PHA Plans

Streamlined 5-Year/Annual Version

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

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

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

Streamlined 5-Year Plan for Fiscal Years 2006 - 2010
Streamlined Annual Plan for Fiscal Year 2006

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue. Full reporting for each component listed in the streamlined Annual Plan submitted with the 5-year plan is required.

Streamlined Five-Year PHA Plan
Agency Identification

PHA Name: Southern Iowa Regional Housing Authority **PHA Number:** IA117

PHA Fiscal Year Beginning: (mm/yyyy) 01/2006

PHA Programs Administered:

X **Public Housing and Section 8** ☐ **Section 8 Only** ☐ **Public Housing Only**

Number of public housing units: 124 Number of S8 units: Number of public housing units:
Number of S8 units: 996

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

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

Public Access to Information

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

X Main administrative office of the PHA
☐ PHA development management offices
☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

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

X 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)

X Main business office of the PHA
☐ PHA development management offices

☐ Other (list below)

Streamlined Five-Year PHA Plan

PHA FISCAL YEARS 2006 - 2010

[24 CFR Part 903.12]

A. Mission

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

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

X The PHA's mission is: THE GOAL OF SIRHA IS TO PROVIDE DECENT, SAFE, AND SANITARY HOUSING AND CREATE A POSITIVE ENVIRONMENT TO HELP PROMOTE SELF SUFFICIENCY.

B. Goals

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

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

X PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- ☐ Reduce public housing vacancies:
- ☐ Leverage private or other public funds to create additional housing opportunities:
- X Acquire or build units or developments
- ☐ Other (list below)

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

☐ Provide replacement vouchers:
☐ Other: (list below)

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

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

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

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

☐ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
☐ Increase the number and percentage of employed persons in assisted families:
☐ Provide or attract supportive services to improve assistance recipients' employability:
☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
☐ Other: (list below)

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

☐ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:

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

Other PHA Goals and Objectives: (list below)

Goal 1: Provide Affordable Housing

X Provide and maintain a lease up that utilizes at least 95% of the funding provided by HUD for the Section 8 Housing Choice Voucher Program.

X Provide and maintain 124 units of Public Housing, minus any units sold through our Public Housing Home Ownership Program.

X Maintain a lease-up of 90% or greater for Public Housing units.

Goal 2: Promote Self-Sufficiency and Economic Opportunities

X Provide and maintain a Family Self-Sufficiency Program for the Section 8 Housing Choice Voucher Program assisted families.

X Maintain at least 25 family participants in the Family Self-Sufficiency Program.

X Provide and attract supportive services for the Family Self-Sufficiency Participants.

X Provide Home Ownership training and related services to promote and encourage Family Self-Sufficiency participants to become home owners.

Goal 3: Promote Home Ownership for Low Income Families

X Offer Public Housing families the opportunity to purchase Public Housing units through our Home Ownership 5(h) Program.

X Seek and apply for available funds that can be used for Home Ownership.

X Consider and pursue purchasing/developing Affordable Housing Projects.

THESE GOALS AND OBJECTIVES ARE DEPENDENT ON ADEQUATE AND CONTINUOUS FUNDING FROM HUD.

Streamlined Annual PHA Plan
PHA Fiscal Year 2006
[24 CFR Part 903.12(b)]

Table of Contents

Provide the following table of contents for the streamlined Annual Plan submitted with the Five-Year Plan, including all streamlined plan components, and additional requirements, together with the list of supporting documents available for public inspection.

A. ANNUAL STREAMLINED PHA PLAN COMPONENTS

X 1. Housing Needs
X 2. Financial Resources
X 3. Policies on Eligibility, Selection and Admissions
X 4. Rent Determination Policies
X 5. Capital Improvements Needs
X 6. Demolition and Disposition
X 7. Homeownership
X 8. Civil Rights Certifications (included with PHA Certifications of Compliance)
X 9. Additional Information
   a. PHA Progress on Meeting 5-Year Mission and Goals
   b. Criteria for Substantial Deviations and Significant Amendments
   c. Other Information Requested by HUD
      i. Resident Advisory Board Membership and Consultation Process
      ii. Resident Membership on the PHA Governing Board
      iii. PHA Statement of Consistency with Consolidated Plan
      iv. (Reserved)
X 10. Project-Based Voucher Program
X 11. Supporting Documents Available for Review
X 12. FY 2004, 2005, 2006 Capital Fund Program and Capital Fund Program Replacement Housing Factor, Annual Statement/Performance and Evaluation Report
X 13. Capital Fund Program 5-Year Action Plan
X 14. Other (List below, providing name for each item)

The following policies or documents are on display and a part of the SIRHA Agency PHA Plans.

1. Admissions Policy for Deconcentration
2. Most recent board-approved operating budget
3. Community Service and Self-Sufficiency policy
4. Public Housing Pet Policy
5. Resident member on the Governing Board
6. Resident Advisory Board Membership
7. PHA Management Organization Chart
8. Public Housing Admissions and Occupancy Policy
9. Section 8 Administrative Plan

10. Maintenance Plan (Includes Pest Control Policy)
11. Family Self-Sufficiency Action Plan
12. Procurement Policy
13. Disposition Policy
14. Capitalization Policy
15. Investment Policy
16. Equal Housing Opportunity Policy
17. Drug Free Workplace Policy
18. Personnel Policy
19. Check Signing Authorization Policy
20. PHA Plan Certifications of Compliance with PHA Plans
    a. Civil Rights Certification
    b. State Certification of Consistency with Consolidated Plan
21. Fiscal Audit Report
22. Section 5(h) Homeownership Program
23. Resident Involvement Plans
    a. Resident Advisory Board
    b. Resident Advisory Council
24. Memorandum of Agreements with TANF Agencies and LLEA's

B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*: *Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans*;
Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.
For PHAs APPLYING FOR CAPITAL FUND PROGRAM (CFP) GRANTS:
Form HUD-50070, *Certification for a Drug-Free Workplace*;
Form HUD-50071, *Certification of Payments to Influence Federal Transactions*;
Form SF-LLL & SF-LLLa, *Disclosure of Lobbying Activities.*

Executive Summary (optional)

[903.7(r)]. If desired, provide a brief overview of the contents of the streamlined 5-Year/Annual Plan.

1. Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

A. 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 PHA's Waiting Lists			
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	74		
Extremely low income <=30% AMI	63	85%	
Very low income (>30% but <=50% AMI)	8	11%	
Low income (>50% but <80% AMI)	3	4%	
Families with children	58	78%	
Elderly families	12	16%	
Families with Disabilities	4	6%	
Race/ethnicity	White/Non Hispanic	98%	
Race/ethnicity	Black	1%	
Race/ethnicity	Asian	1%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	22	30%	
2 BR	16	21%	
3 BR	28	38%	
4 BR	5	7%	
5 BR	3	4%	
5+ BR			
Is the waiting list closed (select one)? X No ☐ Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X No ☐ Yes			

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one) X Section 8 tenant-based assistance ☐ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	697		
Extremely low income <=30% AMI	619	89%	

Housing Needs of Families on the PHA's Waiting Lists			
Very low income (>30% but <=50% AMI)	58	8%	
Low income (>50% but <80% AMI)	20	3%	
Families with children	563	81%	
Elderly families	112	16%	
Families with Disabilities	22	3%	
Race/ethnicity	White/Non Hispanic	98%	
Race/ethnicity	Black/Non Hispanic	1%	
Race/ethnicity	Asian or Pacific Island/Non Hispanic	1%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? X No ☐ Yes
If yes:

How long has it been closed (# of months)?
Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?
X No ☐ Yes

B. Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **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

X Employ effective maintenance and management policies to minimize the number of public housing units off-line
X 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
X Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
X Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
X 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
X Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
☐ Other (list below)

Strategy 2: Increase the number of affordable housing units by:
Select all that apply

☐ Apply for additional section 8 units should they become available
☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
X 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

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

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

Strategy 1: Target available assistance to families at or below 50% of AMI
Select all that apply

☐ Employ admissions preferences aimed at families who are working
X Adopt rent policies to support and encourage work
X Other: (list below)
Provide the opportunity for Homeownership to eligible Public Housing Residents

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:
Select all that apply

☐ Seek designation of public housing for families with disabilities
X 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
X Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

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

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

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

Strategy 2: Conduct activities to affirmatively further fair housing
Select all that apply

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

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

(2) Reasons for Selecting Strategies
Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

X 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
X Influence of the housing market on PHA programs
☐ Community priorities regarding housing assistance
☐ Results of consultation with local or state government
X 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 903.12 (b), 903.7 (c)]

List on the following table 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 2006 grants)**		
a) Public Housing Operating Fund	260,000	
b) Public Housing Capital Fund	195,000	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	3,675,000	
f) Resident Opportunity and Self-Sufficiency Grants	0	
g) Community Development Block Grant	0	
h) HOME	0	
Other Federal Grants (list below)		
Public Housing Graduation Incentive Bonus Program, Section 8 Housing Choice Voucher FSS Program Coordinator	54,000	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	143,000	Management/Operations /Screening, etc
4. Other income (list below)		
Interest	28,000	Administration/Operations
Laundry/Other tenant charges, etc	16,000	Administration/Operations
4. Non-federal sources (list below)		
Management fees	47,000	Administration/Operations
Total resources	4,418,000	

3. PHA Policies Governing Eligibility, Selection, and Admissions

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

See Public Housing Admissions and Continued Occupancy Policy – Attachment C
See Section 8 Administrative Plan – Attachment D

A. Public Housing

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

(1) Eligibility

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

☐ When families are within a certain number of being offered a unit: (state number)
☐ When families are within a certain time of being offered a unit: (state time)
X Other: (describe) - Immediately after the family applies.

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

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

c. X 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 X 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
X Other (describe)
One single waiting list for the entire jurisdiction.

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

X PHA main administrative office
☐ PHA development site management office
X Other (list below)
Community Centers/Outreach Offices within our jurisdiction.

c. Site-Based Waiting Lists-Previous Year

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

Site-Based Waiting Lists				
Development Information: (Name, number, location)	**Date Initiated**	**Initial mix of Racial, Ethnic or Disability Demographics**	**Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL**	**Percent change between initial and current mix of Racial, Ethnic, or Disability demographics**

2. What is the number of site based waiting list developments to which families may apply at one time? ___

3. How many unit offers may an applicant turn down before being removed from the site-based waiting list? ___

4. ☐ Yes ☐ No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

d. Site-Based Waiting Lists – Coming Year

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

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

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

If yes, how many lists?

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

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
☐ PHA main administrative office
☐ All PHA development management offices
☐ Management offices at developments with site-based waiting lists
☐ At the development to which they would like to apply
☐ Other (list below)

(3) Assignment

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

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

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

(4) Admissions Preferences

a. Income targeting:
X 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)
X Emergencies
X Over-housed
X Under-housed
X Medical justification
X Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☐ Other: (list below)

c. Preferences
1. ☐ Yes X No: Has the PHA established preferences for admission to public housing

(other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

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

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

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

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

☐ Date and Time

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

Other preferences (select all that apply)
☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction

☐ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Relationship of preferences to income targeting requirements:
☐ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
X The PHA-resident lease
X The PHA's Admissions and (Continued) Occupancy policy
X 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)
X At an annual reexamination and lease renewal
X Any time family composition changes
X At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

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

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

Deconcentration Policy for Covered Developments			
Development Name	**Number of Units**	**Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]**	**Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]**

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)
X 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):
☐ Other (list below)

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

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

d. ☐ Yes X 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
X Other (describe below)
We supply names or former landlords that are known to us.

(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)
X 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)
X PHA main administrative office
X Other (list below)
Community Outreach Centers in our jurisdiction

(3) Search Time

a. X Yes ☐ No: Does the PHA give extensions on standard 60-day period to search for a unit? If yes, state circumstances below:

If an extension is requested and adequate reason supplied.

(4) Admissions Preferences

a. Income targeting

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

1. If HUD awards funding that is targeted for families with specific characteristics or families living in specific units we will use the assistance for those families.

2. If a tenant/applicant's rent assistance is being terminated; as a result of action taken by HUD, an action taken by the PHA, or a Section 8 Project owner opting out of the

Section 8 Program with HUD's approval; they will be considered a special admission and receive assistance before applicants on the regular waiting list.

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

☐ Date and Time

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

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
X 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)
X The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

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

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

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

☐ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.12(b), 903.7(d)]

A. Public Housing

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

See Public Housing Admissions and Continued Occupancy Policy – Attachment C
See Section 8 Administrative Plan – Attachment D

(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 of the following two)

X 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))

☐ 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
X $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**:**
See Public Housing Admissions and Occupancy Policy – Attachment C

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

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

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

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

X 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
X No

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

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

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

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

f. Rent re-determinations:

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

☐ Never
☐ At family option
X 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 X 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

a. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)
X The section 8 rent reasonableness study of comparable housing
☐ Survey of rents listed in local newspaper
☐ Survey of similar unassisted units in the neighborhood
X Other (list/describe below)
The Fair Market Rent as established by the Department of Housing and Urban Development.

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)

X 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)

X 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
X Other (list below)
Reduced funding by the Department of Housing and Urban Development.

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)

X Annually
☐ Other (list below)

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

X Success rates of assisted families
X Rent burdens of assisted families
X Other (list below)
Funding available

(2) Minimum Rent

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

☐ $0
☐ $1-$25
X $26-$50

b. X Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption

policies? (if yes, list below)
See Section 8 Admissions Plan – Attachment D

5. Capital Improvement Needs

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

Exemptions from Component 5: Section 8 only PHAs are not required to complete this component and may skip to Component 6.

A. Capital Fund Activities

Exemptions from sub-component 5A: PHAs that will not participate in the Capital Fund Program may skip to component 5B. All other PHAs must complete 5A as instructed.

(1) Capital Fund Program

a. X Yes ☐ No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 12 and 13 of this template (Capital Fund Program tables). If no, skip to B.

b. ☐ Yes X No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability of sub-component 5B: All PHAs administering public housing. Identify any approved HOPE VI and/or public housing development or replacement activities not described in the Capital Fund Program Annual Statement.

(1) Hope VI Revitalization

a. ☐ Yes X No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to next component; if yes, provide responses to questions on chart below 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)
Development name:
Development (project) number:
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

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

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

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

6. Demolition and Disposition

[24 CFR Part 903.12(b), 903.7 (h)]

Applicability of component 6: Section 8 only PHAs are not required to complete this section.

a. ☐ Yes X No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI)of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (If "No", skip to component 7; if "yes", complete one activity description for each development on the following chart.)

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:

7. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program

[24 CFR Part 903.12(b), 903.7(k)(1)(i)]

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

(2) Program Description

a. Size of Program

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

If the answer to the question above was yes, what is the maximum number of participants this fiscal year?___

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:

c. What actions will the PHA undertake to implement the program this year (list)?

(3) Capacity of the PHA to Administer a Section 8 Homeownership Program

The PHA has demonstrated its capacity to administer the program by (select all that apply):
a. ☐ Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
b. ☐ Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
c. ☐ Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below).
d. ☐ Demonstrating that it has other relevant experience (list experience below).

8. Civil Rights Certifications

[24 CFR Part 903.12 (b), 903.7 (o)]

Civil rights certifications are included in the *PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations*: *Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans*, which is submitted to the Field

Office in hard copy—see Table of Contents.

9. Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(*Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 2005 - 2009*.

Progress Report on meeting our PHA Plan Goals

1: Provide Affordable Housing

We maintained an average lease up of 996 units per month in Section 8 Housing Choice Voucher Program.

We maintained a lease up of 100% in the Section 8 Housing Choice Voucher Program.

We maintained 124 units of Public Housing

We maintained a lease up rate of 87% in Public Housing.

Goal 2: Promote Self-Sufficiency and Economic Opportunities

We maintained the Family Self-Sufficiency Program (FSS) for the Section 8 Housing Choice Voucher Program assisted families and averaged 29 family participants per month.

Provided and attracted supportive services for Family Self- Sufficiency participants. We referred participants to various agencies within our 13 county area for the appropriate and available assistance that they needed. Offered and provided home ownership training and related services to promote and encourage Family Self-Sufficiency participants to become home owners.

Goal 3: Promote Home Ownership of Low Income Families

We are offering home ownership through our 5(h) Home Ownership Program.

We have filed applications for State funds to assist with home ownership but have not been successful in obtaining funding at this time. We will continue to seek and apply for funding to assist our clients.

We have investigated the Section 8 Home Ownership Program but decided not to participate.

We purchased an affordable housing apartment complex.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

Substantial Deviation and Significant Amendment Definition

Substantial deviation or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that fundamentally change the mission, goals, objectives, or plans of the agency which has a profound effect on the applicants or tenants and require formal approval of the Board of Commissioners.

C. Other Information

[24 CFR Part 903.13, 903.15]

(1) Resident Advisory Board Recommendations

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

If yes, provide the comments below:

b. In what manner did the PHA address those comments? (select all that apply)

☐ Considered comments, but determined that no changes to the PHA Plan were necessary.

☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

(2) Resident Membership on PHA Governing Board

The governing board of each PHA is required to have at least one member who is directly assisted by the PHA, unless the PHA meets certain exemption criteria. Regulations governing the resident board member are found at 24 CFR Part 964, Subpart E.

a. Does the PHA governing board include at least one member who is directly assisted by the PHA this year?

X Yes ☐ No:

If yes, complete the following:

Name of Resident Member of the PHA Governing Board: - Betty Johnson

Method of Selection:

☐ Appointment
The term of appointment is (include the date term expires):

X Election by Residents (if checked, complete next section--Description of Resident Election Process)

Description of Resident Election Process

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
☐ Other: (describe)

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
X Other (list)
All adult residents of Public Housing listed on the lease.

Eligible voters: (select all that apply)

☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
☐ Representatives of all PHA resident and assisted family organizations
X Other (list)
All adult residents of Public Housing listed on the lease.

b. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

☐ 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):

Date of next term expiration of a governing board member:

Name and title of appointing official(s) for governing board (indicate appointing official for the next available position):

(3) PHA Statement of Consistency with the Consolidated Plan
[24 CFR Part 903.15]
For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

Consolidated Plan jurisdiction: State of Iowa Consolidated Plan - 2005

a. 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):

X The PHA has based its statement of needs of families on its waiting list on the needs expressed in the Consolidated Plan/s.
X 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.
X Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

1. Provide affordable housing
2. Provide Homeownership opportunities for eligible families
3. Consider/Pursue purchase of affordable housing.

☐ Other: (list below)

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

The Goals and Objectives of the PHA include the provision of affordable housing and homeownership opportunities for low income families. The PHA also helps maintain sanitary and safe housing.

(4) (Reserved)

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

10. Project-Based Voucher Program

a. ☐ Yes X No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If yes, answer the following questions.

b. ☐ Yes X No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option?

If yes, check which circumstances apply:

☐ Low utilization rate for vouchers due to lack of suitable rental units
☐ Access to neighborhoods outside of high poverty areas
☐ Other (describe below:)

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

11. List of Supporting Documents Available for Review for Streamlined Five-Year/ Annual PHA Plans

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans.*	Standard 5 Year and Annual Plans; streamlined 5 Year Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan.	5 Year Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA's public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. X Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. X 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. X Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. X 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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency
	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types X check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
	Consortium agreement(s).	Annual Plan: Agency Identification and Operations/ Management
X	Public housing grievance procedures X Check here if included in the public housing A & O Policy.	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. X Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
	Documentation for required Initial Assessment and anyadditional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs X Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). X Check here if included in the public housing A & O Policy.	Pet Policy

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Consortium agreement(s), if a consortium administers PHA programs.	Joint PHA Plan for Consortia
	Consortia Joint PHA Plans ONLY: Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection	Joint PHA Plan for Consortia
	Other supporting documents (optional). List individually.	(Specify as needed)

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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 I: Summary

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05P11750104 Replacement Housing Factor Grant No:	Federal FY of Grant: 2004

Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☐Performance and Evaluation Report for Period Ending: 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	0	0	0	0
2	1406 Operations	0	0	0	0
3	1408 Management Improvements	0	0	0	0
4	1410 Administration	0	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	195,105	0	195,105	195,105

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

		Original	Revised	Obligated	Expended
11	1465.1 Dwelling Equipment – Nonexpendable	0	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collaterization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	**195,105**	**0**	**195,105**	**195,105**
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				

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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

PHA Name: **Southern Iowa Regional Housing Authority**	**Grant Type and Number** **Capital Fund Program Grant No: IA05P11750104** **Replacement Housing Factor Grant No:**	**Federal FY of Grant:** **2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA117004	Replace/cabinets/countertops/ Vanities/install grab bars		70	195,105		195,105		Completed

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

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program No: IA05P11750104 Replacement Housing Factor No:	Federal FY of Grant: 2004

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA117004	9/05			12/05		9/05	

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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 I: Summary

PHA NAME: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05P11750105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

Original Annual Statement ☐Reserve for Disasters/ Emergencies X Revised Annual Statement (revision no:1)
☐Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0	0		
2	1406 Operations	0	0		
3	1408 Management Improvements	0	0		
4	1410 Administration	0	0		
5	1411 Audit	0	0		
6	1415 Liquidated Damages	0	0		
7	1430 Fees and Costs	0	0		
8	1440 Site Acquisition	0	0		
9	1450 Site Improvement	7,000	0		
10	1460 Dwelling Structures	186,000	170,980		
11	1465.1 Dwelling Equipment—Nonexpendable	5,000	0		

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

		Original	Revised	Obligated	Expended
12	**1470 Nondwelling Structures**	7,000	0		
13	**1475 Nondwelling Equipment**	0	0		
14	**1485 Demolition**	0	0		
15	**1490 Replacement Reserve**	0	0		
16	**1492 Moving to Work Demonstration**	0	0		
17	**1495.1 Relocation Costs**	0	0		
18	**1499 Development Activities**	0	0		
19	**1501 Collaterization or Debt Service**	0	0		
20	**1502 Contingency**	0	0		
21	**Amount of Annual Grant: (sum of lines 2 – 20)**	**205,000**	**170,980**		
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**				

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05P11750105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
IA117004	Replace cabinets/countertops/ vanities/ install grab bars	1460		170,980				

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program No: IA05P11750105 Replacement Housing Factor No:	Federal FY of Grant: 2005

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
IA117004	9/06			12/06			

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 I: Summary

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program Grant No: IA05P11750106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

X Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☐Performance and Evaluation Report for Period Ending: ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0		0	0
2	1406 Operations	0		0	0
3	1408 Management Improvements	0		0	0
4	1410 Administration	0		0	0
5	1411 Audit	0		0	0
6	1415 Liquidated Damages	0		0	0
7	1430 Fees and Costs	0		0	0
8	1440 Site Acquisition	0		0	0
9	1450 Site Improvement	0		0	0

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

		Original	Revised	Obligated	Expended
10	**1460 Dwelling Structures**	195,000		**0**	**0**
11	**1465.1 Dwelling Equipment—Nonexpendable**	0		**0**	**0**
12	**1470 Nondwelling Structures**	0		**0**	**0**
13	**1475 Nondwelling Equipment**	0		**0**	**0**
14	**1485 Demolition**	0		**0**	**0**
15	**1490 Replacement Reserve**	0		**0**	**0**
16	**1492 Moving to Work Demonstration**	0		**0**	**0**
17	**1495.1 Relocation Costs**	0		**0**	**0**
18	**1499 Development Activities**	0		**0**	**0**
19	**1501 Collaterization or Debt Service**	0		**0**	**0**
20	**1502 Contingency**	0		**0**	**0**
21	**Amount of Annual Grant: (sum of lines 2 – 20)**	**195,000**		**0**	**0**
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**				

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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

PHA Name: **Southern Iowa Regional Housing Authority**	**Grant Type and Number** **Capital Fund Program Grant No: IA05P11750106** **Replacement Housing Factor Grant No:**	**Federal FY of Grant:** **2006**

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	
IA117004	Replace cabinets/countertops/ vanities/install grab bars	1460		155,000				
IA117003	Shingle roofs	1460		40,000				

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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

PHA Name: Southern Iowa Regional Housing Authority	Grant Type and Number Capital Fund Program No: IA05P11750106 Replacement Housing Factor No:	Federal FY of Grant: 2006

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	
IA117004	9/07			12/07			

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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

PHA Name		Southern Iowa Regional Housing Authority		☐Original 5-Year Plan X Revision No: 5	
Development Number HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2007	Work Statement for Year 3 FFY Grant: PHA FY: 2008	Work Statement for Year 4 FFY Grant: PHA FY: 2009	Work Statement for Year 5 FFY Grant: PHA FY: 2010
IA117003		0	115,000	30,000	10,000
IA117004		95,000	0	60,000	162,000
IA117005		42,000	35,000	83,000	18,000
IA117006		21,000	9,000	5,000	5,000
IA117008		11,000	6,000	2,000	0
IA117010		26,000	0	15,000	0
HA-Wide		0	30,000	0	0
CFP Funds Listed for 5-year planning		195,000	195,000	195,000	195,000
Replacement Housing Factor Funds					

PHA Name: 5-Year Plan for Fiscal Years: 20__ - 20__ Annual Plan for FY 20__
HA Code:

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

Activities for Year 1	Activities for Year : 2 FFY Grant: PHA FY: 2007			Activities for Year: 3 FFY Grant: PHA FY: 2008		
	Development Number	Major Work Categories	Estimated **Cost**	**Development Number**	**Major Work Categories**	**Estimated Cost**
See	IA117004	Shingle roofs	95,000	IA117003	Replace appliances	20,000
	IA117005	Shingle roofs	35,000	IA117003	Replace windows	55,000
Statement	IA117005	Build storage units with concrete slabs	7,000	IA117003	Replace floor coverings	40,000
	IA117006	Replace decks/porches	3,000	IA117005	Replace windows	35,000
	IA117006	Shingle roofs	18,000	IA117006	Replace windows	9,000
	IA117008	Shingle roofs	11,000	IA117008	Replace windows	6,000
	IA117010	Shingle roofs	11,000	HA Wide	Replace 2 Maintenance Trucks	30,000
	IA117010	Repair/replace concrete	7,000			
	IA117010	Replace appliances	5,000			
	IA117010	Replace storm doors	3,000			
Total CFP Estimated Cost			**$195,000**			**$195,000**

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

Activities for Year : 4 FFY Grant: PHA FY: 2009			Activities for Year: 5 FFY Grant: PHA FY: 2010		
Development Number	**Major Work Categories**	**Estimated Cost**	**Development Number**	**Major Work Categories**	**Estimated Cost**
IA117003	Build storage units with concrete slabs	30,000	IA117003	Replace concrete	10,000
IA117004	Replace floor coverings	40,000	IA117004	Replace furnaces/AC	162,000
IA117004	Replace lap siding on all buildings	20,000	IA117005	Replace entry doors	15,000
IA117005	Replace floor coverings	18,000	IA117005	Replace decks/porch	3,000
IA117005	Replace appliances	15,000	IA117006	Replace appliances	5,000
IA117005	Replace/repair foundation/driveway	35,000			
IA117005	Replace foundation	15,000			
IA117006	Build storage units with concrete slabs	5,000			
IA117008	Replace entry doors	2,000			
IA117010	Replace furnaces/AC units	15,000			
Total CFP Estimated Cost		**$195,000**			**$195,000**

Required Attachment __AA_____: Membership of the Resident Advisory Board or Boards

List members of the Resident Advisory Board or Boards: (If the list would be unreasonably long, list organizations represented or otherwise provide a description sufficient to identify how members are chosen.)

Creola Clem
Betty Johnson
Pam Claiser
Shelly Hower
Mitzie Cellan
Janis Hughes
Betty Beaver
Jesse Bolinger
Caroll Johnson
Kenneth Thompson
John Clark
Diane Smith
Loretta Kelly
Rachel Colabello
Cassy Holcomb

ATTACHMENT BB

This is a progress report on meeting our goals for our PHA Plan goals thru June 30, 2005.

Goal 1 Provide Affordable Housing
We maintained an average lease up of 996 units per month in Section 8 Housing Choice Voucher Program.

We maintained a lease up of 100% in the Section 8 Housing Choice Voucher Program.

Maintained 124 units of Public Housing.

We maintained a lease up of 87% in Public Housing.

Goal 2 Promote Self-Sufficiency and Economic Opportunities
We maintained the Family Self-Sufficiency Program for the Section 8 Housing Choice Voucher Program an assisted an average of 29 family participants per month.

Provided and attracted supportive services for both the Family Self-Sufficiency participants. We referred participants to various agencies within our 13 county area for the appropriate and available assistance that they needed. We offered and provided home ownership training and related services to promote and encourage Family Self-Sufficiency participants to become home owners.

Goal 3 Promote Home Ownership of Low Income Families
We are offering home ownership through our 5(h) Home Ownership Program.

We have filed applications for State funds to assist with home ownership but have not been successful in obtaining funding at this time. We will continue to seek and apply for funding to assist our clients.

We have investigated the Section 8 Home Ownership Program but decided not to participate.

We purchased an affordable housing apartment complex.

ATTACHMENT CC

Component 10(B) Voluntary Conversion Initial Assessments

HUD published in the Federal Register a final rule on "Voluntary Conversion of Developments from Public Housing Stock; Required Initial Assessments that was required by the Quality Housing and Work Responsibility Act. The final rule requires all public housing developments to be assessed unless they met one of the exempt categories. All PHA's are required to conduct an initial assessment based on a three part test to determine if a development is appropriate or inappropriate for conversion to vouchers:

1. Conversion would not be more expensive than continuing to operate the development as public housing.

2. Conversion would principally benefit residents of the public housing development to be converted and the community.

3. Conversion would not adversely affect the availability of affordable housing in the community.

The Southern Iowa Regional Housing Authority conducted the initial assessments of its public housing developments and considered the implications of converting the public housing to tenant-based assistance by addressing the criteria in the three part test in reverse order. Based on this assessment we believe that conversion of public housing to vouchers would be inappropriate and have an adverse affect on the availability of affordable housing in the community; because it would reduce the number of safe, sanitary, and decent units available for low income families.

a. How many of the PHA's developments are subject to the Required Initial Assessments?
5 Developments

b. How many of the PHA's developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)
1 Development

c. How many Assessments were conducted for the PHA's covered developments?
5 Assessments were conducted

d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:

Development Name	Number of Units
None	**None**

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

PHA Certification

The Southern Iowa Regional Housing Authority hereby certifies that it has reviewed each development's operation as public housing and considered the implications of converting the public housing to tenant-based assistance. Further we certify that based on our review we have concluded that conversion of our public housing developments is inappropriate because it would reduce the number of safe, sanitary, and decent housing units available for low income families.

ATTACHMENT X

13.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE

13.1 GENERAL

In order to be eligible for continued occupancy, each adult family member must either (1) contribute eight hours per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program, or (3) perform eight hours per month of combined activities as previously described unless they are exempt from this requirement.

13.2 EXEMPTIONS

The following adult family members of resident families are exempt from this requirement.

A. Family members who are 62 or older.

B. Family members who are blind or disabled as defined under 216(I)(1) or 1614 of the Social Security Act (42) U.S.C. 416 (I)(1) and who certifies that because of this disability she or he is unable to comply with the community service requirements.

C. Family members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.

D. Family members engaged in work activity.

5. Family members who are exempt from work activity under part A Title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program.

6. Family members receiving assistance, benefits or services under a State program funded under part A Title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

13.3 NOTIFICATION OF THE REQUIREMENT

The Southern Iowa Regional Housing Authority shall identify all adult family members who are apparently not exempt from the community service requirement.

The Southern Iowa Regional Housing Authority shall notify all such family members of

the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for family members to claim and explain an exempt status. The Southern Iowa Regional Housing Authority shall verify such claims.

The notification will advise families that their community service obligation will begin upon the effective date of their first annual reexamination on or after December 31, 2000. For family's paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

13.4 VOLUNTEER OPPORTUNITIES

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self- responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Southern Iowa Regional Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the Resident Advisory Council, the Southern Iowa Regional Housing Authority may create volunteer positions such as hall monitoring, litter patrols, and supervising and record keeping for volunteers.

13.5 THE PROCESS

At the first annual reexamination on or after December 31, 2000, and each annual reexamination thereafter, the Southern Iowa Regional Housing Authority will do the following:

A. Provide a list of volunteer opportunities to the family members.

B. Provide information about obtaining suitable volunteer duties and positions.

3. Provide a volunteer community service form to the family member. Instructions for the community service form require the individual to complete the form and have a supervisor date and sign for each period of work.

D. Family members who are required to perform community service will be required to turn in their community service form monthly to the Housing Authority, who will assist the family members in identifying appropriate volunteer duties or positions in meeting their responsibilities. The Housing Authority will track the family member's progress quarterly and will meet with the family member as needed to encourage compliance.

E. Thirty (30) days before the family's next anniversary date, the Housing Authority will advise each applicable adult family member as to whether they are in compliance with the community service requirement.

13.6 NOTIFICATION OF NON-COMPLIANCE WITH COMMUNITY SERVICE REQUIREMENT

The Southern Iowa Regional Housing Authority will notify any family found to be in noncompliance of the following:

1. The family member(s) has been determined to be in noncompliance;

B. That the determination is subject to the grievance procedure; and

3. That, unless the family member(s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

13.7 OPPORTUNITY FOR CURE

The Southern Iowa Regional Housing Authority will offer the family member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state that the family member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning with the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

If any applicable family member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Southern Iowa Regional Housing Authority shall take action to terminate the lease.

13.8 PROHIBITION AGAINST REPLACEMENT OF AGENCY EMPLOYEES

In implementing the service requirement, the Southern Iowa Regional Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

ATTACHMENT Y

PET POLICY
FOR HOUSING UNITS
OWNED BY SIRHA

The 1998 Quality Housing & Work Responsibility Act (QHWRA) allows all Public Housing residents to have pets. It limits pets to domestic pets and allows the use of reasonable rules governing the size and number of pets. It also provides that a pet cannot cause any danger or hazard to other residents and if the occupant cannot give proper care to the pet it can be removed. The following rules are hereby incorporated, by reference, into the lease between the tenants and the Southern Iowa Regional Housing Authority.

I. Persons leasing units owned by the Southern Iowa Regional Housing Authority may have pets providing they get approval from SIRHA, follow <u>all</u> regulations as stated below, and pay the required $200 deposit in full at the time of admission to the unit. If you decide you want a pet, after you have moved into the unit you must get approval from SIRHA, follow all regulations as stated below, and the $200 deposit must be paid in full before the pet can be in the unit. The $200 deposit is waived for a service animal to assist a person with a disability. In exchange for this right, the resident assumes full responsibility and liability for the pet and agrees to hold the Southern Iowa Regional Housing Authority harmless from any claims caused by an action or inaction of the pet. The following rules must be followed for all pets:

1. Definitions:

    1. A pet is defined as a domestic cat, dog, caged bird, fish, hamster, gerbil, guinea pig, and turtle.

       A common household pet means a smaller domesticated animal such as a dog, cat, fish, bird, hamster gerbil, guinea pig or turtle which is traditionally kept in the home for pleasure rather than for commercial purposes.

    2. A dog is a canine which is not over fifteen inches tall, measuring from the bottom of its paws to the top of its shoulders, measured when it has reached full maturity. It must be a breed that is traditionally considered as household pets. Exotic dogs, such as part wolf or coyote, etc. are not considered as household pets and are not allowed. This section is waived for a service animal to assist a person with a disability.

    3. A cat is a feline which is traditionally considered to be a household pet. Exotic cats such as Pumas, Lions, etc. are not considered as household pets and are not allowed.

4. A caged bird is a bird which will be kept in a closed cage and not allowed to fly around the dwelling unit. Large and exotic birds are not considered as household pets and are not allowed.

5. Small turtles and fish that require an aquarium of 10 gallons or larger are considered pets. An aquarium may not exceed 25 gallons and the fish population cannot exceed the maximum number for the tank size. (Consult your local retailer for this number.) The living environment of said turtles and fish must be installed and maintained properly to prevent damage to the dwelling unit. Piranhas and other exotic reptiles and fish are not considered as household pets and are not allowed.

6. One hamster, gerbil, guinea pig will be kept in a closed cage and not allowed to run around the dwelling unit.

7. For a service animal to assist people with a disability the size requirement and the deposit will be waived.

2. Sanitary Standards:

1. All pet waste is the responsibility of the owner of the pet. It must be disposed of in a sanitary manner which does not infringe on other tenants.

2. Persons with cats must train them to use litter containers. When litter containers are used, the litter must be changed twice a week, and the litter must be separated from the pet waste once each day. The pet waste and the expended litter must be placed in a plastic bag, and disposed of in the garbage receptacle.

3. Persons with dogs must train them to stay in your designated area. Pet waste must be picked up once each day and placed in a plastic bag, and disposed of in the garbage receptacle.

4. All cages and aquariums must be cleaned on a regular basis.

3. Pet Care:

1. Dogs and cats shall be inoculated against rabies and distemper. A veterinarian shall certify that the pet has received all inoculations appropriate for the community in which the pet is located.

2. Dogs and cats shall be leashed and under the control of a responsible individual whenever they are outside of the dwelling unit.

3. All pets shall be properly cared for. If SIRHA believes a pet is not being properly cared for, or is being mistreated, it shall require the pet to be removed from the dwelling unit. SIRHA reserves the right to inspect the care of any pet. If it appears the tenant, for any reason is not or cannot provide proper care of the pet, SIRHA shall have the right to have the pet removed to an animal care facility and all expenses resulting from such action shall be the responsibility of the owner. If the above situation occurs and the pet is removed, the tenant shall not be allowed to have any other pet during their tenancy. SIRHA reserves the right to determine what is proper care.

4. No pets shall be kept out doors. All pets must be of the kind that can be kept indoors.

5. Pets will not be left unattended for more than ten hours.

4. Other Regulations:

1. Registration of Pets

1. All pets must be registered with and approved by SIRHA before the pet is brought into the dwelling unit. A completed registration form, documentation the pet has received its proper shots, documentation the pet is properly licensed (if required), documentation the pet has been spayed or neutered and declawed (if required), and a picture of the pet must be submitted to SIRHA. If something would happen to your pet and you want a different pet, you must contact SIRHA immediately and fill out a new registration form, documentation the pet has received its proper shots, documentation the pet is properly licensed (if required), documentation the pet has been spayed or neutered and declawed (if required), and a picture of the new pet.

2. Density of pet population. Only one pet per family will be allowed, as defined in these regulations.

3. All pets must have received all shots required by local law, and this must be verified by a licensed veterinarian.

4. All pets required to be licensed by the local law shall be licensed.

5. All cats and dogs must be spayed or neutered. All cats must be declawed and this must be verified by a licensed veterinarian.

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

7. If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within **24 hours** of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

8. A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within **10 days** of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

E. Financial Obligation of Residents

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Southern Iowa Regional Housing Authority reserves the right to exterminate and charge the resident.

6. Nuisance or Threat to Health or Safety

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

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

7. Deposit:

1. Upon the move out inspection performed by SIRHA, it will be determined how much of the deposit will be refunded. Any damages to the unit caused by the pet will be deducted from the deposit. This amount will be

determined by the Housing Authority.

I have read the above Pet Policy and received a copy. I agree to abide by all the rules and regulations of the Pet Policy. If I am in violation of any of the above rules and regulations, I fully understand this will be immediate grounds for eviction.

_____

Signature Date

Southern Iowa Regional Housing Authority
Authorization for Pet Ownership Form
(Please fill out a form for each pet)

Pet Owner's
Name_____

Pet Owner's
Address_____
_____

Home telephone:_____ Work telephone_____

Pet's Name_____

Type or Breed_____

Description of
Pet:_____
_____

License or ID Number:_____

Veterinarian Utilized_____

Veterinarian's
address_____
_____

Veterinarian's Phone:_____

Emergency Care giver for the Pet:
_____

Address: _____ Phone:_____

I have read and understand the rules governing pets and I and all members of my household promise to fully comply.

Signature of Pet Owner_____Date _____

Approved by: _____Date _____

****Please attach documentation that your pet has received the following:**

necessary shots
is licensed
spayed or neutered
declawed
Also, attach a photo of your pet.

Required Attachment _Z__: 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)

Name of resident member(s) on the governing board:

Betty Johnson

How was the resident board member selected: (select one)?

Elected
Appointed

C. The term of appointment is (include the date term expires): 1 year - Expires 2006

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

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:

Name and title of appointing official(s) for governing board (indicate appointing official for the next position):