

# **PHA Plans**

## **Streamlined Annual Version**

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

OMB No. 2577-0226  
(exp. 05/31/2006)

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

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# **Streamlined Annual PHA Plan**

## **for Fiscal Year: 2005**

### **PHA Name: Housing Authority of the County of Scotts Bluff, NE**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name:** Housing Authority of the  
County of Scotts Bluff, NE  
89A Woodley Park Road  
Gering, NE 69341

**PHA Number:** NE078

**PHA Fiscal Year Beginning:** 07/2005

### PHA Programs Administered:

**Public Housing and Section 8**       **Section 8 Only**       **Public Housing Only**  
Number of public housing units:      Number of S8 units:      Number of public housing units:  
Number of S8 units:

**PHA Consortia:** (check box if submitting a joint PHA Plan and complete table)

Participating PHAs	PHA Code	Program(s) Included in the Consortium	Programs Not in the Consortium	# of Units Each Program
Participating PHA 1:				
Participating PHA 2:				
Participating PHA 3:				

### PHA Plan Contact Information:

Name: Nancy J. Bentley      Phone: 308-632-0473  
TDD: In Nebraska #711      Email: [sbha@charterinternet.com](mailto:sbha@charterinternet.com)  
Or 1-800-833-0920

### Public Access to Information

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

PHA's main administrative office       PHA's development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.       Yes       No.

If yes, select all that apply:

Main administrative office of the PHA  
 PHA development management offices  
 Main administrative office of the local, county or 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)

**Streamlined Annual PHA Plan**  
**Fiscal Year 2005**  
[24 CFR Part 903.12(c)]

**Table of Contents**  
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

- 1. Site-Based Waiting List Policies  
**903.7(b)(2) Policies on Eligibility, Selection, and Admissions**
- 2. Capital Improvement Needs  
**903.7(g) Statement of Capital Improvements Needed**
- 3. Section 8(y) Homeownership  
**903.7(k)(1)(i) Statement of Homeownership Programs**
- 4. Project-Based Voucher Programs
- 5. PHA Statement of Consistency with Consolidated Plan. Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.
- 6. Supporting Documents Available for Review
- 7. Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
- 8. Capital Fund Program 5-Year Action Plan

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan*** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, *Certification for a Drug-Free Workplace;***  
**Form HUD-50071, *Certification of Payments to Influence Federal Transactions;*** and  
**Form SF-LLL & SF-LLL a, *Disclosure of Lobbying Activities.***

### **1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

#### **A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? YES  
 If yes, complete the following table; if not skip to B.

<b>Site-Based Waiting Lists</b>						
<b>Development Information:</b> (Name, number, Location)	<b>Date Initiated</b>	<b>Initial mix of Racial, Ethnic or Disability Demographics</b>		<b>Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL</b>		<b>Percent change between initial and current mix of Racial, Ethnic, or Disability demographics</b>
NE078-001 Colson Manor	3-15-2002	White	95%	White	90%	White -5%
		Hispanic	0%	Hispanic	5%	Hispanic +5%
		Am. Indian	5%	Am. Indian	5%	Am. Indian 0%
		Asian	0%	Asian	0%	Asian 0%
		Black	0%	Black	0%	Black 0%
				Disabled	45%	
NE0778-002 Morrill Manor	3-15-2002	White	95%	White	100%	White +5%
		Hispanic	0%	Hispanic	0%	Hispanic -5%
		Am. Indian	5%	Am. Indian	0%	Am. Indian 0%
		Asian	0%	Asian	0%	Asian 0%
		Black	0%	Black	0%	Black 0%
				Disabled	13%	
NE078-003 Bluff View	3-15-2002	White	57%	White	59%	White +2%
		Hispanic	38%	Hispanic	38%	Hispanic 0%
		Am. Indian	2%	Am. Indian	0%	Am. Indian -2%
		Asian	0%	Asian	0%	Asian 0%
		Black	3%	Black	3%	Black 0%
				Disabled	14%	
NE078-005 Rebecca Winters	3-15-2002	White	47%	White	+42%	White -5%
		Hispanic	36%	Hispanic	50%	Hispanic +14%
		Am. Indian	17%	Am. Indian	4%	Am.Indian-13%
		Asian	0%	Asian	0%	Asian 0%
		Black	0%	Black	4%	Black +4%
				Disabled	17%	

2. What is the number of site based waiting list developments to which families may apply at one time? Four – one per development based on bedroom size.

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? Two
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

### B. Site-Based Waiting Lists – Coming Year

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 next component.

1. How many site-based waiting lists will the PHA operate in the coming year? Four – one per development based on bedroom size.
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? 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)

## 2. Capital Improvement Needs

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

Exemptions: Section 8 only PHAs are not required to complete this component.

### A. Capital Fund Program

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such

improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability: 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.

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).

2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:

4.  Yes  No: 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:

5.  Yes  No: 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:

### **3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program** (if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

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, what is the maximum number of participants this fiscal year? Ten (10)

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:  
Section 8 or Public Housing Program Participants eligible for Section 8 with one year of satisfactory participation in either program.

- c. What actions will the PHA undertake to implement the program this year (list)? Continuation of program. Successful closing in 2004, potential closing for 2005.

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):  
SBHA has developed a subdivision and participated in a downpayment/closing cost program they developed in partnership with four local banks, USDA Rural Development utilizing six local builders and over \$500,000 of Nebraska Investment Finance Authorities' Super-Target Mortgage Program @ 2.99% to close on over 30 homes for income qualified families.

#### **4. Use of the Project-Based Voucher Program**

##### **Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to “project-base” any tenant-based Section 8 vouchers in the coming year? If the answer is “no,” go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below:) Critical to the Development of 6 tax credit unit each in Gering and Bridgeport for persons with disabilities to sustain special needs housing development in very rural areas and small projects..

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

Six units in Gering, NE @ 815 7<sup>th</sup> Street in Gering

Six units in Bridgeport, NE @ 310 West 5<sup>th</sup> Street, Bridgeport

#### **5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: State of Nebraska
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 on its waiting lists 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) Plan review as a part of the Nebraska Commission on Housing and Homelessness

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

- Use of vouchers to assist with Affordable Housing rents for VLI and LI families
- Development of additional Affordable Housing for Persons with Special Needs utilizing Project-based vouchers if and when approved or regular tenant based vouchers.
- Preservation of Affordable Housing Resources in public housing utilizing Capitol Funds

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
X	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
	Fair Housing Documentation Supporting Fair Housing Certifications: 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
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over -Income Tenants in Public Housing. <input type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
		Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
	Any policies governing any Section 8 special housing types <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	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
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the County of Scotts Bluff, NE			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P078502-03 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 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: 12/04 <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				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	43,831		31,784.04	31,784.04
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)				
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				



## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Housing Authority of the County of Scotts Bluff, NE			Grant Type and Number Capital Fund Program Grant No: NE26P07850104 Replacement Housing Factor Grant No:		Federal FY of Grant: 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: 3/05 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	120,148		39,260.68	39,260.68
11	1465.1 Dwelling Equipment—Nonexpendable	7,200		1,273.30	1,273.30
12	1470 Nondwelling Structures	122,348		8,095.65	8,095.65
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	249,696		48,629.63	48,629.63
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the County Of Scotts Bluff, NE			Grant Type and Number Capital Fund Program Grant No: NE26P07850104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
78005	Remodel Apartments, new carpet, tile, ceiling fans, etc.	1460	3 apartments	120,148		39,260.68	39,260.68	3 complete 5 -6 more to complete- 33%
78005	Refrigerators/Stoves in remodeled apts.	1465	3 apartments	7,200		1,273.30	1,273.30	33%
78003/HA	Remodel of Community Room	1470	1 community room remodel	122,348		8,095.65	8,095.65	10%

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part III: Implementation Schedule</b>							
PHA Name: Housing Authority of the County of Scotts Bluff, NE			<b>Grant Type and Number</b> Capital Fund Program No: NE26P07850104 Replacement Housing Factor No:				<b>Federal FY of Grant: 2004</b>
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	
NE078003/HA wide	12/31/2005			06/30/2006			On target for early completion
NE078005	12/31/2005			06/30/2006			On target for early completion

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the County of Scotts Bluff, NE		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			<b>Federal FY                      of Grant:</b> 2005
<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: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	27,925			
10	1460 Dwelling Structures	213,771			
11	1465.1 Dwelling Equipment—Nonexpendable	13,500			
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	254,696			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)                      Part II: Supporting Pages</b>								
PHA Name: Housing Authority of the County of Scotts Bluff, NE			<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No:			<b>Federal FY of Grant: 2005</b>		
Development Number Name/HA- Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
78-002	Update Sprinkler System	1450	1	20,000				
HA-Wide	Sidewalk Repair	1450	4	7,925				
78-005	Remodel Apartments Carpet, tile, ceiling fans	1460	15	216,271				
78-005	Refrigerators/stoves in newly remodeled apartments	1465	15	10,500				



## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>					
<b>Part I: Summary</b>					
PHA Name				<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2  FFY Grant: PHA FY:	Work Statement for Year 3  FFY Grant: PHA FY:	Work Statement for Year 4  FFY Grant: PHA FY:	Work Statement for Year 5  FFY Grant: PHA FY:
	Annual Statement				
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

**8. Capital Fund Program Five-Year Action Plan**

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : ____ FFY Grant: PHA FY:			Activities for Year: ____ FFY Grant: PHA FY:		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>						
<b>Annual</b>						
<b>Statement</b>						
Total CFP Estimated Cost			\$			\$



**Scotts Bluff County Housing Authority  
Section 8 Homeownership Program  
Section 8 Administrative Plan Amendment**

**July 1, 2004**

**As Adopted by the Scotts Bluff  
County Housing Authority  
Board of Commissioners  
Resolution 591  
April 13, 2004**

## **Introduction:**

The Scotts Bluff County Housing Authority (hereinafter referred to as SBHA) hereby establishes a Section 8 Homeownership Program in accordance with US Department of Housing and Urban Development (HUD) final rule dated September 12, 2000. The establishment of this program is consistent with Scotts Bluff Housing Authority's annual and five-year plan. Our goal is to provide income-qualified families with an opportunity to become homeowners by allowing families to use Section 8 voucher assistance to purchase their own homes rather than rental assistance.

Under the Section 8 Homeownership Program, Housing Assistance Payments can be used to supplement the participant's income when calculating their housing ratio for a home mortgage. It is the goal of the Scotts Bluff County Housing Authority to provide this expanded choice of housing assistance that will promote homeownership.

### **Advisory Committee:**

The Section 8 Homeownership Program will be developed with input from local 1) non-profit housing groups 2) homeownership counseling groups 3) lending institutions 4) economic development groups 5) service providers 6) real estate professionals and 7) income-qualified persons working cooperatively with SBHA. The purpose of the Advisory Committee will be to educate, promote and provide annual assessment of the Section 8 Homeownership Program.

## **I. OUTREACH**

Information regarding the Section 8 Homeownership program will be made available to all applicants during the initial interview and at briefing. Annually, at recertification time, families will receive information on the Section 8 Homeownership Program. Information will be posted in the SBHA Office and handouts regarding the program and its guidelines available and distributed to referral partners. The SBHA will limit the number of Homeownership Vouchers issued to a maximum of ten (10) in any one fiscal year dependent upon the availability of vouchers. There will be no carryover of non-issued vouchers. Of the ten vouchers, seven are eligible for Scottsbluff County, three may be issued outside of Scotts Bluff County, subject to availability. If there are no applicants from outside of Scotts Bluff County, all may be issued in Scotts Bluff County, subject to availability of vouchers.

## **II. ELIGIBILITY**

Qualified applicants/participants must meet the following guidelines:

- Must be a Section 8 Participant or Public Housing Resident (who qualifies for

- Section 8 assistance) for at least one year who is in good standing (i.e. has not violated any Section 8/Public Housing Program requirements) in the SBHA programs.
- Must meet the HUD definition of first-time homeowner (i.e. means that the participant has not had home ownership interest in a home in the past three years except for a displaced homemaker or person with a disability) A right to purchase title to a residence under a lease-purchase agreement is not considered a “ownership interest.” A lease-purchase agreement is not considered a “ownership interest.” A member of a cooperative also qualifies as a first time homeowner.”
- The participant or applicant must not have previously defaulted on a mortgage that was obtained through homeowner assistance program.
- One or more adults must have a gross annual income greater than or equal to at least 2000 hours of work at the federal minimum wage (Not less than 30 hours per week). And has been continuously employed for one year prior to application. The SBHA may allow for interruptions in employment for certain instances such as lay-off’s or illnesses on a case-by–case basis.

An exception to this requirement is granted to families who’s head of household or spouse is elderly or disabled. Families with a disabled member may also request an exception from SBHA to this requirement. This requirement is applicable at the initial qualification for homeownership assistance and is not a requirement for continued assistance.

Public assistance may only be included as income when determining eligibility for a family with an elderly or disabled head of household or spouse. This requirement is applicable at the initial qualification for homeownership assistance and is not a requirement for continued assistance.

- The Participant must attend and successfully complete the pre-assistance homeownership counseling program offered through CDC/USDA Rural Development training partners or HUD-approved counseling agencies designated by SBHA.
- Must have the minimum of \$500 from the participant’s own funds for closing costs, repairs, and/or downpayment or SBHA approved downpayment assistance programs. Referral to downpayment assistance programs will be provided as availability is announced to SBHA.
- Must sign a “Statement of Homeowner Obligations” with SBHA and agree to use the home as their sole residence.

- Must have fully repaid any outstanding debt owed the SBHA or any other Housing Authority. Nothing in this provision will preclude Section 8 participants that have fully repaid such debt(s) from participating in the Section 8 program.

Eligibility will be determined through the application process. Ineligible applicants may participate in the Homebuyer's Club TBA pursuant to ROSS Homeownership funding. The goal of the HB Club will be to repair the applicant's credit worthiness. Minimum income requirements will be established for eligibility, with a goal of repair of credit in an 18 month period. If grant funding is not available, referral to local counseling services will be offered.

### **III. JURISDICTION/EIGIBLE UNIT:**

The initial program will be offered to participants locating a home in Scotts Bluff County, Sidney, Kimball, Bridgeport, Bayard or other communities which are in the Scotts Bluff County Housing Authority Section 8 program jurisdiction. Portability will not be optional in the SBHA Homeownership Program. SBHA may deny a unit if the owner has been debarred or suspended under Section 24 CFR, Part 24.

Eligible units will be considered as the following

- 1) Single family existing unit
- 2) Single family home new construction with prior approval.
- 3) Existing home available for purchase/ with qualified rehab of a minimum of \$3,000 with lender approval.
- 4) New Manufactured home on a privately owned lot on a permanent foundation from approved dealer/contractor with 1 year warranty.

### **IV. APPLICATION PROCESS:**

Applications for the homeownership program will be given to interested and preliminarily qualified applicants upon request. Completed applications will be reviewed for eligibility status. If the applicant is deemed eligible, they will be processed. If the applicant is deemed ineligible and is denied, they may reapply in the future. When the verification process is completed, a briefing is held, which participants must attend. Once eligible, the participant should begin Homeownership Counseling classes.

### **V. HOMEOWNERSHIP COUNSELING**

Participants in this program must attend and successfully complete the pre-assistance homeownership counseling program (Six hours of classroom plus 1 hour budgeting one on one) approved by the SBHA. The homeownership counseling program will cover topics such as

- a) Home maintenance 3
- b) Budgeting and money management
- c) Aspects of Financing a Home
- d) Credit Counseling and Credit Repair
- e) Predatory lending prevention
- f) How to find a home and negotiate the price
- g) Fair Housing/Fair lending
- h) Foreclosure Prevention
- i) Real Estate Law

TBA are Post-Homeownership Counseling Classes which are also mandatory based on SBHA funding through ROSS Homeownership funding.

## **VI. TIMELINE**

The participant will have a maximum of six (6) months from the time of their successful completion of pre-homeownership counseling to find a home to purchase and enter into a contract of sale. If the participants are unable to locate a desirable home and enter into a contract of sale before the end of six months, the participants will be allowed to continue their assistance toward a rental unit. Extension of the six month time limit is at SBHA discretion.

## **VII. PURCHASE AGREEMENT:**

Once the participants select the home they would like to purchase, they must enter into a Sale of Contract with the sellers of the property. The Sale of Contract must include the following:

- 1) The purchase price and terms of the sale.
- 2) State that pre-purchase inspections will be completed to the satisfaction of the participants and the SBHA and that the sale is conditional upon the participants' and SBHA's acceptance of the inspection reports.
- 3) State that the participants are not obligated to pay for repairs that are needed as a result of the findings of the inspection report unless qualifying for a purchase with rehab loan as a part of the sale contract.
- 4) Certification that the seller is not debarred, suspended, or subject to limited denial of participation by HUD.

## **VIII. EARNEST DEPOSIT**

The SBHA requires a minimum of \$500 from the participant's own funds for closing costs, repairs, and/or earnest deposit or SBHA approved down-payment assistance programs.

## **IX. INSPECTIONS**

Two inspections must be performed prior to purchase. An independent professional home inspection must be completed by a third party selected by participant and/or lender. Cost of this inspection is the buyers (participants). This inspection must cover major building systems and components. These include, but are not limited to, the structural integrity of the home and its foundation, the age and quality of the roof, the interior and exterior make-up, and an inspection of the plumbing, heating/cooling and electrical systems. On new construction, a Certificate of Occupancy will be required.

In addition, the Scotts Bluff Housing Authority will conduct a Housing Quality Standards Inspection and review the independent professional home inspection. The SBHA or its designated party may disqualify a home from participating in the Section 8 Homeownership Plan based on either inspection.

## **X. FINANCING AND PURCHASING REQUIREMENTS:**

The participant family has the discretion to choose which lender they use, but the terms of the loan will be subject to approval of the SBHA. SBHA will provide referral assistance to available lenders who are informed about and willing to participate in the Section 8 Homeownership Plan. Housing Assistance Payments funds may not be used for the financing costs of purchasing a home. Pursuant to ROSS Homeownership funding constraints, a Lender's/Real Estate Homeownership Class will be originated and those completing the training will be listed as resources on information provided to the applicant.

The first mortgage lender should be a federally regulated financial institution. Loan fees should not exceed five (5) percent of the purchase price. . Prepayment penalties, balloon payments and/or prepaid life insurance will not be allowed in any financing arrangement.

The family may not re-finance, apply for an equity loan or make any other loans against the home without SBHA approval.

## **XI. AMOUNT ON MONTHLY HOMEOWNERSHIP ASSISTANCE PAYMENT**

While the family is residing in the home, the PHA shall pay a monthly homeownership assistance payment on behalf of the family that is equal to the lower of:

- 1) The payment standard minus the total tenant payment; or
- 2) The family's monthly homeownership expenses minus the total tenant payment.

Monthly homeownership expenses used to calculate the Housing Assistance payments will include: 1) principal and interest on mortgage debt, 2) mortgage insurance, 3) real estate taxes and assessments, 4)home insurance, 5)USDA's allowances for maintenance and major repairs (1% of purchase price per year) and SBHA's utility allowance.

As the fair market rent payment standard changes, adjustments will be made to the Housing Assistance Payments (HAP) by SBHA. In the event that the participant's income increases enough that HAP is not longer needed, the participant will still remain eligible for such payments for 180 calendar days or annual date, whichever comes first. After a continuous period of 180 days without HAP, the participants eligibility for such assistance will automatically discontinue.

Housing Assistance Payments will be provided only when the participants remain in their home and will be in effect for fifteen (15) years if the initial mortgage is twenty (20) years or longer. In all other cases, the term of the HAP will be provided for ten (10) years. These terms DO NOT apply to elderly and disabled families. However, if an elderly or disabled family ceases to be qualified as such while receiving HAP for homeownership, the maximum term shall be determined from the date of initial commencement of homeownership assistance. The family will receive a minimum of six (6) month of HAP after the maximum term, provided the family continues to be eligible and is complying with family obligations.

The term of the assistance is applied from the time of the initial purchase, regardless if the participants move to a new unit under the Section 8 Homeownership Program. Participants can choose to sell their home and stay in the program by purchasing another home, provided that a default on their mortgage has not occurred and they are in compliance with the "Statement of Homeowner Obligations." If this happens, the initial eligibility requirements apply, with the exception of the first-time homebuyer and the pre-assistance homeownership counseling.

SBHA will provide the lender with the amount of the Housing Assistance Payments prior to closing. Housing Assistance Payments will be made directly to the lender or to an escrow account established by the lender for payments each month.

## **XII CONTINUED PARTICIPATION**

Families participating in the Section 8 Homeownership Program must still abide by the Rules and Regulations of the Section 8 Program. The family is *STILL* a Section 8 participant, being a homeowner rather than a renter. If the family violates any of the rules and regulations of the Section 8 program, they will be terminated and be responsible for the entire mortgage payment.

Annual recertification and HQS inspection will continue to ensure the family is still eligible for assistance. If the family is determined ineligible for Section 8 assistance,

they will be terminated and responsible for the entire mortgage. The family must also comply with the Statement of Homeownership Obligations and sign it annually at recertification.

#### **XIV DEFAULT**

SBHA will file Notice of Default and Release of Information with Lendholders to receive copies of late payment/default notices to utilize in post homeowner-ship counseling with the family. The family must notify SBHA immediately if the mortgage goes into default within two days of receipt of default letter.

In the event of a default, the participant is not eligible for future participation in SBHA Homeownership Programs.

It is at the Authority's discretion whether or not to allow the family to revert to Section 8 Housing Choice Voucher Rental Assistance Program after a mortgage default through the SBHA's Homeownership Program.

#### **XV MAXIMUM TERM OF ASSISTANCE**

Families can receive homeownership assistance for a maximum of 15 years if using a mortgage with a term of 20 years or more. If the family is elderly or disabled, there is no time limit. If the mortgage term is less than 20 years, participants are eligible for up to 10 years of Housing Assistance Payments based on their continued eligibility.

#### **XVI GROUNDS FOR TERMINATION OF HOME OWNERSHIP ASSISTANCE**

- (1) Failure to Comply with Family Obligations Under Section 8 or SBHA's Home Ownership Policies.

A family's home ownership assistance may be terminated if the family fails to comply with its obligations under the Section 8 Program, SBHA home ownership policies, fails to attend the homeownership counseling classes as required or if the family defaults on the mortgage. The family must comply with the terms of any mortgage incurred to purchase the home. The family must provide SBHA with advance notice of any sale, plans to transfer any interest in the home; any plan to move out of the home prior to the move; the family's household income and home ownership expenses on an annual basis; and any other notices which may be required pursuant to SBHA homeownership policies. The family may not convey or transfer the home to any entity or person other than a member of the assisted family while receiving homeownership assistance.

(2) Occupancy of Home:

Home ownership assistance will only be provided while the family resides in the home. If the family moves out of the home, SBHA will not continue home ownership assistance commencing with the month after the family moves out. **The initial family purchasing the home is the only family allowed to reside in the unit.**

(3) Changes in Income Eligibility:

A family's home ownership assistance may be changed at interium and annual recertification of the household income, but participation in the Section 8 Home Ownership program shall continue until such time as the assistance payment amounts to \$0 for a period of six (6) consecutive months or annual date, whichever comes first..

(4) Maximum Term of Home Ownership Assistance

Section 8 Home Ownership Assistance Payments will be provided only if the participants remain in their home for a period of fifteen (15) years and the initial mortgage is twenty (20) years or longer. In all other cases, the term of the HAP payments will be provided for ten (10) years. These terms DO NOT apply to elderly and disabled families. However, if an elderly or disabled family ceases to be qualified as such while receiving HAP for homeownership, the maximum term shall be determined from the date of the initial commencement of homeownership assistance. The family swill receive a minimum of six (6) month of Housing Assistance payments after the maximum term, provided the family continues to be eligible and is complying with family obligations.

## **XVIII PROCEDURE FOR TERMINATION OF HOMEOWNERSHIP ASSISTANCE**

A participant in the Section 8 Home Ownership program shall be entitled to the same termination notice and informal hearing procedures as set forth in the Administrative Plan of the SBHA for the Section 8 Housing Choice Voucher Program.

## **XIX ADMINISTRATIVE FEE:**

The Scotts Bluff County Housing Authority will receive the same ongoing administrative fee as in the Section 8 rental program as outlines in Section 24 CFR 982.152 (b)

## **XX FAIR HOUSING:**

In compliance with the Fair Housing Act (title VIII of the Civil Rights Act, 1988) the Section 8 Homeownership program will not discriminate based on race, color, national origin, sex, handicap or familial status.

**XIV. STATEMENT OF HOMEOWNER OBLIGATIONS**

**SCOTTS BLUFF COUNTY HOUSING AUTHORITY  
Section 8 Housing Choice Voucher Homeownership Program**

**STATEMENT OF HOMEOWNER OBLIGATIONS**

I/We, \_\_\_\_\_,  
Participant(s) in the Scotts Bluff County Housing Authority Section 8 Housing Choice Voucher Homeownership Program, fully understand the following conditions regarding my/our continued eligibility for housing assistance payments in conjunction with my/our ownership of a \_\_\_\_\_ located at \_\_\_\_\_ and agree that:

1. Our home will be occupied by the following family members:

_____	_____
_____	_____
_____	_____
_____	_____

2. The initial monthly Housing Assistance Payment will be \$\_\_\_\_\_ and will begin on \_\_\_\_\_. The Housing Assistance Program Payment amount will be adjusted, at least annually, based on any changes in payment standards, homeownership costs, household income and/or household composition, in accordance with U.S Department of Housing and Urban Development (HUD) requirements.

3. The initial monthly Housing Assistance Payment will be made as follows:  
\$\_\_\_\_\_ will be paid directly to \_\_\_\_\_.

4. Housing Assistance Payments will be available for a maximum of ten years, unless the head of household or spouse is disabled or elderly. Housing Assistance Payments are contingent on my/our compliance with the requirements of the Statement of Homeowner Obligations, the policies of the Scotts Bluff County Housing Authority Housing Choice Voucher Homeownership Program, HUD program requirements and upon continued appropriations to the Scotts Bluff County Housing Authority by HUD.

5. I/We must report all family income from all sources and the names of all persons living in our household.

6. If, at any time, any member of my household has a change in income greater than \$1,000.00/annually, I must report it to the Scotts Bluff County Housing Authority no later than 10 days after the change occurs.

7. If, at any time, anyone in my household moves in or out, I must report it, within 10 days of the occurrence, to the Scotts Bluff County Housing Authority.
8. Housing Assistance Payments will be made only for the months my household is in residence in the home. I/We must immediately report to the Scotts Bluff County Housing Authority if we move from our home.
9. My/Our family (including each family member) must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
10. My/Our family (including each family member) must not participate in illegal drug or violent criminal activity.
11. I/We may not sell, convey or transfer any interest in the home to any entity or person prior to informing the Scotts Bluff County Housing Authority. Housing assistance payments will terminate with any sale, conveyance or transfer other than to a household member residing in the home.
12. I/We must provide information to the Scotts Bluff County Housing Authority on any mortgage or other debt incurred to purchase the home, and any refinancing of such debt.
13. I/We must comply with the terms of any mortgage security debt incurred to purchase our home and any refinancing of such debt. I/We must immediately notify the Scotts Bluff County Housing Authority of any defaults on mortgage debt incurred to purchase the home.
14. I/We must promptly pay utility bills.
15. I/We must keep the Premises in good repair and in safe and sanitary condition.
16. I/We must document, in conjunction with our annual re-examination of income, that I/We are current on mortgage, insurance and utility payments.
17. If I/We default on my/our mortgage debt and lose my/our home, I/we will not be able to use my/our Section 8 Housing Choice Voucher for rental housing but may reapply for the Section 8 waiting list.

**I/WE UNDERSTAND THAT MY/OUR HOUSING ASSISTANCE MAY BE WITHHELD, RECOVERED OR TERMINATED FOR ANY VIOLATION OF THE TERMS AND CONDITIONS OF THIS STATEMENT OF HOMEOWNER RESPONSIBILITIES.**

\_\_\_\_\_

Homeowner

\_\_\_\_\_

Date

\_\_\_\_\_

Homeowner

\_\_\_\_\_

Date

\_\_\_\_\_

SBCHA Staff

\_\_\_\_\_

Date

