

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

---

# PHA Plans

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

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

## PHA Plan Agency Identification

**PHA Name:** Bellevue Housing Authority

**PHA Number:** NE174

**PHA Fiscal Year Beginning: (mm/yyyy)** 06/2005

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

**A. Mission**

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

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

**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) 70
  - Improve voucher management: (SEMAP score) 80%
  - Increase customer satisfaction:
  - Concentrate on efforts to improve specific management functions:  
Complete voucher units inspections in a timely manner, (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:

- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

PHA Goal: Increase assisted housing choices

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

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

Other: (list below)

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

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

**Other PHA Goals and Objectives: (list below)**

**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 ®]

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 emphasis of BHA's initiatives and goals is on correcting the deficiencies that caused the agency to be designated a Troubled Agency. All efforts are being guided by the Memorandum of Agreement and the Corrective Action Plan currently in place. In addition, the agency will concentrate on rehabilitation of the project NE26P174006 property and in converting at least one more unit to 504 compliance. The agency will also concentrate on increasing the local property owner's willingness to accept Section 8 residents.

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 ®]

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>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	1
1. Housing Needs	4
2. Financial Resources	10
3. Policies on Eligibility, Selection and Admissions	11
4. Rent Determination Policies	20
5. Operations and Management Policies	24
6. Grievance Procedures	26
7. Capital Improvement Needs	27

8. Demolition and Disposition	29
9. Designation of Housing	30
10. Conversions of Public Housing	31
11. Homeownership	33
12. Community Service Programs	34
13. Crime and Safety	36
14. Pets (Inactive for January 1 PHAs)	38
15. Civil Rights Certifications (included with PHA Plan Certifications)	38
16. Audit	38
17. Asset Management	39
18. Other Information	39

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

Optional Attachments:

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

**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.

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	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.	
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	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
	Public housing rent determination policies, including the methodology for setting public housing flat rents <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input 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	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8	Annual Plan: Grievance Procedures

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	Administrative Plan	
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	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	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
X	SEMAP – Corrective Action Plan	Troubled PHA

## **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.

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	999	3	5	4	3	4	3
Income >30% but <=50% of AMI	1,365	4	4	3	2	4	2
Income >50% but <80% of AMI	1,048	4	3	3	2	4	2
Elderly	393	4	3	2	3	2	3
Families with Disabilities	465	5	5	3	3	2	3
Race/Ethnicity <b>WI</b>	2,549	4	4	3	2	3	2
Race/Ethnicity <b>BL</b>	253	4	4	3	2	4	2
Race/Ethnicity <b>HI</b>	145	4	4	3	2	4	2
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset: **2000**
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input checked="" type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	<b>151</b>		<b>70</b>
Extremely low income <=30% AMI	<b>137</b>	<b>90%</b>	
Very low income (>30% but <=50% AMI)	<b>13</b>	<b>9%</b>	
Low income (>50% but <80% AMI)	<b>1</b>	<b>1%</b>	
Families with children	<b>123</b>	<b>81%</b>	
Elderly families	<b>4</b>	<b>3%</b>	
Families with Disabilities	<b>4</b>	<b>3%</b>	
Race/ethnicity <b>WI</b>	<b>70</b>	<b>46%</b>	
Race/ethnicity <b>BL</b>	<b>67</b>	<b>44%</b>	
Race/ethnicity <b>HI</b>	<b>11</b>	<b>8%</b>	
Race/ethnicity <b>Other</b>	<b>3</b>	<b>2%</b>	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	<b>32</b>	<b>21%</b>	1
2 BR	<b>63</b>	<b>42%</b>	12
3 BR	<b>49</b>	<b>32%</b>	5
4 BR	<b>5</b>	<b>3%</b>	0
5 BR	<b>1</b>	<b>1%</b>	NA

Housing Needs of Families on the Waiting List			
5+ BR	1	1%	NA
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes - <b>Will be accepting applications April 1-30, 2005.</b> If yes: How long has it been closed (# of months)? 17 Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Public Housing applicants who require wheel chair accessible units.			

### 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
- 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.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2005 grants)</b>		
a) Public Housing Operating Fund	<b>\$59,748.00</b>	<b>Operations</b>
b) Public Housing Capital Fund	<b>\$92,481.00</b>	<b>Capital Improve.</b>
c) HOPE VI Revitalization	<b>NA</b>	
d) HOPE VI Demolition	<b>NA</b>	
e) Annual Contributions for Section 8 Tenant-Based Assistance	<b>\$1,147,930.00</b>	<b>HAP Payments &amp; Operations</b>
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	<b>NA</b>	
g) Resident Opportunity and Self-Sufficiency Grants	<b>NA</b>	
h) Community Development Block Grant	<b>NA</b>	
i) HOME	<b>NA</b>	
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>CFP NE26P174501-03</b>	<b>\$43,134.00</b>	<b>Capital Improve.</b>
<b>CFP NE29P174501-04</b>	<b>\$91,145.00</b>	<b>Capital Improve.</b>

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>CFP NE26P174502-03</b>	<b>\$15,916.00</b>	<b>Capital Improve.</b>
<b>3. Public Housing Dwelling Rental Income</b>	<b>\$119,606.00</b>	<b>Operations</b>
<b>4. Other income (list below)</b>		
		<b>Operations</b>
<b>5. Non-federal sources (list below)</b>		
<b>Non-dwelling Rentals</b>	<b>\$2,400.00</b>	<b>Operations</b>
<b>Total resources</b>	<b>\$1,572,360.00</b>	

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: **(14 – 60 days)**
- Other: (describe)

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

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

- c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

**(2)Waiting List Organization**

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

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

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

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

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

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

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

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

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

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

**(3) Assignment**

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

- One
- Two
- Three or More

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

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

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

- Involuntary Displacement (Disaster, Government Action, Action of Housing

- Owner, Inaccessibility, Property Disposition)
- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences: (select below)

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

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

## 2 - 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)

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

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

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

- Employing waiting list “skipping” to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)
- d.  Yes  No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?
- e. If the answer to d was yes, how would you describe these changes? (select all that apply)
- Additional affirmative marketing
- Actions to improve the marketability of certain developments
- Adoption or adjustment of ceiling rents for certain developments
- Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
- Other (list below)
- f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:
- g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## B. Section 8

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

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation

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

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

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

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

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

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

**(2) Waiting List Organization**

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

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

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

- PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:

**Death in immediate family**

**Under doctor's care**

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

1.  Yes  No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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

Other preferences (select all that apply)

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

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

2 - 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)

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

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

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

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

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

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

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

**(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices
- Other (list below)

#### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

##### **A. Public Housing**

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

##### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

- \$0
- \$1-\$25

\$26-\$50

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

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

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

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

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

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

Yes for all developments

Yes but only for some developments

No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

- For all developments
- For all general occupancy developments (not elderly or disabled or elderly only)
- For specified general occupancy developments
- For certain parts of developments; e.g., the high-rise portion
- For certain size units; e.g., larger bedroom sizes
- Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

- Market comparability study
- Fair market rents (FMR)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent re-determinations:

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

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

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

**(2) Flat Rents**

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

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

## B. Section 8 Tenant-Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

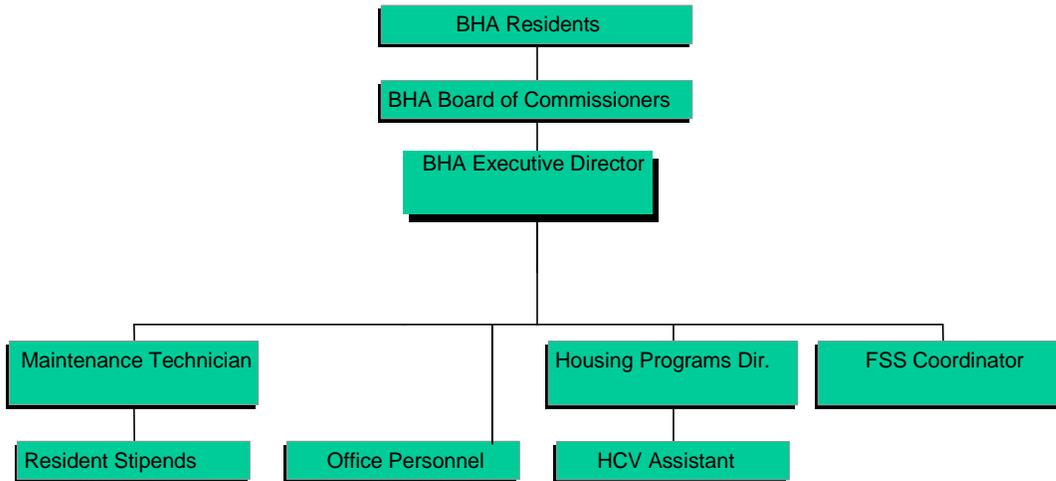
Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.

A. BHA Organization Chart:

### BHA Organization Chart



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	50	15
Section 8 Vouchers	204	55
Section 8 Certificates		
Section 8 Mod Rehab	NA	
Special Purpose Section 8 Certificates/Vouchers (list individually)	NA	
Public Housing Drug Elimination Program (PHDEP)	NA	
Other Federal Programs(list individually)		
FSS Program – S8 HCV and Public Housing		

--	--	--

**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)
  - Admissions and Continued Occupancy Policy Book
  - Maintenance Plan
  - Personnel Policy

- (2) Section 8 Management: (list below)
  - Administration Plan

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

**B. Section 8 Tenant-Based Assistance**

- 1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal hearing procedures for families assisted by the Section 8 tenant-based

assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

#### **(1) Capital Fund Program Annual Statement**

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name: **ne174a01**)

-or-

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

#### **(2) Optional 5-Year Action Plan**

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name: **ne174a01**)

-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.)

<b>Demolition/Disposition Activity Description</b>
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:
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.

<b>Designation of Public Housing Activity Description</b>
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.

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. What is the status of the required assessment?	
<input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)	
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)	
4. Status of Conversion Plan (select the statement that best describes the current status)	
<input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway	
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)	

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

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

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

**Public Housing Homeownership Activity Description**

<b>(Complete one for each development affected)</b>	
1a. Development name: Scattered Site Replacement	
1b. Development (project) number: NE174 005	
2. Federal Program authority:	
<input type="checkbox"/>	HOPE I
<input checked="" 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 checked="" 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: 5	
6. Coverage of action: (select one)	
<input type="checkbox"/>	Part of the development
<input checked="" 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:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (1)]

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

### **A. PHA Coordination with the Welfare (TANF) Agency**

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 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



	(start of FY 2005 Estimate)	(As of: DD/MM/YY)
Public Housing	N/A	8 04/07/05
Section 8	27	14 04/07/05

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

If no, list steps the PHA will take below:

This deficiency is being addressed in the Correction Action Plan in progress with the local HUD office.

### C. Welfare Benefit Reductions

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

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

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

## **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

**NE26P174001 – Robin Drive**

**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)

**NE26P174001 - Robin Dr**

**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)

**NE26P174001 – Robin Drive**

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2005 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

**SEE ATTACHMENT A**

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

**16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

1.  Yes  No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h))?  
(If no, skip to component 17.)
2.  Yes  No: Was the most recent fiscal audit submitted to HUD?
3.  Yes  No: Were there any findings as the result of that audit?
4.  Yes  No: If there were any findings, do any remain unresolved?  
If yes, how many unresolved findings remain? 8
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)  
Contracted a Comprehensive Needs Assessment to be completed.
3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

- Attached at Attachment (File name)
- Provided below:

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: (Bellevue, 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 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)
  - The City of Bellevue agrees that. . . .  
“housing is a valuable community resource. Not only is it an important aspect of the economy, but a measure of the quality of life as well. A community’s ability to adequately supply its citizens with decent and affordable housing is essential to its long-term health and potential for growth.”
  - The City of Bellevue will continue to provide a reasonable variety of housing choices while maintaining Bellevue’s character.

### **D. Other Information Required by HUD**

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

### **Criteria for Substantial Deviation and Significant Amendments**

- A. **Substantial Deviation from the 5-year Plan:**
  - Any change to the Mission Statement;

- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal and objective.

**B. Significant Amendment or Modification to the Annual Plan:**

- Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or the Capital Fund Program Annual Statement.
- Any change in a policy or procedure that requires a regulatory 30-day posting;
- Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated Housing or Homeownership programs; and
- Any change inconsistent with the local, approved Consolidated Plan, and the discretion of the Executive Director.

## **Attachment A**

### **Pet Policy (summarized policy)**

Common household pets as authorized by this policy means domesticated animals, such as cats, dogs, fish, birds, rodents (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes.

#### **Conditions of the Policy:**

1. Residents must register their pet with the Authority BEFORE it is brought onto the Authority premises, and will update the registration annually.
2. Cats and dogs shall be limited to small breeds where total weight shall not exceed thirty (30) pounds and total height shall not exceed fifteen (15) inches. Seeing-eye dogs are excluded to height and weight.
3. No sporting dogs, work dogs, chows, pit bulls, German policy dogs, or any other known fighter breed will be allowed on the premises.
4. All cat and dog pets shall be neutered or spayed, and verified by a veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.
5. A \$200.00 - \$350.00 pet fee (non-refundable and based on size and type of pet) shall be made to the Housing Authority. Such fee will be a one-time fee (per pet) and shall be used to help cover the cost of damages to the unit caused by the pet.
6. Pets shall be quartered in the Resident's unit.
7. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
8. No doghouses will be allowed on the premises.
9. Pets shall be allowed to run only on the owner's lawn and the owner shall clean up after pets EACH day.
10. The City Ordinance concerning pets will be complied with.

## **Attachment B**

### **5-Year Plan Progress Statement**

The Bellevue Housing Authority has undergone leadership changes over the last year. Any previous 5-Year plan activities have now been replaced by the Memorandum of Agreement and the Corrective Action Plan. The housing authority is in the process of conducting a capital needs assessment enabling the agency to prepare a long term plan for its capital improvements. The need for management improvement is being evaluated by the Board of Commissioners and the new agency leadership.

**Attachment C**  
**Resident Membership of the PHA Governing Board**

**Member:** Vacant – A search is underway for an interested candidate.

**Term:** Two (2) Years

**Method of Selection:** The resident may express interest to the Housing Authority's Executive Director or the Executive Director will solicit interest from any public housing resident. The resident is then appointed by the Housing Authority's Executive Director and sworn in by the Housing Authority's Board of Commissioner's Chairperson.

**Attachment D**  
**Membership of the Resident Advisory Board**

**Mary Reid**  
**5002 Robin Dr.**  
**Bellevue, NE 68157**

**Sue Pankers**  
**1214 Applewood Dr.**  
**D-107**  
**Papillion, NE 68046**

**Ramona Booten**  
**12006 Amerado Blvd.**  
**Apt. #221**  
**Bellevue, NE 68123**

**Cindy Eaton**  
**14812 Normandy Blvd.**  
**Apt. #1**  
**Bellevue, NE 68123**

**Betty Oliver**  
**2002 Whitted Dr.**  
**Bellevue, NE 68123**

**Sandra Reade-Vaughan**  
**7818 S. 36<sup>th</sup> St.**  
**Bellevue, NE 68147**

**Attachment E**  
**Component 10 (B) Voluntary Conversion Initial Assessments**

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

Development Name	Number of Units

- e. If the PHA has not completed the Required Initial Assessments, describe the status of these assessments:

**Attachment F**  
**Deconcentration Attachment**

Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete.

Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments?

If yes, the PHA completes the table shown below:

<b>Deconcentration Policy for Covered Developments</b>			
<b>Development Name</b>	<b>Number of Units</b>	<b>Explanation (if any) [see step 4 at 24 CFR 903.2(c)(1)(iv)]</b>	<b>Deconcentration Policy (if no explanation) [see step 5 at 24 CFR 903.2(c)(1)(v)]</b>

**PHA Plan  
Table Library**



**CAPITAL FUND PROGRAM TABLES START HERE**

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>					
<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Bellevue		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P17450105 Replacement Housing Factor Grant No:			<b>Federal FY of Grant:</b> 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	0			
2	1406 Operations	0			
3	1408 Management Improvements	1,500			
4	1410 Administration	9,248			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvement	10,000			
10	1460 Dwelling Structures	59,433			
11	1465.1 Dwelling Equipment—Nonexpendable	800			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	1,500			
14	1485 Demolition	0			
15	1490 Replacement Reserve	2,625			
16	1492 Moving to Work Demonstration	0			
17	1495.1 Relocation Costs	0			
18	1499 Development Activities	0			
19	1501 Collateralization or Debt Service	0			
20	1502 Contingency	0			
21	Amount of Annual Grant: (sum of lines 2 – 20)	85,106			
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	8,500			

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

PHA Name: <b>Housing Authority of the City of Bellevue</b>		Grant Type and Number Capital Fund Program Grant No: <b>NE26P17450105</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>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	
PHA WIDE								
	<b>MANAGEMENT IMPROVEMENTS</b>							
	a) Training Maintenance Staff	1408	1	1,500				
	<b>ADMINISTRATION</b>							
	a) Travel	1410	1	1,500				
	b) Administration Salaries	1410	1	7,748				
	<b>DWELLING STRUCTURES</b>							
	a) Replace Roofs	1460	2	7,000				
	b) Replace HVAC systems	1460	2	6,000				
	<b>NON-DWELLING EQUIPMENT</b>							
	a) Maintenance Equipment	1475	1	500				
	b) Office Equipment	1475	1	1,000				
	<b>SUB-TOTAL</b>			25,248				

# Annual Statement/Performance and Evaluation Report

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

### Part II: Supporting Pages

PHA Name: <b>Housing Authority of the City of Bellevue</b>		Grant Type and Number Capital Fund Program Grant No: <b>NE26P17450105</b> Replacement Housing Factor Grant No:			Federal FY of Grant: <b>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	
NE174-001, 002, 003 & 005				Original	Revised	Funds Obligated	Funds Expended	
NE174-002	SITE IMPROVEMENT	1450	1	10,000				
	a) Garage/Driveway/Cement							
	DWELLING STRUCTURES							
NE174-001	a) Kitchen Cabinets/Countertops	1460	5	14,933				
NE174-002	b) Bathroom Flooring/Carpentry	1460	5	3,000				
NE174-002	c) Sewer-line/Plumbing	1460	1	5,000				
	DWELLING STRUCTURES							
NE174-003 & 005	a) Window Replacement	1460	5	8,500				
NE174-006	b) Rehabilitation	1460	1	15,000				
	REPLACEMENT RESERVE							
NE174-005	a) Set aside to convert unit to 504 compliance			2,625				
	DWELLING EQUIPMENT							
NE174-006	a) Appliances	1465	2	800				
	SUB-TOTAL			59,858				

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

PHA Name: <b>Housing Authority of the City of Bellevue</b>		Grant Type and Number Capital Fund Program No: <b>NE26P17450105</b> Replacement Housing Factor No:					Federal FY of Grant: <b>2005</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		
NE26P174-001, 002, 003, 005, 006	9-30-07			9-30-09				
HA WIDE	9-30-07			9-30-09				

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

PHA Name <b>Housing Authority of the City of Bellevue</b>				<input checked="" 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: 2006 PHA FY: 2006	Work Statement for Year 3 FFY Grant: 2007 PHA FY: 2007	Work Statement for Year 4 FFY Grant: 2008 PHA FY: 2008	Work Statement for Year 5 FFY Grant: 2009 PHA FY: 2009
	Annual Statement				
NE26P174001		\$ 10,000	\$ 10,500	\$ 16,737	\$ -0-
NE26P174002		\$ 28,000	\$ 10,362	\$ 18,500	\$ 10,000
NE26P174003		\$ 22,362	\$ 25,500	\$ 12,500	\$ 63,233
NE26P174005		\$ 6,000	\$ 5,750	\$ 6,000	\$ -0-
NE26P175006		\$ -0-	\$ -0-	\$ -0-	\$ -0-
HA-WIDE		\$ 26,119	\$ 50,369	\$ 38,744	\$ 19,248
CFP Funds Listed for 5-year planning		\$ 92,481	\$ 92,481	\$ 92,481	\$ 92481
Replacement Housing Factor Funds					





# Performance and Evaluation Report

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

### Part I: Summary

<b>PHA Name:</b> Housing Authority of the City of Bellevue	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P17450102 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2002
---	--	-------------------------------------

Original Annual Statement  
  Reserve for Disasters/ Emergencies  
  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/04  
  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	2,000.00	250.00	250.00	250.00
3	1408 Management Improvements				
4	1410 Administration	10,197.00	9,705.00	9,705.00	9,705.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,513.00	9,958.49	9,958.49	9,958.49
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	75,345.00	68,563.09	68,563.09	68,563.09
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	7,789.72	7,789.72	7,751.56
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		788.70	788.70	788.70
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	97,055.00	97,055.00	97,055.00	97,016.84
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	84,898.00	72,201.19	72,201.19	72,201.19
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				

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

<b>PHA Name:</b> Housing Authority of the City of Bellevue		<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P17450102 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 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	Funds Obligated	Funds Expended	
HA WIDE									
	OPERATIONS								
	Main. Computer (partial)		1406	1	2,000.00	250.00	250.00	250.00	Complete
	ADMINISTRATION								
	CFP Coordinator, travel, training		1410	1.s.	10,197.00	9,705.00	9,705.00	9,705.00	Complete
	DWELLING STRUCTURES								
	Smoke/Carbon monoxide detectors		1460	51	0.00	2,052.86	2,052.86	2,052.86	Incomplete
	SUB-TOTALS				12,197.00	12,007.86	12,007.86	12,007.86	
NEP174-001	FEES AND COSTS								
	Architect, utilities, ads, lawyer, mowing		1430	1.s	9,513.00	9,958.49	9,958.49	9,958.49	Complete
	DWELLING STRUCTURES								
	a) 504 Compliance		1460	1	75,345.00	54,393.19	54,393.19	54,393.19	Complete
	b) Tub Repairs		1460	16	0.00	1,588.95	1,588.95	1,588.95	Complete
	c) Flooring		1460	1	0.00	2,621.50	2,621.50	2,621.50	Complete
	DWELLING EQUIPMENT								
	Appliances and A/C		1465.1	5	0.00	7,468.85	7,468.85	7,430.69	Complete
	SUB-TOTALS				84,858.00	76,030.98	76,030.98	75,992.82	
NE174-002	DWELLING STRUCTURES								
	a) Electric-fuse to circuits		1460	2	0.00	2,712.50	2,712.50	2,712.50	Complete

	b) Storm windows		1460	3	0.00	639.92	639.92	639.92	Complete
	c) Bathroom remodeling		1460	1	0.00	0.00	0.00	0.00	
	d) Replace flooring		1460	1	0.00	875.00	875.00	875.00	Complete
	DWELLING EQUIPMENT								
	Appliances		1465.1	1	0.00	320.87	320.87	320.87	Complete
	RELOCATION								
	Relocation of family		1495	1.s.	0.00	788.70	788.70	788.70	Complete
	SUB-TOTALS				0.00	5,336.99	5,336.99	5,336.99	
NE174-003	DWELLING STRUCTURES								
	Exterior door replacement		1460	2	0.00	0.00	0.00	0.00	
NE174-005	DWELLING STRUCTURES								
	Sewer Line		1460	1	0.00	0.00	0.00	0.00	
	Kitchen/dining flooring		1460	1	0.00	3,679.17	3,679.17	3,679.17	Complete
	SUB-TOTALS				0.00	3,679.17	3,679.17	3,679.17	
	TOTALS				97,055.00	97,055.00	97,055.00	97,016.84	

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

<b>PHA Name:</b> Housing Authority of the City of Bellevue		<b>Grant Type and Number</b> Capital Fund Program No: NE26P17450102 Replacement Housing Factor No:					<b>Federal FY Grant:</b> 2002	
Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Date	
	Original	Revised	Actual	Original	Revised	Actual		
HA WIDE	7/17/04			7/17/06				
NE174-001, 002, 003, 005 & 006	7/17/04			7/17/06				

# Performance and Evaluation Report

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

### Part I: Summary

PHA Name: Housing Authority of the City of Bellevue	Grant Type and Number Capital Fund Program Grant No: NE26P17450103 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: 12/31/04  
  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				
3	1408 Management Improvements	1,000.00		1,000.00	1,000.00
4	1410 Administration	7,985.00		7,985.00	7,985.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	12,500.00		2828.26	2,828.26
10	1460 Dwelling Structures	35,408.00		22640.79	19,429.45
11	1465.1 Dwelling Equipment—Nonexpendable	22,963.00		2268.17	2,268.17
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)	79,856.00		36,722.22	33,510.88
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				

**Performance and Evaluation Report**

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

**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Bellevue		Grant Type and Number Capital Fund Program Grant No: NE26P17450103 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	MANAGE. IMPROVEMENTS								
	a) Main. Computer		1408	1	1,000.00	1,000.00	1,000.00	1,000.00	Complete
	ADMINISTRATION								
	a) CFP salary, cell phone, travel		1410	1.s.	7,985.00	7,985.00	7,985.00	7,985.00	Complete
	SITE IMPROVEMENT								
	a) Tree removal		1450	3	0.00	1,250.00	1,250.00	1,250.00	Complete
	DWELLING STRUCTURES								
	a) Roofs		1460	1	4,145.00	4,145.00	0.00	0.00	Incomplete Scheduled 7/05
	DWELLING EQUIPMENT								
	a) Appliances/HVAC		1465	2	0.00	2,202.05	0.00	0.00	Incomplete Scheduled 6/05
	SUB-TOTALS				13,130.00	16,582.05	10,235.00	10,235.00	
NE174-001	SITE IMPROVEMENT								
	a) Cement Work		1450	5	2,000.00	2,000.00	0.00	0.00	Incomplete Scheduled 7/05
	DWELLING STRUCTURES								
	a) Flooring		1460	5	12,119.00	9,723.65	3,438.49	2,247.00	Incomplete Scheduled 7/05
	DWELLING EQUIPMENT								
	a) Appliances/HVAC		1465	20	10,500.00	10,500.00	393.75	393.75	Incomplete Scheduled 6/05
	SUB-TOTALS				24,619.00	22,223.65	3,832.24	2,640.75	
NE174-002	SITE IMPROVEMENT								
	a) Cement, steps, rail		1450	1	10,500.00	9,250.00	1,578.26	1,578.26	Incomplete

									Scheduled 7/05
	DWELLING STRUCTURES								
	a) Flooring, plumbing	1460	2	4,394.00	6,789.35	6,789.35	6,789.35	6,789.35	Complete
	DWELLING EQUIPMENT								
	a) Appliances/HVAC	1465	5	5,800.00	5,800.00	1,874.42	1,874.42	1,874.42	Incomplete Scheduled 8/05
	SUB-TOTALS			20,694.00	21,839.35	10,242.03	10,242.03		
NE174-003	DWELLING STRUCTURES								
	a) Flooring, plumbing	1460	2	4,000.00	4,000.00	3,500.00	1,480.15	1,480.15	Incomplete Scheduled 7/05
	DWELLING EQUIPMENT								
	a) Appliances/HVAC	1465	2	2,300.00	2,300.00	0.00	0.00	0.00	Incomplete Scheduled 7/05
	SUB-TOTALS			6,300.00	6,300.00	3,500.00	1,480.15		
NE174-005	DWELLING STRUCTURES								
	a) Plumbing, sewer line	1460	1	6,750.00	6,750.00	5,115.00	5,115.00	5,115.00	Complete
	DWELLING EQUIPMENT								
	a) Appliances/HVAC	1465	2	2,363.00	2,363.00	0.00	0.00	0.00	Incomplete Scheduled 8/05
	SUB-TOTALS			9,113.00	9,113.00	5,115.00	5,115.00		
NE174-006	DWELLING STRUCTURES								
	a) Windows, flooring	1460	1	4,000.00	3,797.95	3,797.95	3,797.95	3,797.95	Complete
	DWELLING EQUIPMENT								
	a) Appliances/HVAC	1465	1	2,000.00	0.00	0.00	0.00	0.00	
	SUB-TOTALS			6,000.00	3,797.95	3,797.95	3,797.95	3,797.95	
	TOTALS			79,856.00	79,856.00	36,722.22	33,510.88		



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

<b>PHA Name:</b> Housing Authority of the City of Bellevue	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P17450203 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2003
---	--	-------------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/04  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	500.00		0.00	0.00
3	1408 Management Improvements				
4	1410 Administration	1,591.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	13,825.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	15,916.00		0.00	0.00
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				

**Performance and Evaluation Report**

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

**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Bellevue		Grant Type and Number Capital Fund Program Grant No: NE26P17450203 Replacement Housing Factor Grant No:				Federal FY of Grant: 2003			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct. No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
					Original	Revised	Funds Obligated	Funds Expended	
HA WIDE	OPERATIONS								
	a) Maintenance tools		1406		500.00		0.00	0.00	Incomplete
	ADMINISTRATION								
	a) CFP Coordinator, travel, training		1410		1,591.00		0.00	0.00	Incomplete
NE174-001	DWELLING STRUCTURES								
	a) Flooring		1460		2,500.00		0.00	0.00	Incomplete
NE174-002	DWELLING STRUCTURES								
	a) Plumbing, windows		1460		4,900.00		0.00	0.00	Incomplete
NE174-003	DWELLING STRUCTURES								
	a) Windows		1460		3,212.50		0.00	0.00	Incomplete
NE174-005	DWELLING STRUCTURES								
	a) Flooring, windows, plumbing		1460		3212.50		0.00	0.00	Incomplete
	TOTALS				15,916.00		0.00	0.00	



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

<b>PHA Name:</b> Housing Authority of the City of Bellevue	<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P17450104 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2004
---	--	-------------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/04  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				
3	1408 Management Improvements	8,800.00	7,464.00	0.00	0.00
4	1410 Administration	7,985.00	7,985.00	0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	750.00	750.00	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	27,832.00	27,832.00	0.00	0.00
10	1460 Dwelling Structures	42,039.00	42,039.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	5,075.00	5,075.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	1,336.00	1,335.75	1,335.75
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)	92,481.00	92,481.00	1,335.75	1,335.75
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				

**Performance and Evaluation Report**

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

**Part II: Supporting Pages**

PHA Name: Housing Authority of the City of Bellevue		Grant Type and Number Capital Fund Program Grant No: NE26P17450104 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	
HA WIDE	MANAGE. IMPROVEMENTS								
	a) Training office personnel		1408	1	1,500.00	1,500.00	0.00	0.00	Incomplete
	b) Training maintenance staff		1408	1	500.00	500.00	0.00	0.00	Incomplete
	c) Purchase computer software		1408	1.s.	8,800.00	5,464.00	0.00	0.00	Incomplete
	ADMINISTRATION								
	a) Travel		1410	1	1,500.00	1,500.00	0.00	0.00	Incomplete
	b) Administration salaries		1410	1	5,500.00	5,500.00	0.00	0.00	Incomplete
	c) Miscellaneous costs		1410	1	985.00	985.00	0.00	0.00	Incomplete
	FEES & COSTS								
	a) Architect to evaluate redesign of office		1430	1.s.	750.00	750.00	0.00	0.00	Incomplete
	NON-DWELLING STRUCTURES								
	a) Rework office for employee safety		1470	1.s.	5,075.00	5,075.00	0.00	0.00	Incomplete
	NON-DWELLING EQUIPMENT								
	a) Computer equipment for office		1475	1	0.00	1,336.00	1,335.75	1,335.75	Complete
	SUB-TOTAL				22,610.00	22,610.00	1,335.75	1,335.75	
NE174-001	SITE IMPROVEMENT								
	a) Retaining wall		1450	1	9,000.00	9,000.00	0.00	0.00	Incomplete
	DWELLING STRUCTURES								
	a) Water heaters/installation		1460	26	8,736.00	8,736.00	0.00	0.00	Incomplete
	b) Bathroom cabinets		1460	28	7,000.00	7,000.00	0.00	0.00	Incomplete

	c) Replace exterior doors		1460	26	7,956.00	7,956.00	0.00	0.00	Incomplete
	SUB-TOTAL				32,692.00	32,692.00	0.00	0.00	
NE174-002	DWELLING STRUCTURES								
	a) Bathroom cabinets		1460	11	2,750.00	2,750.00	0.00	0.00	Incomplete
	b) Replace exterior doors		1460	11	3,366.00	3,366.00	0.00	0.00	Incomplete
	c) Carpet/vinyl		1460	1	2,580.00	2,580.00	0.00	0.00	Incomplete
	d) Tub surround		1460	1	300.00	300.00	0.00	0.00	Incomplete
	e) Carpentry		1460	1	2,000.00	2,000.00	0.00	0.00	Incomplete
	SITE IMPROVEMENT								
	a) Garage/cement		1450	1	13,832.00	13,832.00	0.00	0.00	Incomplete
	SUB-TOTAL				24,828.00	24,828.00	0.00	0.00	
NE174-003	SITE IMPROVEMENT								
	a) Cement/driveway		1450	1	5,000.00	5,000.00	0.00	0.00	Incomplete
NE174-003,005 & 006	DWELLING STRUCTURES								
	a) Replace exterior door		1460	10	3,154.00	3,154.00	0.00	0.00	Incomplete
	b) Bathroom cabinets		1460	9	2,250.00	2,250.00	0.00	0.00	Incomplete
	c) Carpet		1460	1	1,947.00	1,947.00	0.00	0.00	Incomplete
	SUB-TOTAL				12,351.00	12,351.00	1,335.75	1,335.75	
	TOTALS				92,481.00	92,481.00	1,335.75	1,335.75	



# Operating Budget

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

OMB Approval No. 2577-0026 (e)

See page four for Instructions and the Public reporting burden statement

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending 6/30/2006	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____	d. Type of HUD assisted project(s)	
				01	<input checked="" type="checkbox"/> PHA/IHA-Owned Rental Ho
				02	<input type="checkbox"/> IHA Owned Mutual Help Ho
				03	<input type="checkbox"/> PHA/IHA Leased Rental Ho
				04	<input type="checkbox"/> PHA/IHA Owned Turnkey II
				05	<input type="checkbox"/> PHA/IHA Leased Homeown
e. Name of Public Housing Agency/Indian Housing Authority (PHA/IHA) Housing Authority of the City of Bellevue					
f. Address (city, State, zip code) 8214 Armstrong Circle Bellevue, NE 68147					

g. ACC Number KC-4117	h. PAS/LOCCS Project No. NE17400106J	i. HUD Field Office Omaha, Nebraska
--------------------------	---	--

j. No. of Dwelling Units 51	k. No. of Unit Months Available 612	m. No. of Projects 5	
--------------------------------	--	-------------------------	--

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 20 04 PUM (2)	Estimates or Actual Current Budget Yr. 2005 PUM (3)	Requested Budget Es	
					PHA/IHA Estimates PUM (4)	Amount (to nearest \$10) PUM (6)
<b>Homebuyers Monthly Payments for</b>						
010	7710	Operating Expense				
020	7712	Earned Home Payments				
030	7714	Nonroutine Maintenance Reserve				
040	<b>Total</b>	Break-Even Amount (sum of lines 010, 020, and 030)				
050	7716	Excess (or deficit) in Break-Even				
060	7790	Homebuyers Monthly Payments - Contra				
<b>Operating Receipts</b>						
070	3110	Dwelling Rental	191.09	191.00	186.83	114,340
080	3120	Excess Utilities	0.00	0.00	0.00	0
090	3190	Nondwelling Rental	0.00	0.00	0.00	0
100	<b>Total</b>	Rental Income (sum of lines 070, 080, and 090)	191.09	191.00	186.83	114,340
110	3610	Interest on General Fund Investments	2.49	2.37	2.45	1,500
120	3690	Other Income	9.60	10.41	9.80	6,000
130	<b>Total</b>	Operating Income (sum of lines 100, 110, and 120)	203.18	203.78	199.08	121,840
<b>Operating Expenditures - Administration</b>						
140	4110	Administrative Salaries	41.28	64.75	77.96	47,709
150	4130	Legal Expense	17.14	4.90	7.60	4,650
160	4140	Staff Training	0.66	3.76	4.43	2,710
170	4150	Travel	7.95	3.84	5.91	3,615
180	4170	Accounting Fees	2.56	2.66	2.45	1,500
190	4171	Auditing Fees	2.35	2.60	2.35	1,440
200	4190	Other Administrative Expenses	11.53	7.11	12.18	7,453
210	<b>Total</b>	Administrative Expenses (sum of line 140 thru line 200)	83.47	89.62	112.87	69,077
<b>Tenant Services</b>						
220	4210	Salaries	0.00	0.00	0.00	0
230	4220	Recreation, Publications and Other Services	0.00	0.00	0.00	0
240	4230	Contract Costs, Training and Other	0.00	0.00	0.00	0
250	<b>Total</b>	Tenant Services Expense (sum of lines 220, 230, and 240)	0.00	0.00	0.00	0
<b>Utilities</b>						
260	4310	Water	0.27	0.82	0.82	500
270	4320	Electricity	8.44	5.72	8.20	5,020
280	4330	Gas	3.22	1.14	3.27	2,000
290	4340	Fuel				
300	4350	Labor				
310	4390	Other utilities expense	0.89	0.00		1,100
320	<b>Total</b>	Utilities Expense (sum of line 260 thru line 310)	12.82	7.68	12.29	8,620

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 20 04 PUM (2)	X Estimates or Actuals Current Budget Yr. 2005 PUM (3)	Requested Budget Es		
					PHA/IHA Estimates		HUD
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)
<b>Ordinary Maintenance and Operation</b>							
330	4410	Labor	52.93	47.58	41.29	25,270	
340	4420	Materials	13.00	17.97	16.34	10,000	
350	4430	Contract Costs	28.19	39.95	33.42	20,450	
<b>360</b>	<b>Total</b>	Ordinary Maintenance & Operation Expense (lines 330 to 350)	94.12	105.50	91.05	55,720	
<b>Protective Services</b>							
370	4460	Labor	0.00	0	0.00	0	
380	4470	Materials	0.00	0	0.00	0	
390	4480	Contract costs	0.38	0.56	0.65	400	
<b>400</b>	<b>Total</b>	Protective Services Expense (sum of lines 370 to 390)	0.38	0.56	0.65	400	
<b>General Expenses</b>							
410	4510	Insurance	11.53	10.88	12.34	7,550	
420	4520	Payments in Lieu of Taxes	17.83	18.33	17.27	10,570	
430	4530	Terminal Leave Payments	1.80	0	0.00	0	
440	4540	Employee Benefit Contributions	12.32	10.93	19.44	11,900	
450	4570	Collection Losses	2.61	0	0.82	500	
460	4590	Other General Expense	0.00	0	0.00	0	
<b>470</b>	<b>Total</b>	General Expense (sum of lines 410 to 460)	46.09	40.14	49.87	30,520	
<b>480</b>	<b>Total</b>	Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)	236.88	243.50	266.73	164,337	
<b>Rent for Leased Dwellings</b>							
490	4710	Rents to Owners of Leased Dwellings					
<b>500</b>	<b>Total</b>	Operating Expense (sum of lines 480 and 490)	236.88	243.50	266.73	164,337	
<b>Nonroutine Expenditures</b>							
510	4610	Extraordinary Maintenance	0.00	0	0.00	0	
520	7520	Replacement of Nonexpendable Equipment	2.96	0	0.00	0	
530	7540	Property Betterments and Additions	8.12	0		0	
<b>540</b>	<b>Total</b>	Nonroutine Expenditures (sum of lines 510, 520, and 530)	11.08	0	0.00	0	
<b>550</b>	<b>Total</b>	Operating Expenditures ( sum of lines 500 and 540)	247.96	243.50	266.73	164,337	
<b>Prior Year Adjustments</b>							
560	6010	Prior year adjustments Affecting Residual Receipts	-15.70	0			
<b>Other Expenditures:</b>							
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.	0.00	0			
<b>580</b>	<b>Total</b>	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)	232.26	243.50	266.73	164,337	
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	-29.08	-39.72	-69.44	-42,497	
<b>HUD Contributions</b>							
600	8010	Basic Annual Contribution Earned - Leased Projects-Current Year					
610	8011	Prior Year Adjustment - (Debit) Credit					
<b>620</b>	<b>Total</b>	Basic Annual Contribution (line 600 plus or minus line 610)					
630	8020	Contributions Earned - Op. Sub - Cur. Yr. (before year-end adj)	79.17	92.29	113.14	69,243	
640		Mandatory PFS Adjustments (net)					
650		Other (specify) Unfunded portion due to proration			-12.45	-7,617	
660		Other (specify)					
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)					
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)	79.17	92.29	100.70	61,626	
<b>690</b>	<b>Total</b>	HUD Contributions (sum of lines 620 and 680)	79.17	92.29	100.70	61,626	
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690) Enter here and on line 810	50.09	52.57	31.26	19,129	



estimates  
D Modifications

Amount  
(to nearest \$10)  
(7)

ing Reserve	PHA/IHA Estimates	HUD Modifications
<b>Part I - Maximum Operating Reserve - End of Current Budget Year</b>		
740 2821 PHA/IHA-Leased Housing - Section 23 or 10(c) 50% OF LINE 480, COLUMN 5, FORM hud-52564		

Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End				
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date) 6/30/04		-1,330
790	<input checked="" type="checkbox"/>	Provision for Operating Reserve - Current Budget Year (check one) Estimated for FYE 6/30/05		32,164
	<input type="checkbox"/>	Actual for FYE		
800	<input checked="" type="checkbox"/>	Operating Reserve at End of Current Budget Year (check one) Estimated for FYE 06/30/05		30,834
	<input type="checkbox"/>	Actual for FYE		
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700		19,129
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)		49,963
830		Cash Reserve Requirement - <u>25</u> % of line 480		41,084

Comments

Optimum reserve of 6 months		<u>82,169</u>
Desired reserve of 4.5 months		<u>61,626</u>

**PHA/IHA Approval**

Name Mari Jo Kirby

Title Executive Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Office Approval**

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Operating Budget**  
 Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

See back of page for instructions and Public reporting burden statement

Local Housing Authority				Locality			Fiscal Year Ending			
Housing Authority of the City of Omaha				Omaha, NE			31-Dec-04			
Extraordinary Maintenance and Betterments and Additions (Excluding Equipment Additions)					Equipment Requirements					
Work Project Number (1)	Description of Work Project (List <b>Extraordinary Maintenance</b> and <b>Betterments and additions</b> separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List <b>Replacement</b> and <b>Additions</b> separately)	Requested Budget		
					Estimated Expenditure In Year (6)	Percent Complete Year End (7)		No. of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
EM-01-1	Non-dwelling repairs		15,000	100	15,000	100	Property Additions Appliances-all projects	50	400	20,000

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

**Operating Budget**

Schedule of Administration  
Expense Other Than Salary

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

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Name of Housing Authority		Locality			Fiscal Year End	
Housing Authority of Bellevue		8214 Armstrong Cir Bellevue, NE 68147			30-Jun-06	
	(1) Description	(2) Total	(3) Management	(4) Development	(5) Section 8	(6) Other
1	Legal Expense (see Special Note in Instructions)	6,650	4,650	0	2,000	0
2	Training (list and provide justification)	5,750	2,710	0	2,640	1,000
3	Travel					
	Trips To Conventions and Meetings (list and provide justification)	1,000	500	0	500	0
4	Other Travel					
	Outside Area of Jurisdiction	7,680	3,115		3,565	1,000
	Within Area of Jurisdiction	1,125	0	0	1,125	0
6	Total Travel	9,805	3,615		5,190	1,000
7	Accounting	4,500	1,500	0	3,000	0
8	Auditing	2,390	1,440	0	950	0
9	Sundry					
	Rental of Office Space	0	0	0	0	0
10	Publications	175	125	0	50	0
11	Membership Dues and Fees (list organization and amount)	1,200	625	0	575	0
12	Telephone, Fax, Electronic Communications	4,910	1,775	0	3,135	0
13	Collection Agent Fees and Court Costs	0	0	0	0	0
14	Administrative Services Contracts (list and provide justification)	11,321	1,518	0	9,803	0
15	Forms, Stationary and Office Supplies	3,175	800	0	2,375	0
16	Other Sundry Expense (provide breakdown)	8,470	2,610	0	5,860	0
17	Total Sundry	29,251	7,453	0	21,798	0
18	Total Administration Expense Other Than Salaries	53,846	19,868	0	32,578	2,000

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Signature of authorized representative & Date

X

**Operating Budget**

Summary of Budget Data and Justification

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

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Name of Local Housing Authority	Locality	Fiscal Year Ending
Housing Authority of the City of Bellevue	8214 Armstrong Circle Bellevue, NE 68147	30-Jun-06

**Operating Receipts**

**Dwelling Rental.** Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant.

Dwelling Rental of \$ 114,340 is based on projected average monthly dwelling rental charge per unit of \$ 192.61 and projected occupancy percentage from form HUD 52723 of 97% . See HUD -52723 for Calculations.

Note: If occupancy percentage shown on line 10 of HUD-52728 is 97% or greater and the HA believes that an average occupancy rate of at least 97% is attainable for the RBY, then 97% is used as the projected occupancy percentage.

**Excess Utilities.** (Not for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example, Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharge: Gas  Electricity  Other  (Specify) \_\_\_\_\_

2. Comments

Annualized estimate

**Non-dwelling Rent.** (Not for Section 23 Leased housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example: Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1.	Space Rented	To Whom	Rental Terms
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

2. Comments



**Interest on General Fund Investments.** State the amount of present General Fund Investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

CD	\$41,884 times	3.59%	\$1,504
Total Projected Interest			\$1,504

**Other Comments On Estimates of Operating Receipts.** Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

Other Revenue	\$6,000
Total	\$6,000

**Operating Expenditures**

**Summary of Staffing and Salary Data**

Complete the summary below on the basis of information shown on form HUD052566, Schedule of All Positions and Salaries, as follows:

- Column (1)** Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566
- Column (2)** Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).
- Column (3)** Enter the portion of total salary expense shown in Column (5) or Column (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.
- Column (4)** Enter the portion of total salary expenses shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.
- Column (5)** Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).
- Column (6)** Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

**Note:** The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distributed to account lines **Ordinary Maintenance and Operation--Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects.**

Account Line	Total Number of Positions (1)	Equivalent Full-Time Positions (2)	HUD-Aided Management Program			
			Salary Expense			
			Management (3)	Modernization Programs (4)	Section 8 Program (5)	Other Programs (6)
Administration--Nontechnical Salaries <sup>1</sup>	3	3	47,709		30,442	
Administration--Technical Salaries <sup>1</sup>						
Ordinary Maintenance and Operation--Labor <sup>1</sup>	1	1	25,272	6,318		
Utilities--Labor <sup>1</sup>						
Other (Specify) <sup>1</sup> (Tnt Serv, Protective Serv)						
Extraordinary Maintenance Work Projects <sup>2</sup>						
Betterments and Additions Work Projects <sup>2</sup>						

<sup>1</sup> Carry Forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.  
<sup>2</sup> The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.



Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

See Form HUD-52566 for details.

**Travel, Publications, Membership Dues and Fees, Telephone and Telegraph, and Sundry.** In addition to "Justification for Travel to Conventions and Meetings" shown on form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

See Form HUD-52571 for details.

<b>Sundry</b>	Management	Section 8	Total
Advertising	250	250	500
Background Checks	250	750	1000
Office Equipment	735	735	1470
Office Expense	1375	4125	5500
Total Estimated Sundry	<u>2610</u>	<u>5860</u>	<u>8470</u>

**Utilities.** Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

See PFS HUD-52722-A for computations of PUM's and total estimated utilities. Allowable utilities expense per unit month of: 14.08.

**Ordinary Maintenance & Operation--Materials.** Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

Maintenance Materials	\$10,000
Total Estimated Materials	<u>\$10,000</u>

**Ordinary Maintenance & Operation--Contract Costs.** List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

Maintenance Contracts

Heating and A/C	2,500
Pest Control	900
Trash Removal	350
Vehicle Repair	100
Short-term (unexpected repairs)	10,000
Lawn Care	4,000
Cleaners - PH Units	600
Sewer	2,000

Total Estimated Contract Costs \$ 20,450

**Insurance.** Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

	Management	Section 8	Total
Property	4,875	0	4,875
Auto	1,275	0	1,275
Fidelity Bond	650	1,760	2,410
Worker's Compensation	750	1,970	2,720
Total Estimated Insurance	<u>7,550</u>	<u>3,730</u>	<u>11,280</u>

**Employee Benefit Contributions.** List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

	Management	Mod	Section 8	Total
FICA Contributions				
Deferred Compensation				
Health Insurance				
Life Insurance				
Total Estimated Benefits	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>	<u>\$ -</u>

**Collection Losses.** State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

We expect to write-off \$500 in uncollectible accounts.

**Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions.** Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

No substantial non-routine expenditures anticipated.

**Contracts.** List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.

	Management	Section 8	Total
Client Server	570	2010	2680
HQS Inspections	0	4950	4950
HAPPY Software	948	2843	4133
Total Estimated Contracts	<u>1518</u>	<u>9803</u>	<u>11763</u>

**PHA/IHA Board Resolution**

Approving Operating Budget or Calculation of Performance Funding System Operating Subsidy

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

OMB Approval No. 2577-0026 (Exp. 6/30/2001)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Acting on behalf of the Board of Commissioners of the below-named Public Housing Agency (PHA)/Indian Housing Authority (IHA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

(date)

- Operating Budget Submitted on: 6/21/2005
- Operating Budget Revision Submitted on: \_\_\_\_\_
- Calculation of Performance Funding System Submitted on: 4/17/2005
- Revised Calculation of Performance Funding System Submitted on: \_\_\_\_\_

I certify on behalf of the: (PHA/IHA Name) Housing Authority of the City of Bellevue  
that:

1. All regulatory and statutory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations;
6. All proposed rental charges and expenditures will be consistent with provisions of law;
7. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d);
8. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(I) or 24 CFR 905.120(g);  
and
9. The PHA/IHA will comply with the requirements for the reexamination of family income and composition under 24 CFR 960.209, 990.115 and 905.315.

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

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C 1001, 1010, 1012; 31 U.S.C. 3729, 3082)

Board Chairman's Name (type)  <b>Art Weiner, Chairman</b>	Signature	Date  6/21/2005
---	-----------	-----------------------

Previous edition is obsolete

form HUD-52574 (10/95)  
ref. Handbook 7575.1

# Calculation of Performance Funding System Operating Subsidy

PHA/IHA-Owned Rental Housing

U.S. Department of Housing and Urban Development  
OMB Approval No. 2577-0026 (exp. 5/30/2001)

Office of Public and Indian Housing

a) Name and Address of Public Housing Agency/Indian Housing Authority (PHA/IHA) Housing Authority of the City of Omaha 540 South 27th Street Omaha, NE 68105	b) Budget Submission to HU <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No c) Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____
---	---

d) No. of HA Units  2711	e) Units Months Available (UMAs)  32320	f) Subject FYE  12/31/2004	g) ACC Number  C-434	h) Operating Fund Project Number	i) (Reserved)
--------------------------------	---	----------------------------------	----------------------------	----------------------------------	---------------

Line No.	Description	Requested by PHA/IH (PUM)	HUD Modifications (PUM)
<b>Part A. Allowable Expenses and Additions</b>			
01	Previous allowable expense level (line 07 of form HUD-52723 for previous fiscal year)	244.36	
02	Line 01 multiplied by .005	1.22	
03	Delta from form HUD-52720-B, if applicable (see instructions)	N/A	
04	"Requested" year units from latest form HUD-52720-A(see instructions)	2595	
05	Add-ons to allowable expense level from previous fiscal year (see instructions)	0	
06	Total of lines 01, 02a, 02b, and 04	245.58	
07	Inflation factor	0	
08	Revised allowable expense level (AEL) (line 06 times line 07)	245.58	
09	Transition Funding	0	
10	Increase to AEL	0	
11	Allowable utilities expense level from form HUD-52722-A	68.94	
12	<input type="checkbox"/> Actual PUM cost of Independent Audit (I. (through FYE 2003)	1.77	
13	Costs attributable to deprogrammed units	0	
14	<b>Total Allowable Expenses and Additions</b> (sum of lines 08 thru 13)	316.29	
<b>Part B. Dwelling Rental Income</b>			
1	Total rent roll (as of <u>06/30/03</u> )	\$339,998	
2	Number of occupied units as of rent roll date	2377	
3	Average monthly dwelling rental charge per unit for current budget year	143.04	
4	Average monthly dwelling rental charge per unit for prior budget year	138.48	
5	Average monthly dwelling rental charge per unit for budget yr 2 years ago	139.47	
6	Three year average monthly dwelling rental charge per unit	140.33	
7	50/50 Income Split	141.69	
8	Average monthly dwelling rental charge per unit (lesser of Part B, Line 03 or Line 07)	\$141.69	
9	Change factor	1.03	1.
10	Projected average monthly dwelling rental charge per unit (line 14 times line 15)	\$145.94	
11	Projected occupancy percentage (see instructions)	97%	%
12	<b>Projected average monthly dwelling rental income per unit</b> (line 16 times line 17)	\$141.56	
<b>Part C. Non-dwelling Income</b>			
1	Other Income	0.37	
2	<b>Total operating receipts</b> (line 18 plus line 21)	\$141.93	
3	<b>PUM deficit or (Income)</b> (line 11 minus line 22)	174.36	
4	<b>Deficit or (Income) before add-ons</b> (line 23 times UMAs shown in heading)	5,635,293	

JD required

Line No.	Description	Requested by PHA (Whole dollars)	HUD Modifications (Whole dollars)
<b>Part D. Add-ons for changes in Federal law or regulation and other eligibility</b>			
1	FICA contributions	201,072	
2	Unemployment compensation	57,000	
3	Family Self Sufficiency Program	15,000	
4	Energy Add-On for loan amortization	-	
5	Unit reconfiguration	-	
6	Non-dwelling units approved for subsidy	-	
7	Long-term vacant units	-	
8	Phase Down for Demolitions	-	
9	Units Eligible for Resident Participation: Occupied Units	2,377	
10	Employee Units	0	
11	Police Units	0	
12	Total Units Eligible for Resident Participation (sum of Part D, Lines 09 thru 11)	2,377	
13	Funding for Resident Participation (Part D, Line 12 X \$25)	59,425	
14	Other approved funding, not listed (Specify in Section 3)	-	
15	<b>Total add-ons</b> (sum of Part D, Lines 01, 02, 03, 04, 05, 06, 08, 13 and 14)	332,497	
<b>Part E. Calculation of Operating Subsidy Eligibility Before Adjustments</b>			
01	Deficit or (income) before year-end adjustments (total of lines 24 and 29)	6,250,798	
02	Actual cost of Independent Audit (IA)	58,400	
03	<b>PFS operating subsidy eligibility before adjustments</b> (greater of line 1 or line 02) (If less than zero, enter zero (0))	6,258,891	
<b>Part F. Calculation of Operating Subsidy Approvable for Subject Fiscal Year (Note: Do not revise after the end of the subject FY)</b>			
01	Utility Adjustment for prior years	71,068	
02	Additional subject fiscal year operating subsidy eligibility (specify)	0	
03	Unfunded eligibility in prior fiscal years to be obligated in subject fiscal year	0	
04	HUS discretionary adjustments	0	
05	Other (specify)	0	
06	Other (specify)	0	
07	Unfunded portion due to proration	0	
08	Net adjustments to operating subsidy (total of Part F, Lines 01 thru 07)	0	
09	<b>Operating subsidy approvable for subject fiscal year</b> (total of lines 32 thru 40)	6,329,959	
<b>HUD Use Only (Note: Do not revise after the end of the subject FY)</b>			
10	Amount of operating subsidy approvable for subject fiscal year not funded		
11	Amount of funds obligated in excess of operating subsidy approvable for subject fiscal year		
12	<b>Funds obligated in subject fiscal year</b> (total of lines 41 thru 44) (Must be the same as line 690 of the Operating Budget, form HUD-52564, for the subject fiscal year)		
<b>Part G. Memorandum of Amounts Due HUD, Including Amounts on Repayment Schedules</b>			
01	Total amount due in previous fiscal year (line 49 of form HUD-52723 for previous fiscal year)		
02	Total amount to be collected in subject fiscal year (identify amounts under "Remarks")		
03	Total additional amount due HUD (include any amount entered on line 44)		
04	(Identify individual amounts under "Remarks")		
49	<b>Total amount due HUD to be collected in future fiscal year(s)</b> (Total of lines 46 thru 48) (Identify individual amounts under "Remarks")		





C. 3729, 3802)

**Utilities Expense Level**

PHA/IHA-Owned Rental Housing  
Performance Funding System

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

OMB Approval No. 2577-0029 (exp. 5/31/2001)

Public Housing Agency/Indian Housing Authority		Old Project Numbers (data listed on lines 1,2,3)		New Project Numbers (data listed on line 8)		Fiscal Year Ending		Submission	
Housing Authority of the City of Omaha		NE 1-1 to 7, 9 to 12, 16, 17, 19, 21, 24, 26, 28, 30, 32, 33,35, 44,45		NE 1-44		12/31/2004		<input checked="" type="checkbox"/> Original	
						AC Contract Number		<input type="checkbox"/> Revision No ( )	
						C-434			
Line No.	Description	Unit Months Available	Sewerage and Water Consumption	Electricity Consumption	Gas Consumption	Fuel (Specify type e.g., oil, coal, wood)			
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	
01	UMA and actual consumption for old projects for 12 month period which ended 12 months before Requested Budget Year. 2002	31,920	191,100	18,154,622	712,177				
02	UMA and actual consumption for old projects for 12 month period which ended 24 months before the Requested Budget Year. 2001	31,920	168,501	24,143,460	896,972				
03	UMA and actual consumption for old projects for 12 month period which ended 36 months before the Requested Budget Year. 2000	31,920	167,075	22,586,231	1,127,886				
04	Accumulated UMA and actual consumption of old projects (sum of lines 01, 02, 03).	95,760	526,676	64,884,313	2,737,035				
05	Estimated Unit Months available for old projects for Requested Budget Year.	31,920							
06	Ratio of Unit months available for old projects (line 04 divided by line 06).	3							
07	Estimated UMA and consumption for old projects for Requested Budget Year (Each figure on line 04 divided by line 06).	31,920	175,559	21,628,104	912,345				
08	Estimated UMA and consumption for new projects.	400	2,200	271,028	11,433				
09	Total estimated UMA and consumption for old and new projects for Requested Budget Year (line 07 + line 08).	32,320	177,759	21,899,132	923,778				
10	Estimated cost of consumption on line 09 for Requested Budget Year (line 13 times lime 09).	<b>Costs</b>	269,560	1,261,390	573,666				
11	Total estimated cost for Requested Budget Year (sum of all columns of line 10).	2,104,617							
12	Est. PUM cost of consumption for Requested Budget Year (Allowable Utilities Expense Level) (Line 11 divided by line 09, col. 3).	65.12							
12a	Rate		1.5164	0.0576	0.6210				
12b	Unit of consumption		Gallon	KWH	Therms				

**Utilities Expense Level**

PHA/IHA-Owned Rental Housing  
Performance Funding System

Public Housing Agency/Indian Housing Authority <b>Housing Authority of the City of Omaha</b>	Old Project Numbers (data listed on lines 1,2,3) <b>NE 1-1 to 7, 9 to 12, 16, 17, 19, 21, 24, 26, 28, 30, 32, 33,35, 44,45</b>	New Project Numbers (data listed on line 8) <b>NE 1-44</b>	Fiscal Year Ending <b>12/31/2004</b>	Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No ( )
			AC Contract Number <b>C-434</b>	

Line No.	Description	Unit Months Available	Sewerage and Water Consumption	Electricity Consumption	Gas Consumption	Fuel (Specify type e.g., oil, coal, wood)		
						(7)	(8)	(9)
01	UMA and actual consumption for old projects for 12 month period which ended 12 months before Requested Budget Year. 2002	31,920	191,100	18,154,622	712,177			
02	UMA and actual consumption for old projects for 12 month period which ended 24 months before the Requested Budget Year. 2001	31,920	168,501	24,143,460	896,972			
03	UMA and actual consumption for old projects for 12 month period which ended 36 months before the Requested Budget Year. 2000	31,920	167,075	22,586,231	1,127,886			
04	Accumulated UMA and actual consumption of old projects (sum of lines 01, 02, 03).	95,760	526,676	64,884,313	2,737,035			
05	Estimated Unit Months available for old projects for Requested Budget Year.	31,920						
06	Ratio of Unit months available for old projects (line 04 divided by line 06).	3						
07	Estimated UMA and consumption for old projects for Requested Budget Year (Each figure on line 04 divided by line 06).	31,920	175,559	21,628,104	912,345			
08	Estimated UMA and consumption for new projects.	400	2,200	271,028	11,433			
09	Total estimated UMA and consumption for old and new projects for Requested Budget Year (line 07 + line 08).	32,320	177,759	21,899,132	923,778			
10	Estimated cost of consumption on line 09 for Requested Budget Year (line 13 times line 09).	<b>Costs</b>	294,404	1,311,758	875,003			
11	Total estimated cost for Requested Budget Year (sum of all columns of line 10).	2,481,164						
12	Est. PUM cost of consumption for Requested Budget Year (Allowable Utilities Expense Level) (Line 11 divided by line 09, col. 3).	76.77						
12a	Rate		1.6562	0.0599	0.9472			
12b	Unit of consumption		Gallon	KWH	Therms			

**Matched to budget figure required by Mr. Patrick**

# COMMUNITY SERVICE/SELF SUFFICIENCY POLICY

## Resolution 265

### A. Background

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult residents (18 or older) contribute eight (8) hours per month of community service (volunteer work) or participate in eight (8) hours of training, counseling, classes and other activities which help an individual toward self sufficiency and economic independence. This is a requirement of the Public Housing Lease.

### B. Definitions

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

1. Work at a local institution including, but not limited to: School, hospital, child care center, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.
2. Work with a non-profit organization that serves PHA residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls clubs, 4-H program, Community clean-up programs, beautification programs, other youth or senior organizations.
3. Work at the Authority to help improve physical conditions
4. Work at the Authority to help with children's programs
5. Work at the Authority to help with senior programs
6. Helping neighborhood groups with special projects
7. Working through resident organizations to help other residents with problems, serving as an officer in a resident organization, serving on the Resident Advisory Board
8. Caring for the children of other residents so they may volunteer or attend self-sufficiency classes

**Note: Political activity is excluded.**

***Self-Sufficiency Activities*** – activities which include, but are not limited to:

1. Job training programs
2. Job readiness programs
3. GED classes
4. Apprenticeships
5. Substance abuse or mental health counseling
6. English proficiency or literacy (reading) classes

7. Budgeting and credit counseling
8. Any kind of class that helps a person toward economic independence
9. Full time student status at any school, college or vocational school

***Exempt Adult***– An adult member of the family who:

1. Is 62 years of age or older
2. Has a disability that prevents him/her from being gainfully employed
3. Is the caretaker of a disabled person
4. Is working at least 25 hours per week
5. Is participating in a welfare to work program
6. Is receiving assistance from TANF and is in compliance with job training and work activity requirements of the program.

### **C. Requirements of the Program**

1. The eight (8) hours per month may be either volunteer work or a self-sufficiency program activity, or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Family obligations:
  - a. At lease execution or re-examination after October 1, 1999, all adult members (18 or older) of a public housing resident family must:
    1. Provide documentation that they are exempt from the Community Service requirement if they qualify for an exemption, and
    2. Sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.
  - b. At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous twelve (12) months. This form will include places

for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.

- c. If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the Authority to make up the deficient hours over the next twelve (12) month period.
- d. **Change in exempt status:**
  - 1. If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide documentation of such.
  - 2. If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

## 5. Authority obligations

- a. To the greatest extent possible and practicable, the Authority will:
  - 1. Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. *(According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement).*
  - 2. Provide in-house opportunities for volunteer work or self-sufficiency programs.
- b. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
- c. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's

Grievance Procedure if they disagree with the Authority's determination.

- d. Noncompliance of family member:
  - 1. At least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status and compliance of family members.
  - 2. If the Authority finds a family member to be noncompliant, the Authority will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period.
  - 3. If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.
  - 4. The family may use the Authority's Grievance Procedure to protest the lease termination.

*Adopted: 8/17/04 – effective 10/1/04*