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

PHA Plans for the Housing Authority of the Town of Huntington

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

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

HUD 50075
OMB Approval No: 2577-0226
Expires: 03/31/2002

PHA Plan
Agency Identification

PHA Name: *Housing Authority of the Town of Huntington*

PHA Number: *NY035*

PHA Fiscal Year Beginning: (mm/yyyy) *10/2005*

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)

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 –sub standard financial

Streamlined Plan:

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

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

The Housing Authority of the Town of Huntington has prepared this Annual PHA Plan in compliance with Section 511 of the Quality Housing and Work Responsibility Act of 1998 and the ensuing HUD requirements.

The purpose of the Annual Plan is to provide a framework for local accountability and, an easily identifiable source by which public housing residents, participants in the tenant-based assistance program and other members of the public may locate basic PHA policies, rules and requirements related to the operations, programs and services of the agency.

The Mission Statement and the Goals and Objectives were based on information contained in our jurisdiction's Consolidated Plan and will assure that our residents will receive the best customer service.

Customer service and fulfillment of the Mission Statement and Goals and Objectives are strived for by implementation of a series of policies that are on display with this Plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the public housing tenant selection and assignment plan, outreach services, PHA's responsibility to Section 8 owners/landlords, grievance procedures, etc.

The most important challenges to be met by the Housing Authority of the Town of Huntington during FY 2005 include:

- *Adhere to the anticipated MOA to be executed with HUD.*
- *Strive to attain PHAS High Performer status at next performance evaluation*
- *Strive to attain PHAS Standard Financial Performer*

- *Reduce crime by maintain communication and/or partnerships with local entities.*

- *Preserve and continue improvement to the public housing stock through the Capital Funds activities or Conversion to units owned by the HA available to low income families through utilizing aspects and applicable sections of statutes enacted by Congress and implemented by HUD.*

- *Involve the public housing residents and the Section 8 participants through the Annual Plan Resident Advisory Board.*

- *Train staff and Commissioners to fully understand and take advantage of opportunities in new laws and regulations to better serve our residents and the community.*

- *Educate potential landlords on the positive aspect and impact on the community to assist the families in need of assisted housing.*

- *Minimize the effects of HUD prescribed funding reductions. Section 8 subsidy's available to families through accurate budget analysis and rent reasonableness studies.*

- *Enforce lease and program provisions, especially for violations related to drug or violent criminal activity.*

- *Expand housing opportunities through private partnerships such as S8 project based housing or other private/public partnerships.*

- *Improve financial stability through active and continuous budget monitoring, expense minimization and tight fiscal controls.*

- *Assume management of the Millennium Hills Development.*

In closing, this Annual PHA Plan exemplifies the commitment of the Housing Authority of the Town of Huntington to meet the housing needs of the full range of low-income residents. The Housing Authority of the Town of Huntington, in partnership with agencies from all levels of government, the business community, non-profit community groups, and residents will use this plan as a road map to reach the "high performer status designation" for the Town of Huntington Housing Authority.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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

Required Attachments:

☒ FY 2009 Capital Fund Program 5 Year Action Plan **ny035a01**

X FY 2005 Capital Fund Program Initial Annual Statement **ny035b01**

☒ FY 2003 pt I Capital Fund Program Annual Statement **ny035c01**

☒ FY 2003 pt II Capital Fund Program Annual Statement **ny035d01**

X FY 2002 Capital Fund Program Final Annual Statement **ny035e01**
X FY 2001 Capital Fund Program Final Annual Statement **ny035f01**
☒ FY 2004 Capital Fund Program Annual Statement **ny035h01**

☒ Other (List below, providing each attachment name)
- *Resident Membership on PHA Board of Governing Body – ny0**35g01***

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to 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
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
X	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ 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 ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies ☒ 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 ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	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
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
X	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 (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan) * Performance Reports for prior year grants as needed	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, if needed	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type (approx #'s)							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	***2,000***	***5***	***5***	***5***	***5***	***5***	***5***
Income >30% but <=50% of AMI	***1,700***	***4***	***4***	***4***	***4***	***4***	***4***
Income >50% but <80% of AMI	***823***	***4***	***4***	***4***	***4***	***4***	***4***
Elderly	***1,103***	***5***	***5***	***5***	***5***	***5***	***5***
Families with Disabilities	***465***	***5***	***5***	***5***	***5***	***5***	***5***
White (Non-Hispanic)	***2023***	***4***	***4***	***4***	***4***	***4***	***4***
Black (Non-Hispanic)	***2,563***	***4***	***4***	***4***	***4***	***4***	***4***
Hispanic	***509***	***4***	***4***	***4***	***4***	***4***	***4***

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.)

X Consolidated Plan of the Jurisdiction/s

Indicate year: 2000

☒ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset

☐ American Housing Survey data

Indicate year:

☐ Other housing market study

Indicate year:

X Other sources: (list and indicate year of information) Waiting List 2005

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance X Public Housing Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	***1409***		***5-6***
Extremely low income <=30% AMI	***705***	***50***	***Estimate***
Very low income (>30% but <=50% AMI)	***493***	***35***	
Low income (>50% but <80% AMI)	***211***	***15***	
Families with children	***1197***	***80%***	
Elderly families	***352***	***25%***	
Families with Disabilities	***99***	***7%***	
Caucasian	***814***	***57%***	
African-American	***560***	***40%***	
Hispanic	***223***	***16%***	***Note-families sometimes answer with more than one category for race ethnic***
Other		***1%***	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	***569***	***40%***	
2 BR	***553***	***39%***	
3 BR	***250***	***18%***	
4 BR	***27***	***2%***	
5 BR	***8***	***>1***	
5+ BR	***2***	***>1***	

Housing Needs of Families on the Waiting List
Is the waiting list closed (select one)? No X If yes: How long has it been closed (3 months)? Does the PHA expect to reopen the list in the PHA Plan year? no Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X No ☐ Yes

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☒ Section 8 tenant-based assistance ☐ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	***1058***		***50-100***
Extremely low income <=30% AMI	***526***	***50***	***estimate***
Very low income (>30% but <=50% AMI)	***370***	***35***	
Low income (>50% but <80% AMI)	***162***	***15***	
Families with children	***846***	***80%***	
Elderly families	***265***	***25%***	
Families with Disabilities	***74***	***7%***	
Caucasian	***605***	***57%***	
African-American	***430***	***41%***	
Hispanic	***141***	***13%***	***Note-families sometimes answer with more than one category for race ethnic***
	0	***>1%***	
Other	***12***	***>1***	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	***430***	***N/A***	***N/A***
2 BR	***367***	***N/A***	***N/A***
3 BR	***201***	***N/A***	***N/A***
4 BR	***51***	***N/A***	***N/A***
5 BR	***7***	***N/A***	***N/A***

Housing Needs of Families on the Waiting List			
5+ BR	***2***	***N/A***	***N/A***

Is the waiting list closed (select one)? ☐ No ☒ Yes
If yes:
How long has it been closed (# of months)? ***SINCE 3/2005***
Does the PHA expect to reopen the list in the PHA Plan year? ☒ No ☐ Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☒ No ☐ Yes

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
☒ Reduce turnover time for vacated public housing units
☒ Reduce time to renovate public housing units
☐ Seek replacement of public housing units lost to the inventory through mixed finance development
☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
X Other (list below) Convert units to Not for profit ownership for lease by families that otherwise qualify for PH or S8 assistance

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

Select all that apply

☒ Apply for additional section 8 units should they become available; ***as needed***

☒ 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

X 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)
- Research 202 program or other HUD assisted housing for the elderly

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 all races and ethnicities with disproportionate needs

Select if applicable

☒ Affirmatively market to races/ethnicities shown to have disproportionate housing needs
☒ Other: (list below)
-retain bilingual personnel or seek assistance from ancillary agencies capable of providing translation
- Make documents and brochures available in multiple languages

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
X Other: (list below) –support advocacy groups by attendance and participation at meetings

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
X 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

X Community priorities regarding housing assistance
☐ Results of consultation with local or state government
☒ Results of consultation with residents and the Resident Advisory Board
☒ Results of consultation with advocacy groups
☐ Other: (list below)

2. Statement of Financial Resources [24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2005 grants)**		
a) Public Housing Operating Fund-note budget request is for more, HA is planning low in the event higher amount is not available.	*225,000*	*PH Operating Expenses*
b) Public Housing Capital Fund FYE 2005	*120,000*	*Modernization work*
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	*7,284,000.00*	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
FSS COORDINATOR	*38,000*	
2. Prior Year Federal Grants (unobligated funds only) (list below) AS OF 3/31/2005		
CFP FYE 2003 PT I & II	*9340.3*	
CFP FYE 2004	*22,808*	
Sub-total		
3. Public Housing Dwelling Rental Income	*185,000.00*	*Public Housing operations*
4. Other income (list below)		*Public housing operations*
Interest on general funds investments *Fraud Recovery S8&PH* *Rental income - 4 BR house leased to S8* *Management Income for Millennium Hills*	*5,000* *8,000* *20,000* *19,992*	
5. Non-federal sources (list below)		
Sub-total		
Total resources	**7,937,140.30**	

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)

X When families are within a certain number of being offered a unit: (state number) WITHIN FOUR FAMILIES OF UNIT OFFER

☐ When families are within a certain time of being offered a unit: (state time)

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.X 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?
   1 Millennium Hills Development

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

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
   X Other (list below) WEB SITE

(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: **n/a**

(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: **n/a**

☐ 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)

X 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: **n/a**

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)

X 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

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. X 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)
X Criminal or drug-related activity IF REQUESTED BY LANDLORD
☒ Other (describe below)
- ***Last known address on file for resident.***
- ***Previous and current landlord name and address.***

(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:
-120 days total 60 + 60 search period given across the board due to lack of available housing.

(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 – **n/a**

☐ 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 **n/a**

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

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☒ 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

- The PHA does not administer any 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) ***n/a***

☐ 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? ***n/a***
☐ 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. X Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below**:**
FINANCIAL HARDSHIP FOR 90 DAYS

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: ***n/a***

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) ***n/a***

☐ 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) ***n/a***

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs

☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The "rental value" of the unit
☐ Other (list below)

f. Rent re-determinations:

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

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

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

(2) Flat Rents

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

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

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 below100% 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) ***n/a***

☐ 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
X Other (list below)
OR AS DETERMINED BY MARKET CONDITIONS

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.X Yes No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)
FINACIAL HARDSHIP MAXIMUM OF 90 DAYS

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.

X A brief description of the management structure and organization of the PHA follows: 5 MEMBER BOARD OF COMMISSIONERS, EXECUTIVE DIR., DEPUTY DIR., S8 COORDINATOR, TENANT RELATIONS (1), 1 P/T COMPTROLLER, TWO P/T ADMIN, 1 P/T INSPECTOR, 1 F/T MAINTENANCE, 1 P/T MAINTENANCE

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fis cal 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	*80*	*8*
Section 8 Vouchers	*445*	*40*
Section 8 Certificates	*0*	*0*
Section 8 Mod Rehab	*0*	*0*
Special Purpose Section 8 Certificates/Vouchers (list individually)		*N/A*
Public Housing Drug Elimination Program (PHDEP)	*N/A*	*N/A*
Other Federal Programs(list individually)	*N/A*	*N/A*

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)

- ***Work Order System***
- ***Pest Eradication Policy***
- ***Maintenance Plan***
- ***Uniform Inspection System***
- ***Admissions and Occupancy Policy***
- ***Fair Housing Policy***
- ***Grievance Procedures***
- ***Tenant Selection and Assignment Plan***
- ***Community Service Plan***
- ***Handicapped Policy***
- ***Termination and Eviction***
- ***Transfer and Transfer Waiting List***
- ***Resident Initiative***
- ***Section 3 Plan***
- ***Pet Policy for Families***
- ***Pet Policy for Elderly***
- ***Trespass Policy***
- ***Records Management Policy***
- ***Facilities use policy***

(2) Section 8 Management: (list below)

- ***Section 8 Administrative Plan***
- ***SEMAP Procedures***
- ***Records Management Policy***
- ***HQS Inspection Policies***

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: ***n/a***

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: ***n/a***

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:

X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan

-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. X 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:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan

-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) n/a

1. Development name: ***n/a***
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: complete Millennium Hills

Yes No:x 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 ***n/a***

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

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ 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 ***n/a***

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

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

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ 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) ☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) ☐ Units addressed in a pending or approved demolition application (date submitted or approved: ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date

submitted or approved:)

- ☐ Requirements no longer applicable: vacancy rates are less than 10 percent
- ☐ Requirements no longer applicable: site now has less than 300 units
- ☐ Other: (describe below)

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

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 x 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 ***n/a***

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Millennium Hills 1b. Development (project) number: NY36P035002
2. Federal Program authority: ☐ HOPE I x 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) x Approved; included in the PHA's Homeownership Plan/Program Submitted ☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: July 2 2004
5. Number of units affected: 44 6. Coverage of action: (select one) x Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

1. Yes X 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.) *PHA plans to resource and implement program by end of FY 2004*

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: NOT YET ESTABLISHED

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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)? *PHA is in process of getting local TANF agency to sign.*

The PHA will attempt to negotiate a cooperative agreement with the TANF agency.

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Family Self-Sufficiency Program	*25*		*PHA Main Office*	*Section 8*

(2) Family Self Sufficiency program/s n/a

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2001 Estimate)	Actual Number of Participants (As of: 4/16/2003)
Public Housing	0	0
Section 8	25	0

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

C. Welfare Benefit Reductions

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

☐ Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies

☒ Informing residents of new policy on admission and reexamination

☐ Actively notifying residents of new policy at times in addition to admission and reexamination.

☐ Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services

X 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)

X High incidence of violent and/or drug-related crime in some or all of the PHA's developments

X High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments

X Residents fearful for their safety and/or the safety of their children

☒ Observed lower-level crime, vandalism and/or graffiti

X 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)

- Reports of outside drug activity in areas surrounding or adjacent to the PHA's developments. Gun use and activity in front of the P.H.A. and within 1,000 feet of the P.H.A. offices.

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).

X Safety and security survey of residents

X 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

X PHA employee reports

☒ Police reports

X Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs

☒ Other (describe below)

- Other community agencies

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

Gateway Gardens, Lowndes Ave Huntington Station, NY 11746

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 (*security cameras)*

☒ Activities targeted to at-risk youth, adults, or seniors

☒ Volunteer Resident Patrol/Block Watchers Program

X Other (describe below)

Drug Task Force, lighting, security guards (limited by budget, only if money available), lease enforcement, security cameras through Weed & Seed Program(limited by budget, only if money available), improved tenant council involvement, improved cooperation with local police force, set barring & elimination policies in/around Public Housing.

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

Gateway Gardens

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)

X 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

X Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence**) trying to establish shift transfer station**

X Police will testify in and otherwise support eviction cases

X Police regularly meet with the PHA management and residents

X Try to establish Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services

☒ Other activities (list below)

- Regular police patrol of sites.

-ESTABLISH COOPERATIVE AGREEMENT TO ARREST TRESPASSERS

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

Gateway Gardens

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 2001 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

☐ Yes X 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 2001 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)]

Part of Admissions and Cont. Occupancy Policy

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. X Yes No: Was the most recent fiscal audit submitted to HUD?
3. Yes x 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?_1
5. Yes No: Have responses to any unresolved findings been submitted to HUD? If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. ☐ Yes ☒ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☒ Not applicable
☐ Private management
☐ Development-based accounting
☐ Comprehensive stock assessment
☐ Other: (list below)

3. ☐ Yes ☒ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information [24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. ☐ Yes X 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)
X Provided below:

NOTE-EVERY ONE OF THE 560 FAMILIES SUBSIDIZED IN S8 & PH WERE CONTACTED, NO FAMILIES EXPRESSED AN INTEREST IN PARTICIPATING, NO COMMENTS WERE RECEIVED DURING THE COMMENT PERIOD

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:

X Other: (list below) NONE RECIEVED

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
X Self-nomination: Candidates registered with the PHA and requested a place on ballot. If in good standing under program regulations.
☐ 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)

☒ HOH adult recipient of PHA assistance 1 VOTE PER HOUSEHOLD (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: ***Town of Huntington***

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.
X 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)

- *Maintain low vacancy rate in Public Housing;*
- *Expand the Voucher Program;*
- *Modernize Units*
- *Increase affordable housing supply*

☐ Other: (list below)

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

- *Increase the supply of affordable owner-occupied housing for very low- and low-income households. From 2000-2005, the strategy is to build 125 new units for lower income homeowners and to provide down-payment assistance for 200 new homebuyers.*
- *Increase the supply of affordable renter-occupied housing for extremely low-, very low-, and low-income households. Plans include providing, over 5 years, Section 8 rental assistance for another 750 units, rehabilitating 75 rental units, and building 225 rental units for the elderly and 100 for families.*
- *Improve the condition of existing housing for renter and owner lower income households by rehabilitating 250 units occupied by low-income owners.*
- *Develop facilities and support services to assist the homeless and other persons with special needs. These include emergency shelter space for 75 households, transitional housing for 25 households, 50 units of permanent supportive housing, and 50 units of Section 810 housing for the disabled.*

D. Other Information Required by HUD

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

Attachments

Required Attachments:

☒ FY 2009 Capital Fund Program 5 Year Action Plan **ny035a01**
X FY 2005 Capital Fund Program Initial Annual Statement **ny035b01**
☒ FY 2003 pt I Capital Fund Program Annual Statement **ny035c01**
☒ FY 2003 pt II Capital Fund Program Annual Statement **ny035d01**
X FY 2002 Capital Fund Program Final Annual Statement **ny035e01**
X FY 2001 Capital Fund Program Final Annual Statement **ny035f01**
☒ FY 2004 Capital Fund Program Annual Statement **ny035h01**

☒ Other (List below, providing each attachment name)

- *Resident Membership on PHA Board of Governing Body – ny0**35g01***

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

H A Name:				Original ■	
Huntington Housing Authority					
Development Number/Name/HA-Wide	Year 1 2005	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
NY35001, 002	Annual	120,000.00	120,000.00	120,000.00	120,000.00
notes, all work	Statement				
project 001					
CFP Funds Listed for		**$120,000.00**	**$120,000.00**	**$120,000.00**	**$120,000.00**
5-Year planning					
Replacement Housing					
Factor Funds					

Capital Funds Program Five Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 2 FFY Grant: 2006 PHA FY: 2006			Activities for Year: 3 FFY Grant: 2007 PHA FY: 2007		
2005	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	NY35001	Replace flooring in units(part	25,000.00	NY35001	Replace kitchen cabinets partial	30,000.00
		Flooring Common Area	30,000.00		Replace Vanities partial	25,000.00
		Subtotal	**55,000.00**			
					Subtotal	**55,000.00**
Annual	ny35001 &002	**Management Needs:**		ny35001 &002	**Management Needs:**	
		Operations	50,000.00		Operations	50,000.00
		Management Improvements(	10,000.00		Management Improvements(Gen	10,000.00
		Administration	3,000.00		Administration	3,000.00
		Audit	2,000.00		Fees & Planning Costs	2,000.00
Statement		Contingency	0.00		Contingency	0.00
		Subtotal	**65,000.00**		**Subtotal**	**65,000.00**
	2006 - TOTAL CFP ESTIMATED C		**$120,000.00**	**2007 - TOTAL CFP ESTIMATED CC**		**$120,000.00**

Capital Funds Program Five Year Action Plan
Part II: Supporting Pages--Work Activities

Activities for Year 1	Activities for Year: 4 FFY Grant: 2008 PHA FY: 2008			Activities for Year: 5 FFY Grant: 2009 PHA FY: 2009		
2005	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	NY35001	Kitchen cabinets partial	35,000.00	NY35001	Laundry Room	30,000.00
		Bolier replace	20,000.00		Replace Vanities partial	25,000.00
		Subtotal	**55,000.00**		**Subtotal**	**55,000.00**
Annual	ny35001 &002	**Management Needs:**		ny35001 &002	**Management Needs:**	
		Operations	50,000.00		Operations	50,000.00
		Management Improvements(	10,000.00		Management Improvements(Gen	10,000.00
		Administration	3,000.00		Administration	3,000.00
		Fees & Planning Costs	2,000.00		Fees & Planning Costs	2,000.00
Statement		Contingency	0.00		Contingency	0.00
		Subtotal	**65,000.00**		**Subtotal**	**65,000.00**
	2008- TOTAL CFP ESTIMATED C		**$120,000.00**	**2009 - TOTAL CFP ESTIMATED CC**		**$120,000.00**

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550105** Replacement Housing Factor Grant No:	**2005**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ■ **Revised Annual Statement/Revision Number _ONE____ 8/3/2005**

☐ **Performance and Evaluation Report for Program Year Ending** ☐ **Final Performance and Evaluation Report for Program Year Ending_____**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	60,000.00	60,000.00		
3	1408 Management Improvements	10,000.00	18,465.00		
4	1410 Administration	10,000.00	10,000.00		
5	1411 Audit	2,000.00	2,000.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	8,000.00	8,000.00		
10	1460 Dwelling Structures	20,000.00	20,000.00		
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000.00	10,000.00		
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 (sums of lines 2-20)**	**$120,000.00**	**128,465.00**	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				

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550105** Replacement Housing Factor Grant No:	**2005**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NY35-001,002	Operations:	1406		60,000.00	60,000.00			
	Management Improvement	1408		10,000.00	18,465.00			
	Administrative costs	1410		10,000.00	10,000.00			
	Audit	1411		2,000.00	2,000.00			
	INSTALL PLAYGROUND fence, parking striping,	1450		8,000.00	8,000.00			
	landscaping							
	Interior unit painting,flooring,lighting	1460		20,000.00	20,000.00			
	Used, late model, pick up truck	1475		10,000.00	10,000.00			
	TOTAL			**$120,000.00**	128,465.00	0.00	0.00	

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550105** Replacement Housing Factor Grant No:	**2005**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY35-001,002	9/13/2007	8/18/2007		9/13/2009	8/18/2009		HUD PROVIDED TARGET DATES

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550103** Replacement Housing Factor Grant No:	**2003**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement/Revision Number** _____

■ **Performance and Evaluation Report for Program Year Ending as of 3/31/2005** ☐ **Final Performance and Evaluation Report for Program Year Ending**_____

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	50,000.00	40,000.00	40,000.00	40,000.00
3	1408 Management Improvements	2,000.00	2,000.00	1,323.95	1,323.95
4	1410 Administration	3,000.00	1,511.00	1,511.00	1,511.00
5	1411 Audit	2,000.00	2,000.00	2,000.00	2,000.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	3,500.00	3,500.00	1,961.57	1,961.57
10	1460 Dwelling Structures	12,500.00	8,500.00	7,804.18	7,804.18
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 (sums of lines 2-20)**	**$73,000.00**	57,511.00	54,600.70	54,600.70
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				

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550103** Replacement Housing Factor Grant No:	**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	
NY35-001	Operations:	1406		50,000.00	40,000.00	40,000.00	40,000.00	C
	Management Improvement	1408		2,000.00	2,000.00	1,323.95	1,323.95	OG
	Administrative costs	1410		3,000.00	1,511.00	1,511.00	1,511.00	OG
	Audit	1411		2,000.00	2,000.00	2,000.00	2,000.00	OG
	Seal Coat/stripe parking, landscaping	1450		3,500.00	3,500.00	1,961.57	1,961.57	OG
	Interior unit painting	1460		12,500.00	8,500.00	7,804.18	7,804.18	OG
	TOTAL			**$73,000.00**	57,511.00	54,600.70	54,600.70	

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550103** Replacement Housing Factor Grant No:	**2003**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY35-001	9/30/2005	6/30/2005	6/30/2005	9/30/2007	8/31/2005		

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550203** Replacement Housing Factor Grant No:	**2003**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement/Revision Number** _____

■ **Performance and Evaluation Report for Program Year Ending as of 03/31/2005** ☐ **Final Performance and Evaluation Report for Program Year Ending**_____

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	2,147.00		2,147.00	2,147.00
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	8,000.00		3,570.00	3,570.00
11	1465.1 Dwelling Equipment-Nonexpendable	2,000.00			
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 (sums of lines 2-20)**	**$12,147.00**		5,717.00	5,717.00
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				

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550203** Replacement Housing Factor Grant No:	**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	
NY35-001	Operations:	1406		2,147.00		2,147.00	2,147.00	C
	DWELLING STRUCTURES-OVERHANG REPAIR	1460		8,000.00		3,570.00	3,570.00	c
	DWELLING EQUIPMENT STOVES	1465.1		2,000.00				PLAN
	TOTAL			**$12,147.00**	0.00	5,717.00	5,717.00	

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550203** Replacement Housing Factor Grant No:	**2003**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY35-001	2/1/2006	6/30/2005	6/30/2005	2/1/2008	8/31/2005		

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: TOWN OF HUNTINGTON H.A.	Grant Type and Number Capital Fund Program Grant No: NY36P035501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: AS OF 3/31/2005 x 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	16330	38000	38,000	38,000
3	1408 Management Improvements Soft Costs	1000	3570	3570	3570
	Management Improvements Hard Costs				
4	1410 Administration	7000	500	500	500
5	1411 Audit	2000	2000	2000	2000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	13626	6,320	6320	6320
10	1460 Dwelling Structures	32500	14892	14892	14892
11	1465.1 Dwelling Equipment—Nonexpendable	5626	6734	6734	6734
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment		440	440	440
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

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

PHA Name: TOWN OF HUNTINGTON H.A.	Grant Type and Number Capital Fund Program Grant No: NY36P035501-02 Replacement Housing Factor Grant No:	Federal FY of Grant: 2002

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
XPerformance and Evaluation Report for Period Ending: AS OF 3/31/2005 x Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines…..)		72456	72456	72456
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

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

PHA Name: ny035			**Grant Type and Number** Capital Fund Program Grant No: NY36P035501-02 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2002		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
HA WIDE	OPERATIONS		1406					38000	COMPLETE
	HANDHELD COMPUTER, REFERENCE		1408					3570	complete
	REPAIR, SEAL COAT, STRIPE PARKING AREAS,LANDSCAPE		1450					6320	COMPLETE
	REFRIGERATORS/STOVES		1465.1			6734		6734	complete
	PAINTING, FLOORS, DOORS, TILE		1460			14892		14892	complete
	Non dwelling equipment		1475			440		440	complete

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

PHA Name: NY035	**Grant Type and Number** Capital Fund Program No: NY36P035501-02 Replacement Housing Factor No:	**Federal FY of Grant:** 2002

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA WIDE	9/30/04	2/29/2004	2/29/2004	9/30/05	2/28/04	8/31/2004	EXPEDITED WORK

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550101** Replacement Housing Factor Grant No:	**2001**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement/Revision Number** _____

☐ **Performance and Evaluation Report for Program Year Ending** ■ **Final Performance and Evaluation Report for Program Year Ending**_____

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	19,230.00	38,915.00	38,915.00	38,915.00
3	1408 Management Improvements	6,000.00	6,000.00	6,000.00	6,000.00
4	1410 Administration	7,000.00	3,500.00	3,500.00	3,500.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	10,000.00			
9	1450 Site Improvement	20,000.00	15,000.00	15,000.00	15,000.00
10	1460 Dwelling Structures	10,000.00	14,415.00	14,415.00	14,415.00
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	5,600.00			
21	**Amount of Annual Grant (sums of lines 2-20)**	**$77,830.00**	**$77,830.00**	77,830.00	77,830.00
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				

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550101** Replacement Housing Factor Grant No:	**2001**

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	
NY35-001	1406 Operations			19,230.00	38,915.00	38,915.00	38,915.00	C
	1408 Management Improvements			6,000.00	6,000.00	6,000.00	6,000.00	C
	1410 Administration			7,000.00	3,500.00	3,500.00	3,500.00	C
	1411 Audit							
	1415 Liquidated Damages							
	1430 Fees and Costs							
	1440 Site Acquisition			10,000.00				
	1450 Site Improvement			20,000.00	15,000.00	15,000.00	15,000.00	C
	1460 Dwelling Structures			10,000.00	14,415.00	14,415.00	14,415.00	C
	TOTAL			**$72,230.00**	77,830.00	77,830.00	77,830.00	

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550101** Replacement Housing Factor Grant No:	**2001**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY35-001	9/30/2003	7/1/2003		9/30/2005	9/26/2003	9/26/2003	

Housing Authority of the Town of Huntington

Required Attachment NY035g01: Resident Member on the PHA Governing Board

1. ☒ Yes ☐ No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: **Harold Donegan**

B. How was the resident board member selected: (select one)?
☒Elected ***– by the residents***
☒Appointed ***by Town of Huntington Board after residents elect***

C. The term of appointment is (include the date term expires): ***2 years - expires 2/2007***

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not? ***n/a***
☐ the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
☐ the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.
☐ Other (explain):

B. Date of next term expiration of a governing board member: *6/22/04**
heldover, not replaced, continues to serve as per NYSPHL

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position): ***Frank Petrone, Supervisor – Town of Huntington, NY***

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550104** Replacement Housing Factor Grant No:	**2004**

☐ **Original Annual Statement** ☐ **Reserved for Disasters/Emergencies** ☐ **Revised Annual Statement/Revision Number**

■ **Performance and Evaluation Report for Program Year Ending as of 3/31/2005** ☐ **Final Performance and Evaluation Report for Program Year Ending_____**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-Capital Funds				
2	1406 Operations	50,000.00	44,299.00	44,299.00	44,299.00
3	1408 Management Improvements	2,000.00	2,000.00		
4	1410 Administration	1,500.00	1,500.00		
5	1411 Audit	2,000.00	2,000.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	3,000.00	3,000.00	192.00	192.00
10	1460 Dwelling Structures	14,500.00	14,500.00		
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 (sums of lines 2-20)**	**$73,000.00**	**$67,299.00**	44,491.00	44,491.00
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				

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550104** Replacement Housing Factor Grant No:	**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	
NY35-001	Operations:	1406		50,000.00	44,299.00		44,299.00	og
	Management Improvement	1408		2,000.00	2,000.00			
	Administrative costs	1410		1,500.00	1,500.00			
	Audit	1411		2,000.00	2,000.00			
	INSTALL PLAYGROUND parking, landscaping	1450		3,000.00	3,000.00		192.00	og
	Interior unit painting	1460		14,500.00	14,500.00			
	TOTAL			**$73,000.00**	67,299.00	0.00	44,491.00	

Capital Fund Program Tables

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

PHA Name:	Grant Type and Number:	Federal FY of Grant:
Town of Huntington Housing Authority	Capital Fund Program No: **NY36PO3550104** Replacement Housing Factor Grant No:	**2004**

Development Number Name/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NY35-001	9/30/2006	12/31/2005		9/30/2010	2/27/2006		