Security Cameras	1460	3 Sys	0.00	0.00	0.00	0.00	Fungibility	
MO9-3	Refurbish Post Office	1460	1 Unit	0.00	0.00	0.00	0.00	Fungibility	
MO9-3	Renovate Common Areas	1460	9 Floors	0.00	0.00	0.00	0.00	Fungibility	
MO9-4	Replace/Repair Siding & Fascia	1460	30 Bldgs	21,809.00	0.00	0.00	0.00	Fungibility	
MO9-4	Replace Floor Heating Registers	1460	30 Bldgs	35,000.00	0.00	0.00	0.00	Fungibility	
MO9-4	Replace DHW Heaters	1460	15 Bldgs	10,000.00	0.00	0.00	0.00	Fungibility	
MO9-4	Replace Kitchen Cabinets	1460	15 Bldgs	20,000.00	85,000.00	85,000.00	0.00	On Schedule	
MO9-4	Replace Entrance Doors & Hardware	1460	30 Bldgs	0.00	35,233.00	35,233.00	35,233.00	Completed	
MO9-5	Replace Entrance Doors & Hardware	1460	35 Units	23,000.00	0.00	0.00	0.00	Fungibility	
MO9-7	Replace Roofing	1460	125 SQ	31,454.00	0.00	0.00	0.00	Fungibility	

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-03 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Obligated	Expended	
MO9-7	Replace Apartment HVAC Units		1460	24 Units	24,000.00	0.00	0.00	0.00	Fungibility
	<u>Non Dwelling Structures</u>		<u>1470</u>		<u>\$29,500.00</u>	<u>\$145,750.00</u>	<u>\$145,750.00</u>	<u>\$3,915.00</u>	
MO9-1	Renovate Tenant Services Building		1470	1 Bldg	0.00	145,750.00	145,750.00	3,915.10	On Schedule
MO9-1	Replace Office Furniture		1470	1 Bldg	8,500.00	0.00	0.00	0.00	Fungibility
MO9-1	Renovate Main Office		1470	1 Bldg	21,000.00	0.00	0.00	0.00	Fungibility
MO9-1	Install Security Cameras		1470	1 Bldg	0.00	0.00	0.00	0.00	Fungibility
MO9-1	Rejuvenate Activities Center		1470	1 Bldg	0.00	0.00	0.00	0.00	Item Deleted
	<u>Non Dwelling Equipment</u>				<u>\$43,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	
	Maintenance Vehicles		1475	2 Vehicle	33,000.00	0.00	0.00	0.00	Fungibility
	Maintenance Equipment		1475	LS	10,000.00	0.00	0.00	0.00	Fungibility

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name: Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net			Grant Type and Number Capital Fund Program Grant No: MO36-P009-502-03 Replacement Housing Factor Grant No:		Federal FY of Grant: FY 2003
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 09/30/04 Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	7,009.00	7,009.00	0.00	0.00
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	10,000.00	10,000.00	0.00	0.00
10	1460 Dwelling Structures	39,000.00	39,000.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	52,000.00	52,000.00	0.00	0.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report

Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net	Grant Type and Number Capital Fund Program Grant No: MO36-P009-502-03 Replacement Housing Factor Grant No:	Federal FY of Grant: FY 2003
--	---	--

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/04 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization Expenses or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	108,009.00	108,009.00	0.00	0.00
22	Amount of line XX Related to LBP Activities				
23	Amount of line XX Related to Section 504 compliance				
24	Amount of Line XX related to Security -- Soft Costs				
25	Amount of line XX Related to Security – Hard Costs				
26	Amount of line XX Related to Energy Conservation Measures				

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-502-03 Replacement Housing Factor Grant No:					Federal FY of Grant: FY 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
MO 9-1	Renovate Tenant Services Building		1470	1 Bldg	27,000.00	27,000.00	0.00	0.00	On Schedule
Elizabeth & East Elm St	Install Security Cameras		1470	1 Sys	5,000.00	5,000.00	0.00	0.00	Pre-Bid Stage
	Landscaping		1450	50 Units	10,000.00	10,000.00	0.00	0.00	Pre-Bid Stage
	Rejuvenate Activities Center		1470	1 Bldg	20,000.00	20,000.00	0.00	0.00	Pre-Bid Stage
MO 9-3									
Dulle Tower	Upgrade Security Cameras		1460	1 Sys	5,000.00	5,000.00	0.00	0.00	Pre-Bid Stage
	Refurbish Post Office		1460	1 Bldg	5,000.00	5,000.00	0.00	0.00	Pre-Bid Stage
	Renovate Common Areas		1460	1 Bldg	9,000.00	9,000.00	0.00	0.00	Pre-Bid Stage
MO 9-4	Replace Kitchen Cabinets		1460	30 Bldgs	20,000.00	20,000.00	0.00	0.00	On Schedule
Dulle Street									
PHA Wide Operations	HA Operations		1406	15.5 %	7,009.00	7,009.00	0.00	0.00	None Withdrawn
	Total CFP Estimated Cost				108,009.00	108,009.00	0.00	0.00	

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program No: MO36-P009-502-03 Replacement Housing Factor No:					Federal FY of Grant: FY 2003	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
MO9-1 Eliz / E. Elm St	03/31/2006			09/31/2007				
MO9-3 Dulle Tower	03/31/2006			09/31/2007				
MO9-4 Dulle St	03/31/2006			09/31/2007				
PHA-Wide	03/31/2006			09/31/2007				

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary					
PHA Name : Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net			Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-02 Replacement Housing Factor Grant No:		Federal FY of Grant: 2002
<input 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: 09/30/04 <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	55,400.00	49,444.00	49,444.00	49,444.00
3	1408 Management Improvements Soft Costs	10,500.00	0.00	0.00	0.00
	Management Improvements Hard Costs				
4	1410 Administration	65,500.00	70,693.41	70,693.41	70,693.41
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	30,000.00	15,846.78	15,846.78	15,846.78
8	1440 Site Acquisition				
9	1450 Site Improvement	168,784.00	33,677.87	33,677.87	33,677.87
10	1460 Dwelling Structures	275,498.00	484,459.94	484,459.94	484,459.94
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	15,000.00	4,560.00	4,560.00	4,560.00
13	1475 Nondwelling Equipment	38,000.00	0.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

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

PHA Name : Jefferson City Housing Authority P.O. Box 1029 Jefferson City, Missouri 65102-1029 Phone: 573-635-6163 Fax: 573-635-9680 E-mail: jfcvha0021@earthlink.net	Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002
---	---	---

Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: 09/30/04
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities				
19	1502 Contingency				
20	Amount of Annual Grant: (sum of lines.....)	658,682.00	658,682.00	658,682.00	658,682.00
21	Amount of line XX Related to LBP Activities				
22	Amount of line XX Related to Section 504 compliance				
23	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
24	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
PHA Wide	<u>Operations</u>	<u>1406</u>		<u>\$55,400.00</u>	<u>\$49,444.00</u>	<u>\$49,444.00</u>	<u>\$49,444.00</u>		
	Operations	1406	1 yr	55,400.00	49,444.00	49,444.00	49,444.00	Completed	
PHA- Wide	<u>Management Improvements</u>	<u>1408</u>		<u>\$10,500.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>		
	Upgrade Computer Software	1408	1 Yr	10,500.00	0.00	0.00	0.00	Fungibility	
PHA-Wide	<u>Administrative Costs</u>	<u>1410</u>		<u>\$65,500.00</u>	<u>\$70,693.41</u>	<u>\$70,693.41</u>	<u>\$70,693.41</u>		
	Fund Development Coordinator	1410	1 yr	35,000.00	31,409.25	31,409.25	31,409.25	Completed	
	In House A/E Services	1410	1 yr	18,000.00	23,623.65	23,623.65	23,623.65	Completed	
	Employee Benefits	1410	1 yr	7,500.00	3,968.45	3,968.45	3,968.45	Completed	
	Sundry	1410	1 yr	5,000.00	4,432.40	4,432.40	4,432.40	Completed	
	FICA Benefit	1410.9	1 yr	0.00	0.00	0.00	0.00	Deleted	
	Dental Benefit	1410.9	1 yr	0.00	161.40	161.40	161.40	Completed	
	Retirement Benefit	1410.9	1 yr	0.00	4,752.27	4,752.27	4,752.27	Completed	
	Medical Benefit	1410.9	1 yr	0.00	2,345.99	2,345.99	2,345.99	Completed	
PHA-Wide	<u>Fees & Costs</u>	<u>1430</u>		<u>\$30,000.00</u>	<u>\$15,846.78</u>	<u>\$15,846.78</u>	<u>\$15,846.78</u>		
	Consulting Engineer	1430	1 yr	15,000.00	3,500.00	3,500.00	3,500.00	Completed	
	A/E Services MO9-1, 3, 4, & 5	1430	1 yr	15,000.00	12,346.78	12,346.78	12,346.78	Completed	

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Obligated	Expended	
	Site Improvement	1450		\$168,784.00	\$33,677.87	\$33,677.87	\$33,677.87	
MO9-1	Install Sidewalks	1450	900 Sq/Ft	22,500.00	0.00	0.00	0.00	Fungibility
MO9-1	Install Playground Equipment	1450	1 Sys	35,000.00	2,574.00	2,574.00	2,574.00	Completed
MO9-1	Construct Additional Tenant Parking	1450	3000 Sq/Ft	21,000.00	0.00	0.00	0.00	Fungibility
MO9-1	Landscaping	1450	26 Acres	0.00	400.00	400.00	400.00	Completed
MO9-3	Install Security Fence	1450	250 LF	3,747.00	0.00	0.00	0.00	Fungibility
MO9-4	Replace Concrete Driveways/Stoops	1450	5 Units	27,000.00	0.00	0.00	0.00	Fungibility
MO9-5	Construct Retaining Wall	1450	150 LF	59,537.00	30,703.87	30,703.87	30,703.87	Completed
	Dwelling Structures	1460		\$275,498.00	\$484,459.94	\$484,459.94	\$484,459.94	
MO9-1	Renovate Public Housing Units	1460	45 Units	48,750.00	65,250.96	65,250.96	65,250.96	Completed
MO9-1	Upgrade Electrical	1460	80 Units	20,000.00	0.00	0.00	0.00	Fungibility
MO9-1	Install Vented Furnace Doors	1460	170 Units	20,000.00	0.00	0.00	0.00	Deleted Item
MO9-1	Renovate Unit Furnace & Vent Piping	1460	170 Units	0.00	406,229.56	406,229.56	406,229.56	Completed
MO9-3	Renovate Public Housing Units	1460	5 Units	7,000.00	0.00	0.00	0.00	Fungibility
MO9-3	Replace Closet Folding Doors	1460	50 Ea	22,500.00	0.00	0.00	0.00	Fungibility
MO9-3	Renovate Common Areas	1460	9 Floors	9,000.00	0.00	0.00	0.00	Fungibility
MO9-3	Convert Efficiency Units	1460	8 Units	0.00	0.00	0.00	0.00	Fungibility
MO9-3	Refurbish Post Office	1460	1 Unit	0.00	0.00	0.00	0.00	Fungibility
MO9-3	Replace HVAC System	1460.16	1 Sys	0.00	12,474.42	12,474.42	12,474.42	Completed

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

PHA Name: Jefferson City Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36-P009-501-02 Replacement Housing Factor Grant No:				Federal FY of Grant: 2002			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Obligated	Expended		
MO9-4	Replace Entry Doors/Hardware	1460	30 Units	24,000.00	505.00	505.00	505.00	Completed	
MO9-4	Replace Closet Folding Doors	1460	30 Ea	13,500.00	0.00	0.00	0.00	Fungibility	
MO9-4	Replace Gutters & Downspouts	1460	1200 LF	6,000.00	0.00	0.00	0.00	Fungibility	
MO9-5	Replace Closet Folding Doors	1460	35 Units	56,000.00	0.00	0.00	0.00	Fungibility	
MO9-5	Replace Bath/Kitchen Plumbing	1460	35 Units	21,000.00	0.00	0.00	0.00	Fungibility	
MO9-5	Upgrade Electrical Systems	1460	35 Units	8,750.00	0.00	0.00	0.00	Fungibility	
MO9-5	Renovate Public Housing Units	1460	20 Units	18,998.00	0.00	0.00	0.00	Fungibility	
	<u>Non Dwelling Structures</u>	<u>1470</u>		<u>\$15,000.00</u>	<u>\$4,560.00</u>	<u>\$4,560.00</u>	<u>\$4,560.00</u>		
MO9-1	Rejuvenate Activities Center	1470	1 Bldg	0.00	4,560.00	4,560.00	4,560.00	Completed	
MO9-4	Renovate MM&C Facility	1470	1 Bldg	15,000.00	0.00	0.00	0.00	Fungibility	
	<u>Non Dwelling Equipment</u>			<u>\$38,000.00</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$0.00</u>		
	Maintenance Vehicles	1475	2 Vehicle	33,000.00	0.00	0.00	0.00	Fungibility	
	Maintenance Equipment	1475	LS	5,000.00	0.00	0.00	0.00	Fungibility	

Housing Authority of the City of Jefferson
Organizational Structure
November 2004

