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

Tioga County
PHA Plans

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

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

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

PHA Plan
Agency Identification

PHA Name: Tioga County Housing Authority

PHA Number: PA050

PHA Fiscal Year Beginning: 07/2006

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
X PHA development management offices
☐ PHA local offices

Display Locations For PHA Plans and Supporting Documents

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

X Main administrative office of the PHA
X 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)

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5-YEAR PLAN
PHA FISCAL YEARS 2006 - 2010
[24 CFR Part 903.5]

A. Mission

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

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

☐ The PHA's mission is: (state mission here)

B. Goals

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

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

X PHA Goal: Expand the supply of assisted housing
Objectives:
- X Reduce public housing vacancies: **Goal of 3% vacancies**
- X Leverage private or other public funds to create additional housing opportunities: **Through Bradford – Tioga Leased Housing Corporation**
- X Acquire or build units or developments **If Public Housing funds available**
- X Other (list below) **Assist non-profits with housing development. United Christian Ministries Shelter Development/Mental Health Associates**

X PHA Goal: Improve the quality of assisted housing
Objectives:
- X Improve public housing management: (PHAS score) **Goal 95%**
- X Improve voucher management: (SEMAP score) **Goal 95%**
- X Increase customer satisfaction: **Obtain 10 points on PHA score**

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X Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) **Provide additional support services to tenants for housekeeping and personal care. Implement Asset Management System by Project.**

X Renovate or modernize public housing units: **Continue upgrade of 458 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:

X Provide voucher mobility counseling: **Provide information during eligibility interview.**

X Conduct outreach efforts to potential voucher landlords

X Increase voucher payment standards

X Implement voucher homeownership program: **Refer to Trehab 1st Time Homebuyer Program.**

☐ Implement public housing or other homeownership programs:

X Implement public housing site-based waiting lists: **Implemented with policy adopted 3/27/00**

☐ Convert public housing to vouchers:

X Other: **Continue conversion of efficiency units into 1 bedroom units to improve marketing and reduce vacancies.**

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

X PHA Goal: Provide an improved living environment

Objectives:

X Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: **20% optional income exclusion is offered by Authority.**

X Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: **Continue implementing current policy which has provided access to lower income families.**

X Implement public housing security improvements: **5 Year Capital Improvement Plan includes upgraded lock systems and security cameras.**

☐ Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

☒ Other: (list below) Conduct Energy Audit.

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

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

Objectives:

- X Increase the number and percentage of employed persons in assisted families: **Implement preference for working families.**
- X Provide or attract supportive services to improve assistance recipients' employability: **Refer to successful New Choices program.**
- X Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Increase funding for home support service contract and PA waiver program. Participate in Nursing Home Transition Team.**
- ☒ Other: Continue coop. with EMTA in provision of transportation services

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

X PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

- X Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: **All advertising to contain equal housing opportunity statement.**
- X 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: **All advertising to contain equal housing opportunity statement.**
- X Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required: **Authority has achieved compliance with all Federal ADA/504 Requirements. Authority will continue to go beyond federal requirements by providing additional reasonable accommodations to applicant/tenants who make requests or who are determined to be in need of reasonable accommodations as a result of annual housing inspections of apartments. Also cooperate with center for independent living in implementing specific project recommendations.**
- ☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

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Annual PHA Plan
PHA Fiscal Year 2006
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

☐ **Standard Plan**

Streamlined Plan:

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

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 ®]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

Tioga County Housing Authority
Fiscal Year 2006 Annual Plan
Executive Summary

The Tioga County Housing Authority in implementing this seventh Annual PHA Plan will continue the ongoing effort to improve the quality of housing provided to lower income residents of the County and to improve our management operations. During the past 8 years, the Authority has achieved High Performance Status through the HUD Public Housing Management Assessment Program. This was accomplished mainly because Authority Board, staff and tenants cooperative effort.

Our Annual Plan for 2006 was developed after extensive consultation with Board, staff, local communities, tenants and the general public. In addition to a Public Hearing, meetings to discuss the plan were held at all 12 project sites. The Tenant Advisory Board also provided extensive input. This Tenant Advisory Board includes 3 Section 8 clients.

Highlights of the Plan include continued implementation of new Admission and Occupancy Policies for Public Housing, a new Public Housing Lease, a new Section 8 Administrative Plan and the Annual Statement for the Capital Fund Program, which will address critical building improvement needs at our projects. The Public Housing Policy has set equal preferences for admission for veterans, persons involuntarily

displaced, victims of domestic violence, homeless and working families. In an effort to encourage tenants to be employed the Authority also provides an optional income exclusion of 20% of the earned income of tenants who work over 20 hours per week.

During the third Annual Plan Year the Authority took over management of a new 11 unit low income housing project for elderly in Wellsboro. This project was developed by Wellsboro Housing Associates, L.P. using funding from the Low Income Housing Tax Credit Program and PHFA Pennhomes loan. The Authorityrecently completed work with United Christian Ministries in the development of a 3 unit transitional housing facility in Lawrence Township. The project opened in October 2005. Currently the Authority is working with UCM in the development of a small family project in Osceola, PA.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments	

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a

SEPARATE file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

☐ Admissions Policy for Deconcentration

X FY 2006 Capital Fund Program Annual Statement **See Attachment C**

☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) **Not Applicable**

Optional Attachments:

☐ PHA Management Organizational Chart

X FY 2006 Capital Fund Program 5 Year Action Plan **See Attachment D**

☐ Public Housing Drug Elimination Program (PHDEP) Plan

☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

☒ Other (List below, providing each attachment name)

Attachment A – FY 2004 Capital Fund Program Annual Statement (Performance and Evaluation)

Attachment B – FY 2005 Capital Fund Program Annual Statement (Performance and Evaluation)

Attachment E – 2006 Advisory Board Members

Attachment F - Resident Membership of the PHA Governing Board

Attachment G – Section 8 Voucher Amended Administrative Plan

Attachment H - Revised Utility Allowance

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable On Display	**Supporting Document**	**Applicable Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies

List of Supporting Documents Available for Review		
Applicable On Display	**Supporting Document**	**Applicable Plan Component**
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology 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 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
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 HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
NA	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing (Wellsboro)	Annual Plan:
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8	Annual Plan: Homeownership

List of Supporting Documents Available for Review		
Applicable On Display	**Supporting Document**	**Applicable Plan Component**
	Administrative Plan	
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
NA	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

INFORMATION

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	682	5	3	3	3	2	2
Income >30% but <=50% of AMI	416	3	2	3	3	2	2
Income >50% but <80% of AMI	180	2	2	3	3	2	2
Elderly	238	2	2	2	3	2	2
Families with Disabilities	280	3	3	3	4	2	3
Race/Ethnicity White	1,297	3	2	3	3	2	2
Race/Ethnicity Black	18	3	2	3	3	2	2
Race/Ethnicity	4	3	2	3	3	2	2

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Hispanic							
Race/Ethnicity							

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

X Consolidated Plan of the Jurisdiction/s
Indicate year: 2000

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

☐ American Housing Survey data
Indicate year:

☐ Other housing market study
Indicate year:

☐ Other sources: (list and indicate year of information)

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

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

PUBLIC HOUSING

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance X Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	80		
Extremely low income <=30% AMI	71	89%	
Very low income (>30% but <=50% AMI)	8	10%	
Low income (>50% but <80% AMI)	1	1%	
Families with	13	16%	

Housing Needs of Families on the Waiting List			
children			
Elderly families	67	84%	
Families with Disabilities White Black	8 8 0	10%	
Race/ethnicity/white	78	97%	
Race/ethnicity/black	2	3%	
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	67	84%	
2 BR	9	11%	
3 BR	4	5%	
4 BR	0	0	
5 BR	0	0	
5+ BR	0	0	

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? ☐ No ☐ Yes

SECTION 8

Housing Needs of Families on the Waiting List

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	257		21.4%
Extremely low income <=30% AMI	229	89.1%	
Very low income (>30% but <=50% AMI)	24	9.3%	
Low income (>50% but <80%	4	1.5%	

Housing Needs of Families on the Waiting List			
AMI)			
Families with children	85	33%	
Elderly families	3	1.1%	
Families with Disabilities	18	7%	
Race/ethnicity/white	239	92.9%	
Race/ethnicity/black	12	4.6%	
Race/”/hispanic	4	1.5%	
Race/ethnicity	2	.7%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	65	25.2%	
2 BR	178	69.2%	
3 BR	10	3.8%	
4 BR	4	1.5%	
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? ☐ No ☐ Yes

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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
X 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

X Apply for additional section 8 units should they become available
X 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) Continue implementation of Home Fund or Countywide Housing Rehabilitation.

Need: Specific Family Types: Families at or below 30% of median

Strategy 1: Target available assistance to families at or below 30 % of AMI
Select all that apply

☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
☐ Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
☐ Employ admissions preferences aimed at families with economic hardships
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

X Employ admissions preferences aimed at families who are working
X Adopt rent policies to support and encourage work
☐ Other: (list below)

Need: Specific Family Types: The Elderly
Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

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

☐ Seek designation of public housing for families with disabilities
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

X 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
X Staffing constraints
☐ Limited availability of sites for assisted housing

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2006 grant)**	0	
a) Public Housing Operating Fund	413,092	
b) Public Housing Capital Fund	618,004	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	633,564	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
2. Prior Year Federal Grants (unobligated funds only) (list below)	0	
3. Public Housing Dwelling Rental Income	1,110,100	Public Housing Operations

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
4. Other income (list below)		
4. Non-federal sources (list below)		
Public Housing Investment Income	25,000	Public Housing Operations
Public Housing –Laundry Operations	22,000	Public Housing Operations
Section 8 Admin.Fee – Invest.Income	1,000	Section 8 Operating
Total resources	2,822,760	

* Twin Spruce – South Williamson, Blossburg Apartments not to be included in above financial resources since it is FmHA funded.

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

☐ When families are within a certain number of being offered a unit: (state number)
X When families are within a certain time of being offered a unit: 3 Months
☐ Other: (describe)

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
X Site-based waiting lists
☐ Other (describe)

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

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

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

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

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

3. X Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists? Families 5 Elderly 9

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

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

(3) Assignment

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

☐ One
☒ Two
☐ Three or More

b. 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:

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

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

Former Federal preferences:

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

Other preferences: (select below)

X Working families and those unable to work because of age or disability
X Veterans and veterans' families
☐ Residents who live and/or work in the jurisdiction
☐ Those enrolled currently in educational, training, or upward mobility programs
X 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:
1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
1 Victims of domestic violence
Substandard housing
1 Homelessness
High rent burden

Other preferences (select all that apply)
1 Working families and those unable to work because of age or disability
1 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)
☐ At an annual reexamination and lease renewal
X Any time family composition changes

☐ At family request for revision
☐ Other (list)

Component 3, (6) Deconcentration and Income Mixing

a. ☒ Yes ☐ 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 as follows:

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

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

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

d. ☐ Yes 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)

☐ Criminal or drug-related activity
X Other (describe below) **Prospective landlords are notified if PHA has record on tenant of previous criminal or drug related activity.**

(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
☐ Other (list below)

(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:

(1) Progress has been made by tenant to locate suitable rental unit.
(2) Lease cannot be put in place because of circumstance beyond control of tenant (i.e., Excessive rent charges and/or non repair of HQS violations by property owner)

(4) Admissions Preferences

a. Income targeting

☐ Yes X 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

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

Other preferences (select all that apply)

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

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

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

Other preferences (select all that apply)

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

☐ Those previously enrolled in educational, training, or upward mobility programs
2 Victims of reprisals or hate crimes
3 Other preference(s) (list below) **MH/MR clients who are receiving services from approved MH/MR service providers.**

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)
☐ The PHA applies preferences within income tiers
X 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)
X 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?
X Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)
☐ $0
☐ $1-$25
X $26-$50

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

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

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

1. ☐ Yes 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)
☐ 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:

X Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below: **20% earned income exclusion for all tenants employed over 20 hours per week.**

☐ 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)

X Yes for all developments
☐ Yes but only for some developments
☐ No

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

X 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) HUD Payment Standard

f. Rent re-determinations:

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

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

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

1. 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
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies**.**

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

☐ At or above 90% but below100% of FMR
☐ 100% of FMR
X Above 100% but at or below 110% of FMR Tioga
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

☐ Annually
X Other (list below) **Dependent upon degree of difficulty for assisted tenants in obtaining decent housing.**

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

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

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)
☐ $0
☐ $1-$25
☒ $26-$50

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

5. Operations and Management NOT APPLICABLE.

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)
☐ An organization chart showing the PHA's management structure and organization is attached.
☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	458	25%
Section 8 Vouchers	213	30%
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)SRO	15	35%
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list		

individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures NOT APPLICABLE

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance Not Applicable

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

If yes, list additions to federal requirements below:

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

☐ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

X The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment. **See Attachment C**

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment. **See Attachment D**

-or-

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

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

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

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

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

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: 1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission:
5. Number of units affected: 0 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

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

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

1. ☐ Yes X No: Have any of the PHA's developments or portions of developments been identified by HUD or the PHA as covered under section 202 of the HUD FY 1996 HUD Appropriations Act? (If "No", skip to component 11; if "yes", complete one activity description for each identified development, unless eligible to complete a streamlined submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next

question) ☐ Other (explain below)
3. ☐ Yes ☐ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) ☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) ☐ Units addressed in a pending or approved demolition application (date submitted or approved: ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) ☐ Requirements no longer applicable: vacancy rates are less than 10 percent ☐ Requirements no longer applicable: site now has less than 300 units ☐ Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

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

. Activity Description

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

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria
☐ Yes ☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs – Not Applicable

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

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

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

2. Other coordination efforts between the PHA and TANF agency (select all that apply)
☐ Client referrals
☐ Information sharing regarding mutual clients (for rent determinations and otherwise)
☐ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☐ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General **Not Applicable**

a. Self-Sufficiency Policies
Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)
☐ Public housing rent determination policies
☐ Public housing admissions policies

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

b. Economic and Social self-sufficiency programs

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

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

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

NOT APPLICABLE

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

☐ Safety and security survey of residents
☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
☐ Resident reports

☐ PHA employee reports
☐ Police reports
☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
☐ Other (describe below)

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

Not Applicable

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)
☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
☐ Crime Prevention Through Environmental Design
☐ Activities targeted to at-risk youth, adults, or seniors
☐ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

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

C. Coordination between PHA and the police

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

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

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management NOT APPLICABLE

[24 CFR Part 903.7 9 (q)]

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

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

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

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

Tioga County Housing Authority
Year 2006 Annual Plan & 5 Year Agency Plan

Tenant Advisory Board Meeting Minutes

Thursday, March 16, 2006 11:00 a.m.
Pinnacle Towers Community Room, Wellsboro, PA.

Present:

Nell Bergstresser	Riverside Park, Blossburg
Liz Naylor	Riverside Park, Blossburg
Richard Brill	Sherwood Manor, Mansfield
Virginia Case	Sherwood Manor, Mansfield
Lonnie Frost	Tabor Townhouses, Blossburg
Evelyn Pletcher – Board Member	Park Hill Manor, Wellsboro
Margaret Rice	Park Hill Manor, Wellsboro
Mary Anne Cunningham	Section 8 Voucher Program
Donald & Mary Cline	Forestview Manor, Elkland
Joan Kilmer	Pinnacle Towers, Wellsboro
Glenna Jellif	Pinnacle Towers, Wellsboro
Mark Strange – Maintenance Foreman	Tioga County Housing Authority
Jim McRath – Assistant Director	Tioga County Housing Authority
Mike Egan – Executive Director	Tioga county Housing Authority

Committee Members, Authority Board and Staff reviewed completed Agency Plan, 5 Year Plan and results of Public Hearing. Mike Egan, Executive Director of the Authority asked the Committee members if they had any questions, comments or recommendations based on Public Hearing or meetings at individual project sites.

Mary Ann Cunningham a Section 8 Voucher representative noted that the section 8 Voucher program in Tioga County had been successful in assisting needy residents and offered maximum freedom of choice.

Joan Kilmer of Pinnacle Towers noted that there has been increased vandalism in destruction of landscaping and requested additional security cameras. Egan noted that the 10 security cameras at Pinnacle were the maximum that the system could handle but that authority will install additional lighting in the affected areas.

Liz Naylor of Riverside Park, Blossburg requested that sidewalks be brought up to door level at cottages so that no step up was required. Egan explained proposed sidewalk replacement project which would leave one step up due to potential flooding conditions at this project. Liz noted that lighting improvements at Riverside Park improved security. She also asked that switch on both fans be included in five year work plan. Authority to review performance of fans and consider installation of control switches in the five year plan.

Lonnie Frost of Tabor Townhouses commented on how please tenants were with new ranges that were put in recently as part of 2005 Capital Grant Program.

Nell Bergstresser of Riverside Park, Blossburg asked that Authority install hand rail on sidewalk section that is sloped out front of community room. Maintenance Foreman – Mark Strange will take care of a hand rail installation with funds from Housing Authority operating budget.

Both Nell Bergstresser and Evelyn Pletcher of Parkhill Manor, Wellsboro commented on overall good living conditions in Housing Authority owned developments.

Following questions and comments, Mike Egan thanked committee members for their participation in development of plan and for assisting with project site meetings. He also noted that final plan would be presented to Board of Directors at their meeting of March 27, 2006.

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

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

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

☐ Other: (list below)

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes X No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes X No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X The PHA has based its statement of needs of families in the jurisdiction 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)
☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below) **Tioga County does not have consolidated plan, County is part of statewide plan which supports efforts of Housing Rehabilitation and 1st Time Homebuyer Assistance.**

D. Other Information Required by HUD

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

Attachments

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

Attachment A – "FY 2004 Capital Fund Program Annual Statement" Performance and Evaluation Report"

Attachment B – "FY 2005 Capital Fund Program Annual Statement" Performance and Evaluation Report"

Attachment C - "FY 2006 Capital Fund Program Annual Statement"

Attachment D - "FY 2006 Capital Fund Program 5 Year Action Plan"

AttachmentE – "FY 2006 Resident Advisory Board Members

Attachment F - Resident Membership for the PHA Governing Board

Attachment G - Section 8 Voucher Amended Administrative Plan

Attachment H - Revised Utility Allowances

ATTACHMENT A
FY 2004 CAPITAL FUND PROGRAM

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050104 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: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000	0	0	0
3	1408 Management Improve. Soft Costs: Security	20,000	10,000	1,940	400
4	1410 Administration	53,085	53,085	53,085	44,623
5	1411 Audit	1,000	1,000	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	42,000	46,200	48,598	48,598
8	1440 Site Acquisition				
9	1450 Site Improvement	81,000	155,580	156,720	149,722
10	1460 Dwelling Structures	327,500	272,416	275,546	267,456
11	1465.1 Dwelling Equipment—Nonexpendable	44,000	41,345	41,345	41,345
12	1470 Non-dwelling Structures	21,000	15,000	15,392	15,392
13	1475 Non-dwelling Equipment	33,500	53,459	44,710	41,234
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050104 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: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	648,085	0	637,336	608,770
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	7,000	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	10,000	1,940	400
25	Amount of Line 21 Related to Security – Hard Costs	30,000	0	0	0
	Amount of line 21 Related to Energy Conservation Measures	55,000	55,000	55,000	45,645

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
PA 50-1	Community Room front door	1470	1	1,000	4,300	4,300	4,300	C:09/01/05
Riverside Park	New tenant van	1475	1	25,000	22,650	22,650	22,650	C:04/12/05
(Cottages)	Sidewalk replacement	1450	200’	10,000	0	0	0	Transfer to 2005
Blossburg	Handicap toilets	1460	29	7,000	0	0	0	Transfer to 2005
	Refinish tubs	1460	29	0	0	0	0	Transfer to 2005
	Install outside receptacles	1460	30	3,000	2,606	2,606	2,606	C:08/01/05
	Tractor – cab	1475	1	2,500	2,000	2,000	2,000	C:01/01/05
	Replace Gas Serv(Carryover from’03)	1450	30’	0	36,800	36,800	36,800	C:06/30/05
PA 50-2	New ranges	1465.1	50	12,000	12,425	12,425	12,425	C:12/01/05
Sherwood Manor	New refrigerators	1465.1	50	18,000	15,988	15,988	15,988	C:03/01/05
Mansfield	Front entrance cover	1460	1	5,000	16,900	16,900	16,900	C:10/01/05
	Tractor – cab	1475	1	2,500	2,000	2,000	2,000	C:01/01/05
	Apt. Conversion from 2003 Incre.#2)	1460	4	0	38,979	38,979	38,979	C:02/01/05
PA 50-3	New refrigerators	1465.1	10	3,500	3,447	3,447	3,447	C:03/01/05
Park Hill Manor	Kitchen exhaust fans	1460	82	7,500	8,468	8,468	8,468	C:08/01/05
Wellsboro	Roof Replacement – Phase 1	1460	2 bldgs.	0	133,737	133,737	133,737	C:09/01/05
	(Transfer from 2007)							

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
PA 50-5	Replace siding	1460	5 Bldgs.	40,000	0	0	0	Transfer to 2006
Tabor Townhouses	Lighting, tv, telephone upgrades	1460	20	15,000	11,365	12,125	12,125	C:12/31/05
Blossburg	New refrigerators	1465.1	20	7,000	6,395	6,395	6,395	C:03/01/05
PA 50-6	Pave parking lot	1450	5000 SF	10,000	12,000	13,920	13,224	In Progress
Forestview Manor								
Elkland								
PA 50-7	Bath tile & shower units	1460	20	0	0	0	0	Transfer to 2007
Wapiti Apartments								
Elkland								
PA 50-8	Replace roof mounted lights	1460	5	4,000	0	0	0	Deleted
Pinnacle Towers	Repair kitchen cabinet bottoms	1460	47	20,000	13,100	13,100	13,100	C:08/01/05
Wellsboro	Upgrade community room kitchen	1470	1	20,000	10,700	11,092	11,092	C:10/01/05
	Community room dishwasher	1475	1	3,500	0	0	0	Deleted
	Apartment door bells	1460	60	6,000	0	0	0	Transfer to 2007
	Lighted project sign	1450	1	6,000	9,500	10,555	9,450	In Progress
	Replace refrigerators	1465.1	10	3,500	3,090	3,090	3,090	C:01/15/05
PA 50-9	Sprinkler system	1460	1	120,000	0	0	0	Transfer to 2006

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
Riverside Manor								
Westfield								
PA 50-10	Lighting, TV, telephone upgrades	1460	20	15,000	9,560	10,160	10,160	C:12/31/05
Hillview Apartments	Security screens	1460	20	10,000	0	0	0	Transfer to2005
Westfield	Parking lot/sidewalk upgrade	1450	1	5,000	15,780	15,780	15,780	C:06/01/05
	Fencing, Apts.B201-B204	1450	100’	2,000	5,000	5,000	3,011	In Progress
PA 50-11	Lighting, TV, telephone upgrades	1460	20	15,000	10,598	11,488	11,488	12/31/05
Nelson Family &	Security screens	1460	20	10,000	0	0	0	Transfer to 2005
Elderly	Pave Pease Hill Drive	1450	2,500 SF	5,000	6,500	10,370	10,370	C:06/30/05
	Pease Hill sidewalk & curb	1450	200’	5,000	6,000	6,000	5,182	In Progress
	Replace walks33-1 to 33-4	1450	100’	2,000	7,000	7,000	7,000	C:06/30/05
	Pave Capital Drive lot	1450	2,500 SF	2,000	8,000	8,000	8,000	C:06/30/05
	Fencing Capital Drive	1450	100	5,000	5,000	5,000	3,050	In Progress
	Sewer cleanouts	1460	20	5,000	0	0	0	Deleted
PA 50-12	Lighting, TV & telephone upgrades	1460	20	15,000	10,628	11,508	11,508	C:12/31/05
Lawrenceville	Security screens	1460	20	10,000	0	0	0	Transfer to 2005
Family & Elderly	State St. drainage/paving	1450	5,000 SF	9,000	16,000	16,000	15,560	In Progress
	Center St. paving	1450	8,000 SF	15,000	23,000	22,295	22,295	C:09/01/05

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
	Tree removal	1450	5	5,000	5,000	0	0	In Progress
PHA – WIDE	Generator	1475	1	10,000	16,809	0	0	Transfer to 2007
Main Office	Replace A/C system	1460	1	10,000	16,475	16,475	8,385	In Progress
PHA – WIDE	Operations (Budget Rev.#1)	1406		25,000	0	0	0	
	Management Improve Soft Costs: Security	1408		20,000	10,000	1,940	400	In Progress
	Administration:			53,085	53,085	53,085		
	Salaries	1410.1					31,426	In Progress
	Benefits	1410.2					9,197	In Progress
	Sundry (Travel, telephone & etc.)	1410.3					4,000	In Progress
	Audit	1411		1,000	1,000	0	0	In Progress
	Fees & Costs/Engineering	1430		42,000	46,200	48,598	48,598	C:11/01/05
	Hard Costs: Computer Equipment	1475		0	10,000	19,600	14,584	In Progress

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program No: PA26P05050104 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	
PA 50-1	9-13-2006	0	03/18/2005	9/13/2008	0	09/01/2005	
PA 50-2	9-13-2006	0	03/18/2005	9-13-2008	0	10/01/2005	
PA 50-3	9-13-2006	0	03/18/2005	9-13-2008	0	09/01/2005	
PA 50-4	9-13-2006	0		9-13-2008	0		
PA 50-5	9-13-2006	0	03/18/2005	9-13-2008	0	12/31/2005	
PA 50-6	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-7	9-13-2006	0		9-13-2008	0		
PA 50-8	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-9	9-13-2006	0		9-13-2008	0		
PA 50-10	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-11	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-12	9-13-2006	0	03/18/2005	9-13-2008	0		
PHA WIDE	9-13-2006	0	04/01/4005	9-13-2008	0		

ATTACHMENT B
TIOGA COUNTY FY 2005

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000	0	0	0
3	1408 Management Improvements Soft Costs: Security	10,000	0	10,000	1,555
	Management Improvements Hard Costs: Computers	0	0	0	0
4	1410 Administration	50,004	0	50,004	872
5	1411 Audit	1,000	0	0	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	44,000	0	37,400	2,805
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000	0	0	0
10	1460 Dwelling Structures	378,000	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	5,000	0	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	60,000	0	60,782	52,233
14	1485 Demolition			0	0
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
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Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	618,004	0	158,186	57,465
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	25,000	0	0	0
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	42,000	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	30,000	0	0	0

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
PA 50-1	Refinish tubs		1460	29	3,000	0	0	0	
Riverside Park	Sidewalk replacement		1450	1	10,000	0	0	0	
(Cottages)	Ramp		1450	1	5,000	0	0	0	
Blossburg	Tree cutting		1450	5	5,000	0	0	0	
					23,000				
PA 50-2	Handicap toilets		1460	44	15,000	0	0	0	
Sherwood Manor	Replace mailboxes		1460	50	6,000	0	0	0	
Mansfield					**21,000**				
PA 50-3	New roof – Phase II		1460	2	140,000	0	0	0	
Park Hill Manor					**140,000**				
Wellsboro									
PA 50-5	Ranges		1465.1	20	5,000	0	0	0	
Tabor Townhouse	Bath vanities		1460	20	10,000	0	0	0	
Blossburg	New toilets		1460	20	5,000	0	0	0	
					20,000				
PA 50-6	Community room A/C		1470	1	5,000	0	0	0	

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
Forestview Manor	New panic hardware on exit doors		1460	7	5,000	0	0	0	
Elkland	Shower controls		1460	44	5,000	0	0	0	
	Tractor/plow/cab		1475	1	12,000	0	12,506	12,506	C:12/31/205
	Laundry ceiling tile		1460	1	1,000	0	0	0	
					28,000				
PA 50-7	Replace tub/tile		1460	20	20,000	0	0	0	
Wapiti Apts.	Replace water main		1450	1	5,000	0	0	0	
Elkland	Pave parking lot		1450	1	20,000	0	0	0	
					45,000				
PA 50-8	Corner apt. heat units		1460	16	5,000	0	0	0	
Pinnacle Towers	Install tile on 1st floor		1460	1	10,000	0	0	0	
Wellsboro	Tractor/plow/cab		1475	1	12,000	0	13,652	13,652	C:12/31/05
	Replace emergency call system		1460	60	5,000	0	0	0	
					32,000				
PA 50-9	Entry closet lighting		1460	50	5,000	0	0	0	
Riverside Manor	Replace emergency call system		1460	50	5,000	0	0	0	
Westfield					**10,000**				

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
PA 50-10	Security screens		1460	20	14,000	0	0	0	
Hillview Apts.	Bathtub/tile replacement		1460	20	15,000	0	0	0	
Westfield	Bath floor tile replacement		1460	20	10,000	0	0	0	
					39,000				
PA 50-11	Security screens		1460	20	14,000	0	0	0	
Nelson Family	Bathtub/tile replacement		1460	20	15,000	0	0	0	
& Elderly	Bath floor tile replacement		1460	20	10,000	0	0	0	
	Replace storm doors		1460	30	6,000	0	0	0	
	Bath vanities		1460	10	10,000	0	0	0	
	Tractor/plow/cab		1475	1	13,000	0	12,312	12,312	C:12/31/05
					68,000				
PA 50-12	Security screens		1460	20	14,000	0	0	0	
Lawrenceville	Bathtub/tile replacement		1460	20	15,000	0	0	0	
Family & Elderly	Bath floor tile replacement		1460	20	10,000	0	0	0	
	Tractor/plow/cab		1475	1	13,000	0	12,312	12,312	C:12/31/05
					52,000				

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
PHA-WIDE	Operations		1406		25,000	0	0	0	
	Management Improvements Soft Costs: Security		1408.1		10,000	0	10,000	1,555	In Progress
	Management Improvements Hard Costs		1408.2		0	0	0	0	
	Administration:				50,004	0	50,004		
	Salaries		1410.1					0	In Progress
	Benefits		1410.2					0	In Progress
	Sundry		1410.3					872	In Progress
	Audit		1411		1,000	0	0	0	
	Fees & Costs		1430		44,000	0	37,400	2,805	In Progress
	Management Improvements Hard Costs: :Computers		1475		10,000	0	10,000	1,451	In Progress
					140,004				

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program No: PA26P05050105 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	
PA 50-1	6-30-2007	0		6-30-2009	0		
PA 50-2	6-30-2007	0		6-30-2009	0		
PA 50-3	6-30-2007	0		6-30-2009	0		
PA 50-4	6-30-2007	0		6-30-2009	0		
PA 50-5	6-30-2007	0		6-30-2009	0		
PA 50-6	6-30-2007	0		6-30-2009	0		
PA 50-7	6-30-2007	0		6-30-2009	0		
PA 50-8	6-30-2007	0		6-30-2009	0		
PA 50-9	6-30-2007	0		6-30-2009	0		
PA 50-10	6-30-2007	0		6-30-2009	0		
PA 50-11	6-30-2007	0		6-30-2009	0		
PA 50-12	6-30-2007	0		6-30-2009	0		

ATTACHMENT C
FY 2006 Tioga County Capital Fund Program

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

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☒ Performance and Evaluation Report for Period Ending: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000	0	0	0
3	1408 Management Improvements Soft Costs: Security	15,000	0	0	0
	1408 Management Improvements Hard Costs: Computers	0	0	0	0
4	1410 Administration	58,000	0	0	0
5	1411 Audit	1,000	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	60,000	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	84,000	0	0	0
10	1460 Dwelling Structures	268,200	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	46,000	0	0	0
12	1470 Nondwelling Structures	7,000	0	0	0
13	1475 Nondwelling Equipment	28,800	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

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collaterization or Debt Service	0	0	0	0
20	1502 Contingency	25,004	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	618,004	0	0	0
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	66,000	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	15,000	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	43,000	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	83,000	0	0	0

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
PA 50-1	Sidewalk replacement	1450	200’	10,000	0	0	0	
Riverside Park	Handicap toilets	1460	29	7,000	0	0	0	
(Cottages)	Community building carpet	1470	1	1,000	0	0	0	
Blossburg	Community building furniture	1475	2	2,000	0	0	0	
	Pave parking lot	1450	5000 S.F.	8,000	0	0	0	
	Tractor w/ cab	1475	1	13,000	0	0	0	
	Recycling shelter	1475	1	2,000	0	0	0	
	Floor machine	1475	1	1,000	0	0	0	
PA 50-2	Drinking fountain	1460	1	2,000	0	0	0	
Sherwood Manor	Balcony electric outlet	1460	48	3,000	0	0	0	
Mansfield								
PA 50-3	New ranges	1465.1	77	20,000	0	0	0	
Park Hill Manor	New refrigerators	1465.1	72	26,000	0	0	0	
Wellsboro	Front sidewalk	1450	100’	10,000	0	0	0	
	Bath exhaust fans	1460	82	10,000	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
PA 50-4	Install outside receptacles	1460	2	2,000	0	0	0	
Riverside Park	Garage area slab/fence	1450	1	1,000	0	0	0	
(Apartments)								
Blossburg								
PA 50-6	Handicap toilets	1460	45	18,000	0	0	0	
Forestview Manor	Wet/dry vac	1475	1	600	0	0	0	
Elkland	Variable speed floor dryer	1475	1	200	0	0	0	
PA 50-7	Replace sidewalks	1450	200’	10,000	0	0	0	
Wapiti Apartments	Pave parking lot	1450	7,500 S.F.	20,000	0	0	0	
Elkland	Walks to sheds	1450	20	5,000	0	0	0	
PA 50-8	Replace electrical heat units	1460	16	7,000	0	0	0	
Pinnacle Towers	Upgrade emergency call system	1460	60	5,000	0	0	0	
Wellsboro	Handicap toilets	1460	54	20,000	0	0	0	
	Upgrade fire alarms system	1460	1	30,000	0	0	0	
	Pave parking lot	1450	7,500 S.F.	20,000	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
PA 50-9	Replace emergency call system	1460	50	5,000	0	0	0	
Riverside Manor	Replace water lines	1460	2	10,000	0	0	0	
Westfield	Replace electrical heat units	1460	11	5,000	0	0	0	
	Handicap toilets	1460	44	15,000	0	0	0	
	Heat system controller	1460	1	1,200	0	0	0	
PA 50-10	Hot water expansion tanks	1460	20	3,000	0	0	0	
Hillview Apts.	Bathtub/tile replacement	1460	20	20,000	0	0	0	
Westfield	Bath floor tile	1460	20	10,000	0	0	0	
	Additional heat to 2 bed. kitchen	1460	10	10,000	0	0	0	
PA 50-11	Bathtub/tile replacement	1460	20	20,000	0	0	0	
Nelson Family &	Bath floor tile	1460	20	10,000	0	0	0	
Elderly	Additional heat to 2 bed. Kitchen	1460	10	10,000	0	0	0	
PA 50-12	Hot water expansion tanks	1460	30	5,000	0	0	0	
Lawrenceville	Emergency call system	1460	10	3,000	0	0	0	
Family & Elderly	Bathtub/tile replacement (Family)	1460	20	20,000	0	0	0	
	Bath floor tile (Family)	1460	20	10,000	0	0	0	
	Additional heat to 2 bed. Kitchens	1460	10	7,000	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
50-All Main Office	Automatic door	1470	1	6,000	0	0	0	
Blossburg								
PHA WIDE	Operations	1406		25,000	0	0	0	
	Management improvements							
	Soft Costs - Security	1408		15,000	0	0	0	
	Hard Costs	1408		0	0	0	0	
	Administration							
	Salaries	1410.1		37,000	0	0	0	
	Benefits	1410.2		12,000	0	0	0	
	Sundry	1410.3		9,000	0	0	0	
	Audit	1411		1,000	0	0	0	
	Fees & costs – Architect & Energy Audit	1430		60,000	0	0	0	
	Computer Equipment	1475		10,000	0	0	0	
	Contingency	1502		25,004	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program No: PA26P05050106 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	
PA 50-1	6-.30-2008	0		6-30-2010	0		
PA 50-2	6-.30-2008	0		6-30-2010	0		
PA 50-3	6-.30-2008	0		6-30-2010	0		
PA 50-4	6-.30-2008	0		6-30-2010	0		
PA 50-5	6-.30-2008	0		6-30-2010	0		
PA 50-6	6-.30-2008	0		6-30-2010	0		
PA 50-7	6-.30-2008	0		6-30-2010	0		
PA 50-8	6-.30-2008	0		6-30-2010	0		
PA 50-9	6-.30-2008	0		6-30-2010	0		
PA 50-10	6-.30-2008	0		6-30-2010	0		
PA 50-11	6-.30-2008	0		6-30-2010	0		
PA 50-12	6-.30-2008	0		6-30-2010	0		

ATTACHMENT D

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Tioga County Housing Authority				☒ **Original 5-Year Plan** ☐ **Revision No:**	
Development Number/Name/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**
	Annual Statement				
PA 50-1		26,000	70,000	10,000	50,000
PA 50-2		10,000	20,000	145,000	0
PA 50-3		45,000	25,000	160,000	30,000
PA 50-4		12,000	26,000	0	60,000
PA 50-5		87,000	15,000	8,000	0
PA 50-6		10,000	1,000	0	280,000
PA 50-7		0	64,000	0	0
PA 50-8		47,000	60,000	76,000	26,000
PA 50-9		178,000	70,000	45,000	0
PA 50-10		0	5,000	10,000	0
PA 50-11		7,000	53,000	8,000	16,000
PA 50-12		0	53,000	0	0
PHA WIDE		196,004	156,004	156,004	156,004
		618,004	618,004	618,004	618,004
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	***PA 50-1***	***Storage building roof***	6,000	*PA 50-1*	***New boilers***	**70,000**
Annual	Riverside Park	***30 ranges***	8,000	Riverside Park		
Statement	***Blossburg (Cottages)***	30 refrigerators	12,000	***Blossburg (Cottages)***		
			26,000			
				PA 50-2	Walkway lighting	5,000
	PA 50-2	ADA tub modification	**10,000**	Sherwood Manor	Hot water tanks	15,000
	Sherwood Manor			Mansfield		**20,000**
	Mansfield					
				PA 50-3	Upgrade community kitchen	5,000
	PA 50-3	Fire alarm upgrade	30,000	Park Hill Manor	Pave parking lot	20,000
	Park Hill Manor	Security system	15,000	Wellsboro		**25,000**
	Wellsboro		**45,000**			
				PA 50-4	Handicap toilets	6,000
	PA 50-4	20 ranges	7,000	Riverside Park	Hot water tanks	10,000
	Riverside Park	20 refrigerators	5,000	Blossburg (Apts)	B building sidewalk	10,000
	Blossburg (Apts)		**12,000**			**26,000**
	PA 50-5	Replace siding	50,000	PA 50-5	New electric service	5,000
	Tabor Townhouses	New boilers	25,000	Tabor Townhouses	Kitchen exhaust fans	10,000
	Blossburg, PA 16912	Replace exterior lighting	10,000	Blossburg		**15,000**
		Furnace in garage	2,000			
			87,000	PA 50-6	Washer	500

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
				Forestview Manor	Dryer	500
	PA 50-6	Security System	**10,000**	Elkland		**1,000**
	Forestview Manor					
	Elkland					
	PA 50-8	Emergency call – Public RR	2,000	PA 50-7	New furnaces	40,000
	Pinnacle Towers	New generator	35,000	Wapiti Apartments	Replace tubs/floor tile	20,000
	Wellsboro	Water lines	10,000	Elkland	Landscaping	4,000
			47,000			**64,000**
	PA 50-9	Sprinkler system	145,000	PA 50-8	New boilers	**60,000**
	Riverside Manor	Upgrade fire alarm system	20,000	Pinnacle Towers		
	Westfield	Security system	10,000	Wellsboro		
		10 refrigerators	3,000			
			178,000	PA 50-9	New boilers	40,000
				Riverside Manor	Hot water tanks	25,000
	PA 50-11	Concrete pads	**7,000**	Westfield	Community room exit doors	2,500
	Nelson Elderly				1st floor drop ceiling	2,500
						70,000
	PHA WIDE	Operations	0			
		Management improvements	25,000	PA 50-10	Replace storm doors	**5,000**
		Administration	58,000	Hillview Apartments		
		Audit	1,000	Westfield		
		Fees & costs	45,000			
			129,000	PA 50-11	Replace storm doors	8,000
				Nelson Elderly &	Kitchen cabinets & counters	30,000

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
		Contingency	27,004	Family	Bath exhaust fans	15,000
						53,000
				PA 50-12	Replace storm doors	8,000
				Lawrenceville	Kitchen cabinets & counters	30,000
				Elderly & Family	Bath exhaust fans	15,000
						53,000
				PHA WIDE	Operations	0
					Management Imrorvements	25,000
					Administration	58,000
					Audit	1,000
					Fees & costs	45,000
						129,000
					Contingency	
						27,004
Total CFP Estimated Cost			$618,004			$618,004

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :2009 FFY Grant: PHA FY:			Activities for Year: 2010 FFY Grant: PHA FY:		
Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA 50-1	***Additional parking***	**10,000**	*PA 50-1*	***Siding on cottages***	40,000
Riverside Park			Riverside Park	***Apt #1 handicap***	10,000
Blossburg (Cottages)			***Blossburg (Cottages)***		**50,000**
PA 50-2	2nd & 3rd floor storage	5,000	PA 50-3	Closet doors	10,000
Sherwood Manor	Sprinkler system	140,000	Park Hill Manor	2nd floor auto door	5,000
Mansfield		**145,000**	Wellsboro	Boilers	15,000
					30,000
PA 50-3	Sprinkler system	130,000			
Park Hill Manor	Replace heat lines	30,000	PA 50-4	Boilers	**60,000**
Wellsboro		**160,000**	Riverside Park		
			Blossburg (Apts)		
PA 50-5	Replace sidewalk	5,000			
Tabor Townhouses	Tub refinishing	3,000	PA 50-6	Sprinkler system	130,000
Blossburg		**8,000**	Forestview Manor	Upgrade fire alarm	20,000
			Elkland	Roof	90,000
PA 50-8	Air make up unit	45,000		Pave office parking lot	10,000
Pinnacle Towers	Hot water tanks	24,000		Boilers	30,000
Wellsboro	10 refrigerators	4,000			**280,000**
	10 ranges	3,000			
		76,000	PA 50-8	Replace carpet	**26,000**

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :2009 FFY Grant: PHA FY:			Activities for Year: 2010 FFY Grant: PHA FY:		
Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
			Pinnacle Towers		
			Wellsboro		
PA 50-9	Air make up unit	**45,000**	PA 50-11	Pave elderly parking lot	**16,000**
Riverside Manor			Nelson Family &		
Westfield			Elderly		
PA 50-10	Bath exhaust fans	**10,000**	PHA WIDE	Operations	0
Hillview Apartments				Management improvements	25,000
Westfield				Administration	58,000
				Audit	1,000
PA 50-11	Washer	500		Fees & costs	45,000
Nelson Family &	Dryer	500			**129,000**
Elderly	10 ranges	3,000			
	10 refrigerators	4,000		Contingency	27,004
		8,000			
PHA WIDE	Operations	0			
	Management improvements	25,000			
	Administration	58,000			
	Audit	1,000			
	Fees & costs	45,000			
		129,000			
	Contingency	27,004			

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year :2009 FFY Grant: PHA FY:			Activities for Year: 2010 FFY Grant: PHA FY:		
Development Name/Number	**Major Work Categories**	Estimated Cost	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
Total CFP Estimated Cost		$618,004			$618,004

ATTACHMENT E

Tioga County Housing Authority
2006 Public Agency Five Year Plan
Tenant Advisory Board

Housing Authority Tenants

Nell Bergstresser Riverside Park, Apt. 8 Blossburg, PA 16912 (570) 638-0192	Lonnie Frost 145-A Taber Street Blossburg, PA 16912 (570) 638-2861	Virginia Case Sherwood Manor, Apt. 227 Mansfield, PA 16933 (570) 662-2443
Evelyn Pletcher Park Hill Manor, Apt. B107 Wellsboro, PA 16901 (570) 724-7295	Iva Wheeler Pinnacle Towers, Apt. 309 Wellsboro, PA 16901 (570) 724-3295	Donald & Mary Cline Forestview Manor, Apt. B107 Elkland, PA 16912
Roger Wilson 201 Pattsion Ave. Extension Wapiti Apartment 1D Elkland, PA 16920 (814) 258-9932	Ellen Nelson A303 Hillview Apartments Westfield, PA 16950 (814) 367-2116	Rosalee Womer Apartment 200 Riverside Manor Westfield, PA 16950 (814) 367-2889
Gary Bradford Apartment 33-8 Pease Hill PO Box 132 Nelson, PA 16940 (570) 827-2466	Czcslawa Losinger Apartment 9 42 Main Street Lawrenceville, PA 16929 (570) 827-2378	

Section 8 Clients

Gwen Gilmore 31 Robinson Drive Mansfield, PA 16933 (570)513-0593	Maryanne Cunningham 1 ½ Woodland Avenue Wellsboro, PA 16901 (570) 723-8927	Sylvia Geneski RR 1 Box 204A Tioga, PA 16946 (570) 835-0227

ATTACHMENT F

RESIDENT MEMBERSHIP FOR THE PHA GOVERNING BOARD

TIOGA COUNTY HOUSING AUTHORITY

TENANT NAME: EVELYN PLETCHER

ADDRESS: APT. B107
PARK HILL MANOR
GRANT STREET
WELLSBORO, PA 16901

INITIAL APPOINTMENT: JUNE 27, 2000
TERM EXPIRATION: APRIL 30, 2010

HOUSING AUTHORITY BOARD APPOINTMENTS ARE MADE BY THE TIOGA COUNTY COMMISSIONERS

ATTACHMENT G

SECTION 8 VOUCHER AMENDED ADMINISTRATIVE PLAN

*Amendments Only See Separate Attachment for Complete Plan

8.0 Portability

8.1 General Policies of the TIOGA COUNTY Housing Authority

A family whose head or spouse has a domicile (legal residence) or works in the jurisdiction of the TIOGA COUNTY Housing Authority at the time the family first submits its application for participation in the program to the TIOGA COUNTY Housing Authority may lease a unit anywhere in the jurisdiction of the TIOGA COUNTY Housing Authority or outside the TIOGA COUNTY Housing Authority jurisdiction as long as there is another entity operating a tenant-based Section 8 program covering the location of the proposed unit.

If the head or spouse of the assisted family does not have a legal residence or work in the jurisdiction of the TIOGA COUNTY Housing Authority at the time of its application, the family will not have any right to lease a unit outside of the TIOGA COUNTY Housing Authority jurisdiction for a 12-month period beginning when the family is first admitted to the program. During this period, the family may only lease a unit located in the jurisdiction of the TIOGA COUNTY Housing Authority.

Families participating in the Voucher Program will not be allowed to move more than once in any 12-month period and under no circumstances will the TIOGA COUNTY Housing Authority allow a participant to improperly break a lease. Under extraordinary circumstances the TIOGA COUNTY Housing Authority may consider allowing more than one move in a 12-month period.

Families may only move to a jurisdiction where a Section 8 Program is being administered.

If a family has moved out of their assisted unit in violation of the lease, the TIOGA COUNTY Housing Authority will not issue a voucher, and will terminate assistance in compliance with Section 17.0, Grounds for Termination of the Lease and Contract.

8.2 Income Eligibility

A. Admission

A family must be income-eligible in the area where the family first leases a unit with assistance in the Voucher Program.

B. If a portable family is already a participant in the Initial Housing Authority's Voucher Program, income eligibility is not re-determined.

8.3 Portability: Administration by Receiving Housing Authority

A. When a family utilizes portability to move to an area outside the Initial Housing Authority jurisdiction, another Housing Authority (the Receiving Housing Authority) must

administer assistance for the family if that Housing Authority has a tenant-based program covering the area where the unit is located.

B. A Housing Authority with jurisdiction in the area where the family wants to lease a unit must issue the family a voucher. If there is more than one such housing authority, the Initial Housing Authority may choose which housing authority shall become the Receiving Housing Authority.

8.4 Portability Procedures

A. When the TIOGA COUNTY Housing Authority is the Initial Housing Authority:

1. The TIOGA COUNTY Housing Authority is recommending that "All Housing Choice Voucher applicants who meet program eligibility requirements and are issued a Housing Choice Voucher must participate on the Housing Choice Voucher program and reside in the County jurisdiction for a minimum of 12 months before being permitted to "Port" their Housing Choice Voucher to another jurisdiction. This is necessary to avoid the explortation of our Authority's Housing Choice Voucher waiting list for the benefit of a non-absorbing Housing Authority in another geographic location.

2. The TIOGA COUNTY Housing Authority will brief the family on the process that must take place to exercise portability. The family will be required to attend an applicant or mover's briefing.

3. The TIOGA COUNTY Housing Authority will determine whether the family is income-eligible in the area where the family wants to lease a unit (if applicable).

4. The TIOGA COUNTY Housing Authority will advise the family how to contact and request assistance from the Receiving Housing Authority.

5. The TIOGA COUNTY Housing Authority will, within ten (10) calendar days, notify the Receiving Housing Authority to expect the family.

6. The TIOGA COUNTY Housing Authority will immediately mail to the Receiving Housing Authority the most recent HUD Form 50058 (Family Report) for the family, and related verification information.

7. The TIOGA COUNTY Housing Authority is recommending that portability of the Housing Choice Voucher to other areas not in the TIOGA COUNTY jurisdiction will be dependant upon rather the receiving Authority will "absorb" the Housing Choice Voucher. This is due to a financial burden on the TIOGA COUNTY Housing Authority.

B. When the TIOGA COUNTY Housing Authority is the Receiving Housing Authority:

1. When the portable family requests assistance from the TIOGA COUNTY Housing Authority, the TIOGA COUNTY Housing Authority will within ten (10) calendar days inform the Initial Housing Authority whether it will bill the Initial Housing Authority for assistance on behalf of the portable family, or absorb the family into its own program. When the TIOGA COUNTY Housing Authority receives a portable family, the family will be absorbed if funds are available and a voucher will be issued.

2. The TIOGA COUNTY Housing Authority will issue a voucher to the family. The term of the TIOGA COUNTY Housing Authority's voucher will not expire before the expiration date of any Initial Housing Authority's voucher. The TIOGA COUNTY Housing Authority will determine whether to extend the voucher term. The family must submit a request for tenancy approval to the TIOGA COUNTY Housing Authority during the term of the TIOGA COUNTY Housing Authority's voucher.

3. The TIOGA COUNTY Housing Authority will determine the family unit size for the portable family. The family unit size is determined in accordance with the TIOGA COUNTY Housing Authority's subsidy standards.

4. The TIOGA COUNTY Housing Authority will within ten (10) calendar days notify the Initial Housing Authority if the family has leased an eligible unit under the program, or if the family fails to submit a request for tenancy approval for an eligible unit within the term of the voucher.

5. If the TIOGA COUNTY Housing Authority opts to conduct a new reexamination, the TIOGA COUNTY Housing Authority will not delay issuing the family a voucher or otherwise delay approval of a unit unless the re-certification is necessary to determine income eligibility.

6. In order to provide tenant-based assistance for portable families, the TIOGA COUNTY Housing Authority will perform all Housing Authority program functions, such as reexaminations of family income and composition. At any time, either the Initial Housing Authority or the TIOGA COUNTY Housing Authority may make a determination to deny or terminate assistance to the family in accordance with 24 CFR 982.552.

C. Absorption by the TIOGA COUNTY Housing Authority

1. If funding is available under the consolidated ACC for the TIOGA COUNTY Housing Authority's Voucher Program when the portable family is received, the TIOGA COUNTY Housing Authority will absorb the family into its Voucher Program. After absorption, the family is assisted with funds available under the consolidated ACC for the TIOGA COUNTY Housing Authority's Tenant-Based Program.

9.4 DEDUCTIONS FROM ANNUAL INCOME

The following deductions will be made from annual income:

A. $480 for each dependent

B. $400 for any elderly family or disabled family

C. For any family that is not an elderly or disabled family but has a member

(other than the head or spouse) who is a person with a disability, disability assistance expenses in excess of 3% of annual income. This allowance may not exceed the employment income received by family members who are 18 years of age or older as a result of the assistance to the person with disabilities.

D. For any elderly or disabled family:

1. That has no disability assistance expenses, an allowance for medical expenses equal to the amount by which the medical expenses exceed 3% of annual income;

2. That has disability expenses greater than or equal to 3% of annual income, an allowance for disability assistance expenses computed in accordance with paragraph C, plus an allowance for medical expenses that equal the family's medical expenses;

3. That has disability assistance expenses that are less than 3% of annual income, an allowance for combined disability assistance expenses and medical expenses that is equal to the total of these expenses less 3% of annual income.

E. Child care expenses.

1. The TIOGA COUNTY Housing Authority is recommending giving deduction from annual income for child support payments that are garnished from employment and paid to Domestic Relations.

ATTACHMENT H

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
(exp. 07/31/2007)

See Public Reporting Statement and Instructions on back

Site	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Inner Row/Garden/Low Rise	05/15/2006

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	18.13	22.68	28.35	34.04	40.27	45.38
	b. Bottle Gas	25.39	31.74	39.68	47.66	56.39	63.55
	c. Oil / Electric	24.65	32.48	44.29	52.76	62.79	71.24
	d. Coal / Other	15.28	20.18	27.68	34.20	42.01	48.52
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other -- specify							

Actual Family Allowances. To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family

Address of Unit

# of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
(exp. 07/31/2007)

See Public Reporting Statement and Instructions on back

Utility	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Corner/End of Row/Semi-Detach.	05/15/2006

Utility or Service		Monthly Dollar Allowances 0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	20.97	25.51	32.89	39.13	46.52	53.03
	b. Bottle Gas	29.38	35.73	46.06	54.78	65.13	74.26
	c. Oil / Electric	24.68	38.06	51.41	61.66	73.69	83.94
	d. Coal / Other	17.91	23.76	32.57	40.38	49.05	57.01
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other - specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
(exp. 07/31/2007)

See Public Reporting Statement and Instructions on back

Locality	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Single Family Detached	05/15/2006

Utility or Service		Monthly Dollar Allowances 0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	23.82	29.20	37.72	45.10	53.32	60.99
	b. Bottle Gas	32.93	40.89	52.81	63.15	74.68	85.39
	c. Oil / Electric	34.93	43.84	60.10	71.91	86.16	98.87
	d. Coal / Other	20.84	28.00	38.76	47.56	57.98	67.42
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
Exp. 07/31/2007)

See Public Reporting Statement and Instructions on back

Entity	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Manufactured Home	05/15/2006

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	23.66	29.12	37.61	44.97	53.17	60.82
	b. Bottle Gas	32.84	40.78	52.66	62.97	74.46	85.14
	c. Oil / Electric	34.83	43.72	59.92	71.71	85.91	98.59
	d. Coal / Other	20.78	27.92	38.65	47.43	57.82	67.23
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$

ATTACHMENT A
FY 2004 CAPITAL FUND PROGRAM

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050104 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: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000	0	0	0
3	1408 Management Improve. Soft Costs: Security	20,000	10,000	1,940	400
4	1410 Administration	53,085	53,085	53,085	44,623
5	1411 Audit	1,000	1,000	0	0
6	1415 Liquidated Damages				
7	1430 Fees and Costs	42,000	46,200	48,598	48,598
8	1440 Site Acquisition				
9	1450 Site Improvement	81,000	155,580	156,720	149,722
10	1460 Dwelling Structures	327,500	272,416	275,546	267,456
11	1465.1 Dwelling Equipment—Nonexpendable	44,000	41,345	41,345	41,345
12	1470 Non-dwelling Structures	21,000	15,000	15,392	15,392
13	1475 Non-dwelling Equipment	33,500	53,459	44,710	41,234
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050104 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: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	648,085	0	637,336	608,770
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	7,000	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	10,000	1,940	400
25	Amount of Line 21 Related to Security – Hard Costs	30,000	0	0	0
	Amount of line 21 Related to Energy Conservation Measures	55,000	55,000	55,000	45,645

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
PA 50-1	Community Room front door	1470	1	1,000	4,300	4,300	4,300	C:09/01/05
Riverside Park	New tenant van	1475	1	25,000	22,650	22,650	22,650	C:04/12/05
(Cottages)	Sidewalk replacement	1450	200’	10,000	0	0	0	Transfer to 2005
Blossburg	Handicap toilets	1460	29	7,000	0	0	0	Transfer to 2005
	Refinish tubs	1460	29	0	0	0	0	Transfer to 2005
	Install outside receptacles	1460	30	3,000	2,606	2,606	2,606	C:08/01/05
	Tractor – cab	1475	1	2,500	2,000	2,000	2,000	C:01/01/05
	Replace Gas Serv(Carryover from’03)	1450	30’	0	36,800	36,800	36,800	C:06/30/05
PA 50-2	New ranges	1465.1	50	12,000	12,425	12,425	12,425	C:12/01/05
Sherwood Manor	New refrigerators	1465.1	50	18,000	15,988	15,988	15,988	C:03/01/05
Mansfield	Front entrance cover	1460	1	5,000	16,900	16,900	16,900	C:10/01/05
	Tractor – cab	1475	1	2,500	2,000	2,000	2,000	C:01/01/05
	Apt. Conversion from 2003 Incre.#2)	1460	4	0	38,979	38,979	38,979	C:02/01/05
PA 50-3	New refrigerators	1465.1	10	3,500	3,447	3,447	3,447	C:03/01/05
Park Hill Manor	Kitchen exhaust fans	1460	82	7,500	8,468	8,468	8,468	C:08/01/05
Wellsboro	Roof Replacement – Phase 1	1460	2 bldgs.	0	133,737	133,737	133,737	C:09/01/05
	(Transfer from 2007)							

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
PA 50-5	Replace siding	1460	5 Bldgs.	40,000	0	0	0	Transfer to 2006
Tabor Townhouses	Lighting, tv, telephone upgrades	1460	20	15,000	11,365	12,125	12,125	C:12/31/05
Blossburg	New refrigerators	1465.1	20	7,000	6,395	6,395	6,395	C:03/01/05
PA 50-6	Pave parking lot	1450	5000 SF	10,000	12,000	13,920	13,224	In Progress
Forestview Manor								
Elkland								
PA 50-7	Bath tile & shower units	1460	20	0	0	0	0	Transfer to 2007
Wapiti Apartments								
Elkland								
PA 50-8	Replace roof mounted lights	1460	5	4,000	0	0	0	Deleted
Pinnacle Towers	Repair kitchen cabinet bottoms	1460	47	20,000	13,100	13,100	13,100	C:08/01/05
Wellsboro	Upgrade community room kitchen	1470	1	20,000	10,700	11,092	11,092	C:10/01/05
	Community room dishwasher	1475	1	3,500	0	0	0	Deleted
	Apartment door bells	1460	60	6,000	0	0	0	Transfer to 2007
	Lighted project sign	1450	1	6,000	9,500	10,555	9,450	In Progress
	Replace refrigerators	1465.1	10	3,500	3,090	3,090	3,090	C:01/15/05
PA 50-9	Sprinkler system	1460	1	120,000	0	0	0	Transfer to 2006

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
Riverside Manor								
Westfield								
PA 50-10	Lighting, TV, telephone upgrades	1460	20	15,000	9,560	10,160	10,160	C:12/31/05
Hillview Apartments	Security screens	1460	20	10,000	0	0	0	Transfer to2005
Westfield	Parking lot/sidewalk upgrade	1450	1	5,000	15,780	15,780	15,780	C:06/01/05
	Fencing, Apts.B201-B204	1450	100’	2,000	5,000	5,000	3,011	In Progress
PA 50-11	Lighting, TV, telephone upgrades	1460	20	15,000	10,598	11,488	11,488	12/31/05
Nelson Family &	Security screens	1460	20	10,000	0	0	0	Transfer to 2005
Elderly	Pave Pease Hill Drive	1450	2,500 SF	5,000	6,500	10,370	10,370	C:06/30/05
	Pease Hill sidewalk & curb	1450	200’	5,000	6,000	6,000	5,182	In Progress
	Replace walks33-1 to 33-4	1450	100’	2,000	7,000	7,000	7,000	C:06/30/05
	Pave Capital Drive lot	1450	2,500 SF	2,000	8,000	8,000	8,000	C:06/30/05
	Fencing Capital Drive	1450	100	5,000	5,000	5,000	3,050	In Progress
	Sewer cleanouts	1460	20	5,000	0	0	0	Deleted
PA 50-12	Lighting, TV & telephone upgrades	1460	20	15,000	10,628	11,508	11,508	C:12/31/05
Lawrenceville	Security screens	1460	20	10,000	0	0	0	Transfer to 2005
Family & Elderly	State St. drainage/paving	1450	5,000 SF	9,000	16,000	16,000	15,560	In Progress
	Center St. paving	1450	8,000 SF	15,000	23,000	22,295	22,295	C:09/01/05

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26P05050104 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 Apr 2004	Funds Obligated	Funds Expended	
	Tree removal	1450	5	5,000	5,000	0	0	In Progress
PHA – WIDE	Generator	1475	1	10,000	16,809	0	0	Transfer to 2007
Main Office	Replace A/C system	1460	1	10,000	16,475	16,475	8,385	In Progress
PHA – WIDE	Operations (Budget Rev.#1)	1406		25,000	0	0	0	
	Management Improve Soft Costs: Security	1408		20,000	10,000	1,940	400	In Progress
	Administration:			53,085	53,085	53,085		
	Salaries	1410.1					31,426	In Progress
	Benefits	1410.2					9,197	In Progress
	Sundry (Travel, telephone & etc.)	1410.3					4,000	In Progress
	Audit	1411		1,000	1,000	0	0	In Progress
	Fees & Costs/Engineering	1430		42,000	46,200	48,598	48,598	C:11/01/05
	Hard Costs: Computer Equipment	1475		0	10,000	19,600	14,584	In Progress

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program No: PA26P05050104 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	
PA 50-1	9-13-2006	0	03/18/2005	9/13/2008	0	09/01/2005	
PA 50-2	9-13-2006	0	03/18/2005	9-13-2008	0	10/01/2005	
PA 50-3	9-13-2006	0	03/18/2005	9-13-2008	0	09/01/2005	
PA 50-4	9-13-2006	0		9-13-2008	0		
PA 50-5	9-13-2006	0	03/18/2005	9-13-2008	0	12/31/2005	
PA 50-6	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-7	9-13-2006	0		9-13-2008	0		
PA 50-8	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-9	9-13-2006	0		9-13-2008	0		
PA 50-10	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-11	9-13-2006	0	03/18/2005	9-13-2008	0		
PA 50-12	9-13-2006	0	03/18/2005	9-13-2008	0		
PHA WIDE	9-13-2006	0	04/01/4005	9-13-2008	0		

ATTACHMENT B
TIOGA COUNTY FY 2005

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000	0	0	0
3	1408 Management Improvements Soft Costs: Security	10,000	0	10,000	1,555
	Management Improvements Hard Costs: Computers	0	0	0	0
4	1410 Administration	50,004	0	50,004	872
5	1411 Audit	1,000	0	0	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	44,000	0	37,400	2,805
8	1440 Site Acquisition				
9	1450 Site Improvement	45,000	0	0	0
10	1460 Dwelling Structures	378,000	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	5,000	0	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	60,000	0	60,782	52,233
14	1485 Demolition			0	0
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050105 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	618,004	0	158,186	57,465
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	25,000	0	0	0
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	42,000	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	30,000	0	0	0

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
PA 50-1	Refinish tubs		1460	29	3,000	0	0	0	
Riverside Park	Sidewalk replacement		1450	1	10,000	0	0	0	
(Cottages)	Ramp		1450	1	5,000	0	0	0	
Blossburg	Tree cutting		1450	5	5,000	0	0	0	
					23,000				
PA 50-2	Handicap toilets		1460	44	15,000	0	0	0	
Sherwood Manor	Replace mailboxes		1460	50	6,000	0	0	0	
Mansfield					**21,000**				
PA 50-3	New roof – Phase II		1460	2	140,000	0	0	0	
Park Hill Manor					**140,000**				
Wellsboro									
PA 50-5	Ranges		1465.1	20	5,000	0	0	0	
Tabor Townhouse	Bath vanities		1460	20	10,000	0	0	0	
Blossburg	New toilets		1460	20	5,000	0	0	0	
					20,000				
PA 50-6	Community room A/C		1470	1	5,000	0	0	0	

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
Forestview Manor	New panic hardware on exit doors		1460	7	5,000	0	0	0	
Elkland	Shower controls		1460	44	5,000	0	0	0	
	Tractor/plow/cab		1475	1	12,000	0	12,506	12,506	C:12/31/205
	Laundry ceiling tile		1460	1	1,000	0	0	0	
					28,000				
PA 50-7	Replace tub/tile		1460	20	20,000	0	0	0	
Wapiti Apts.	Replace water main		1450	1	5,000	0	0	0	
Elkland	Pave parking lot		1450	1	20,000	0	0	0	
					45,000				
PA 50-8	Corner apt. heat units		1460	16	5,000	0	0	0	
Pinnacle Towers	Install tile on 1st floor		1460	1	10,000	0	0	0	
Wellsboro	Tractor/plow/cab		1475	1	12,000	0	13,652	13,652	C:12/31/05
	Replace emergency call system		1460	60	5,000	0	0	0	
					32,000				
PA 50-9	Entry closet lighting		1460	50	5,000	0	0	0	
Riverside Manor	Replace emergency call system		1460	50	5,000	0	0	0	
Westfield					**10,000**				

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
PA 50-10	Security screens		1460	20	14,000	0	0	0	
Hillview Apts.	Bathtub/tile replacement		1460	20	15,000	0	0	0	
Westfield	Bath floor tile replacement		1460	20	10,000	0	0	0	
					39,000				
PA 50-11	Security screens		1460	20	14,000	0	0	0	
Nelson Family	Bathtub/tile replacement		1460	20	15,000	0	0	0	
& Elderly	Bath floor tile replacement		1460	20	10,000	0	0	0	
	Replace storm doors		1460	30	6,000	0	0	0	
	Bath vanities		1460	10	10,000	0	0	0	
	Tractor/plow/cab		1475	1	13,000	0	12,312	12,312	C:12/31/05
					68,000				
PA 50-12	Security screens		1460	20	14,000	0	0	0	
Lawrenceville	Bathtub/tile replacement		1460	20	15,000	0	0	0	
Family & Elderly	Bath floor tile replacement		1460	20	10,000	0	0	0	
	Tractor/plow/cab		1475	1	13,000	0	12,312	12,312	C:12/31/05
					52,000				

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

PHA Name: Tioga County Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: PA26 P05050105 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	
PHA-WIDE	Operations		1406		25,000	0	0	0	
	Management Improvements Soft Costs: Security		1408.1		10,000	0	10,000	1,555	In Progress
	Management Improvements Hard Costs		1408.2		0	0	0	0	
	Administration:				50,004	0	50,004		
	Salaries		1410.1					0	In Progress
	Benefits		1410.2					0	In Progress
	Sundry		1410.3					872	In Progress
	Audit		1411		1,000	0	0	0	
	Fees & Costs		1430		44,000	0	37,400	2,805	In Progress
	Management Improvements Hard Costs: :Computers		1475		10,000	0	10,000	1,451	In Progress
					140,004				

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program No: PA26P05050105 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	
PA 50-1	6-30-2007	0		6-30-2009	0		
PA 50-2	6-30-2007	0		6-30-2009	0		
PA 50-3	6-30-2007	0		6-30-2009	0		
PA 50-4	6-30-2007	0		6-30-2009	0		
PA 50-5	6-30-2007	0		6-30-2009	0		
PA 50-6	6-30-2007	0		6-30-2009	0		
PA 50-7	6-30-2007	0		6-30-2009	0		
PA 50-8	6-30-2007	0		6-30-2009	0		
PA 50-9	6-30-2007	0		6-30-2009	0		
PA 50-10	6-30-2007	0		6-30-2009	0		
PA 50-11	6-30-2007	0		6-30-2009	0		
PA 50-12	6-30-2007	0		6-30-2009	0		

ATTACHMENT C
FY 2006 Tioga County Capital Fund Program

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	25,000	0	0	0
3	1408 Management Improvements Soft Costs: Security	15,000	0	0	0
	1408 Management Improvements Hard Costs: Computers	0	0	0	0
4	1410 Administration	58,000	0	0	0
5	1411 Audit	1,000	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	60,000	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	84,000	0	0	0
10	1460 Dwelling Structures	268,200	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	46,000	0	0	0
12	1470 Nondwelling Structures	7,000	0	0	0
13	1475 Nondwelling Equipment	28,800	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

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

PHA Name: Tioga County Housing Authority	Grant Type and Number Capital Fund Program Grant No: PA26P05050106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 12/31/2005 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
19	1501 Collaterization or Debt Service	0	0	0	0
20	1502 Contingency	25,004	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	618,004	0	0	0
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	66,000	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	15,000	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	43,000	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	83,000	0	0	0

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
PA 50-1	Sidewalk replacement	1450	200’	10,000	0	0	0	
Riverside Park	Handicap toilets	1460	29	7,000	0	0	0	
(Cottages)	Community building carpet	1470	1	1,000	0	0	0	
Blossburg	Community building furniture	1475	2	2,000	0	0	0	
	Pave parking lot	1450	5000 S.F.	8,000	0	0	0	
	Tractor w/ cab	1475	1	13,000	0	0	0	
	Recycling shelter	1475	1	2,000	0	0	0	
	Floor machine	1475	1	1,000	0	0	0	
PA 50-2	Drinking fountain	1460	1	2,000	0	0	0	
Sherwood Manor	Balcony electric outlet	1460	48	3,000	0	0	0	
Mansfield								
PA 50-3	New ranges	1465.1	77	20,000	0	0	0	
Park Hill Manor	New refrigerators	1465.1	72	26,000	0	0	0	
Wellsboro	Front sidewalk	1450	100’	10,000	0	0	0	
	Bath exhaust fans	1460	82	10,000	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
PA 50-4	Install outside receptacles	1460	2	2,000	0	0	0	
Riverside Park	Garage area slab/fence	1450	1	1,000	0	0	0	
(Apartments)								
Blossburg								
PA 50-6	Handicap toilets	1460	45	18,000	0	0	0	
Forestview Manor	Wet/dry vac	1475	1	600	0	0	0	
Elkland	Variable speed floor dryer	1475	1	200	0	0	0	
PA 50-7	Replace sidewalks	1450	200’	10,000	0	0	0	
Wapiti Apartments	Pave parking lot	1450	7,500 S.F.	20,000	0	0	0	
Elkland	Walks to sheds	1450	20	5,000	0	0	0	
PA 50-8	Replace electrical heat units	1460	16	7,000	0	0	0	
Pinnacle Towers	Upgrade emergency call system	1460	60	5,000	0	0	0	
Wellsboro	Handicap toilets	1460	54	20,000	0	0	0	
	Upgrade fire alarms system	1460	1	30,000	0	0	0	
	Pave parking lot	1450	7,500 S.F.	20,000	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
PA 50-9	Replace emergency call system	1460	50	5,000	0	0	0	
Riverside Manor	Replace water lines	1460	2	10,000	0	0	0	
Westfield	Replace electrical heat units	1460	11	5,000	0	0	0	
	Handicap toilets	1460	44	15,000	0	0	0	
	Heat system controller	1460	1	1,200	0	0	0	
PA 50-10	Hot water expansion tanks	1460	20	3,000	0	0	0	
Hillview Apts.	Bathtub/tile replacement	1460	20	20,000	0	0	0	
Westfield	Bath floor tile	1460	20	10,000	0	0	0	
	Additional heat to 2 bed. kitchen	1460	10	10,000	0	0	0	
PA 50-11	Bathtub/tile replacement	1460	20	20,000	0	0	0	
Nelson Family &	Bath floor tile	1460	20	10,000	0	0	0	
Elderly	Additional heat to 2 bed. Kitchen	1460	10	10,000	0	0	0	
PA 50-12	Hot water expansion tanks	1460	30	5,000	0	0	0	
Lawrenceville	Emergency call system	1460	10	3,000	0	0	0	
Family & Elderly	Bathtub/tile replacement (Family)	1460	20	20,000	0	0	0	
	Bath floor tile (Family)	1460	20	10,000	0	0	0	
	Additional heat to 2 bed. Kitchens	1460	10	7,000	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: PA26P05050106 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	
50-All Main Office	Automatic door	1470	1	6,000	0	0	0	
Blossburg								
PHA WIDE	Operations	1406		25,000	0	0	0	
	Management improvements							
	Soft Costs - Security	1408		15,000	0	0	0	
	Hard Costs	1408		0	0	0	0	
	Administration							
	Salaries	1410.1		37,000	0	0	0	
	Benefits	1410.2		12,000	0	0	0	
	Sundry	1410.3		9,000	0	0	0	
	Audit	1411		1,000	0	0	0	
	Fees & costs – Architect & Energy Audit	1430		60,000	0	0	0	
	Computer Equipment	1475		10,000	0	0	0	
	Contingency	1502		25,004	0	0	0	

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

PHA Name: Tioga County Housing Authority	**Grant Type and Number** Capital Fund Program No: PA26P05050106 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	
PA 50-1	6-.30-2008	0		6-30-2010	0		
PA 50-2	6-.30-2008	0		6-30-2010	0		
PA 50-3	6-.30-2008	0		6-30-2010	0		
PA 50-4	6-.30-2008	0		6-30-2010	0		
PA 50-5	6-.30-2008	0		6-30-2010	0		
PA 50-6	6-.30-2008	0		6-30-2010	0		
PA 50-7	6-.30-2008	0		6-30-2010	0		
PA 50-8	6-.30-2008	0		6-30-2010	0		
PA 50-9	6-.30-2008	0		6-30-2010	0		
PA 50-10	6-.30-2008	0		6-30-2010	0		
PA 50-11	6-.30-2008	0		6-30-2010	0		
PA 50-12	6-.30-2008	0		6-30-2010	0		

ATTACHMENT D

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

PHA Name Tioga County Housing Authority				☒ **Original 5-Year Plan** ☐ **Revision No:**	
Development Number/Name/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**
	Annual Statement				
PA 50-1		26,000	70,000	10,000	50,000
PA 50-2		10,000	20,000	145,000	0
PA 50-3		45,000	25,000	160,000	30,000
PA 50-4		12,000	26,000	0	60,000
PA 50-5		87,000	15,000	8,000	0
PA 50-6		10,000	1,000	0	280,000
PA 50-7		0	64,000	0	0
PA 50-8		47,000	60,000	76,000	26,000
PA 50-9		178,000	70,000	45,000	0
PA 50-10		0	5,000	10,000	0
PA 50-11		7,000	53,000	8,000	16,000
PA 50-12		0	53,000	0	0
PHA WIDE		196,004	156,004	156,004	156,004
		618,004	618,004	618,004	618,004
CFP Funds Listed for 5-year planning					
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	PA 50-1	Storage building roof	6,000	PA 50-1	New boilers	**70,000**
Annual	Riverside Park	30 ranges	8,000	Riverside Park		
Statement	Blossburg (Cottages)	30 refrigerators	12,000	Blossburg (Cottages)		
			26,000			
				PA 50-2	Walkway lighting	5,000
	PA 50-2	ADA tub modification	**10,000**	Sherwood Manor	Hot water tanks	15,000
	Sherwood Manor			Mansfield		**20,000**
	Mansfield					
				PA 50-3	Upgrade community kitchen	5,000
	PA 50-3	Fire alarm upgrade	30,000	Park Hill Manor	Pave parking lot	20,000
	Park Hill Manor	Security system	15,000	Wellsboro		**25,000**
	Wellsboro		**45,000**			
				PA 50-4	Handicap toilets	6,000
	PA 50-4	20 ranges	7,000	Riverside Park	Hot water tanks	10,000
	Riverside Park	20 refrigerators	5,000	Blossburg (Apts)	B building sidewalk	10,000
	Blossburg (Apts)		**12,000**			**26,000**
	PA 50-5	Replace siding	50,000	PA 50-5	New electric service	5,000
	Tabor Townhouses	New boilers	25,000	Tabor Townhouses	Kitchen exhaust fans	10,000
	Blossburg, PA 16912	Replace exterior lighting	10,000	Blossburg		**15,000**
		Furnace in garage	2,000			
			87,000	PA 50-6	Washer	500
				Forestview Manor	Dryer	500
	PA 50-6	Security System	**10,000**	Elkland		**1,000**
	Forestview Manor					
	Elkland					

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

Activities for Year 1	Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
	PA 50-8	Emergency call – Public RR	2,000	PA 50-7	New furnaces	40,000
	Pinnacle Towers	New generator	35,000	Wapiti Apartments	Replace tubs/floor tile	20,000
	Wellsboro	Water lines	10,000	Elkland	Landscaping	4,000
			47,000			**64,000**
	PA 50-9	Sprinkler system	145,000	PA 50-8	New boilers	**60,000**
	Riverside Manor	Upgrade fire alarm system	20,000	Pinnacle Towers		
	Westfield	Security system	10,000	Wellsboro		
		10 refrigerators	3,000			
			178,000	PA 50-9	New boilers	40,000
				Riverside Manor	Hot water tanks	25,000
	PA 50-11	Concrete pads	**7,000**	Westfield	Community room exit doors	2,500
	Nelson Elderly				1st floor drop ceiling	2,500
						70,000
	PHA WIDE	Operations	0			
		Management improvements	25,000	PA 50-10	Replace storm doors	**5,000**
		Administration	58,000	Hillview Apartments		
		Audit	1,000	Westfield		
		Fees & costs	45,000			
			129,000	PA 50-11	Replace storm doors	8,000
				Nelson Elderly &	Kitchen cabinets & counters	30,000
		Contingency	27,004	Family	Bath exhaust fans	15,000
						53,000

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

Activities for Year 1	Activities for Year :2007 FFY Grant: PHA FY:			Activities for Year: 2008 FFY Grant: PHA FY:		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
				PA 50-12	Replace storm doors	8,000
				Lawrenceville	Kitchen cabinets & counters	30,000
				Elderly & Family	Bath exhaust fans	15,000
						53,000
				PHA WIDE	Operations	0
					Management Imrorvements	25,000
					Administration	58,000
					Audit	1,000
					Fees & costs	45,000
						129,000
					Contingency	
						27,004
		Total CFP Estimated Cost	$618,004			$618,004

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

Activities for Year :2009 FFY Grant: PHA FY:			Activities for Year: 2010 FFY Grant: PHA FY:		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA 50-1	Additional parking	**10,000**	PA 50-1	Siding on cottages	40,000
Riverside Park			Riverside Park	Apt #1 handicap	10,000
Blossburg (Cottages)			Blossburg (Cottages)		**50,000**
PA 50-2	2nd & 3rd floor storage	5,000	PA 50-3	Closet doors	10,000
Sherwood Manor	Sprinkler system	140,000	Park Hill Manor	2nd floor auto door	5,000
Mansfield		**145,000**	Wellsboro	Boilers	15,000
					30,000
PA 50-3	Sprinkler system	130,000			
Park Hill Manor	Replace heat lines	30,000	PA 50-4	Boilers	**60,000**
Wellsboro		**160,000**	Riverside Park		
			Blossburg (Apts)		
PA 50-5	Replace sidewalk	5,000			
Tabor Townhouses	Tub refinishing	3,000	PA 50-6	Sprinkler system	130,000
Blossburg		**8,000**	Forestview Manor	Upgrade fire alarm	20,000
			Elkland	Roof	90,000
PA 50-8	Air make up unit	45,000		Pave office parking lot	10,000
Pinnacle Towers	Hot water tanks	24,000		Boilers	30,000
Wellsboro	10 refrigerators	4,000			**280,000**
	10 ranges	3,000			
		76,000	PA 50-8	Replace carpet	**26,000**
			Pinnacle Towers		
			Wellsboro		

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

Activities for Year :2009 FFY Grant: PHA FY:			Activities for Year: 2010 FFY Grant: PHA FY:		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
PA 50-9	Air make up unit	**45,000**	PA 50-11	Pave elderly parking lot	**16,000**
Riverside Manor			Nelson Family &		
Westfield			Elderly		
PA 50-10	Bath exhaust fans	**10,000**	PHA WIDE	Operations	0
Hillview Apartments				Management improvements	25,000
Westfield				Administration	58,000
				Audit	1,000
PA 50-11	Washer	500		Fees & costs	45,000
Nelson Family &	Dryer	500			**129,000**
Elderly	10 ranges	3,000			
	10 refrigerators	4,000		Contingency	27,004
		8,000			
PHA WIDE	Operations	0			
	Management improvements	25,000			
	Administration	58,000			
	Audit	1,000			
	Fees & costs	45,000			
		129,000			
	Contingency	27,004			
	Total CFP Estimated Cost	$618,004			$618,004

ATTACHMENT E

Tioga County Housing Authority
2006 Public Agency Five Year Plan
Tenant Advisory Board

Housing Authority Tenants

Nell Bergstresser
Riverside Park, Apt. 8
Blossburg, PA 16912
(570) 638-0192

Lonnie Frost
145-A Taber Street
Blossburg, PA 16912
(570) 638-2861

Virginia Case
Sherwood Manor, Apt. 227
Mansfield, PA 16933
(570) 662-2443

Evelyn Pletcher
Park Hill Manor, Apt. B107
Wellsboro, PA 16901
(570) 724-7295

Iva Wheeler
Pinnacle Towers, Apt. 309
Wellsboro, PA 16901
(570) 724-3295

Donald & Mary Cline
Forestview Manor, Apt. B107
Elkland, PA 16912

Roger Wilson
201 Pattsion Ave. Extension
Wapiti Apartment 1D
Elkland, PA 16920
(814) 258-9932

Ellen Nelson
A303 Hillview Apartments
Westfield, PA 16950
(814) 367-2116

Rosalee Womer
Apartment 200
Riverside Manor
Westfield, PA 16950
(814) 367-2889

Gary Bradford
Apartment 33-8 Pease Hill
PO Box 132
Nelson, PA 16940
(570) 827-2466

Czcslawa Losinger
Apartment 9
42 Main Street
Lawrenceville, PA 16929
(570) 827-2378

Section 8 Clients

Gwen Gilmore
31 Robinson Drive
Mansfield, PA 16933
(570)513-0593

Maryanne Cunningham
1 ½ Woodland Avenue
Wellsboro, PA 16901
(570) 723-8927

Sylvia Geneski
RR 1 Box 204A
Tioga, PA 16946
(570) 835-0227

ATTACHMENT F

RESIDENT MEMBERSHIP FOR THE PHA GOVERNING BOARD

TIOGA COUNTY HOUSING AUTHORITY

TENANT NAME: EVELYN PLETCHER

ADDRESS: **APT. B107**
PARK HILL MANOR
GRANT STREET
WELLSBORO, PA 16901

INITIAL APPOINTMENT: **JUNE 27, 2000**
TERM EXPIRATION: **APRIL 30, 2010**

HOUSING AUTHORITY BOARD APPOINTMENTS ARE MADE BY THE TIOGA COUNTY COMMISSIONERS

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SECTION 8 ADMINISTRATIVE PLAN

1.0 EQUAL OPPORTUNITY

1.1 FAIR HOUSING

It is the policy of the TIOGA COUNTY Housing Authority to comply fully with all Federal, State, and local nondiscrimination laws; the Americans With Disabilities Act; and the US Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity.

No person shall, on the ground of race, color, sex, religion, national or ethnic origin, familial status, or disability be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under the TIOGA COUNTY Housing Authority housing programs.

To further its commitment to full compliance with applicable Civil Rights laws, the TIOGA COUNTY Housing Authority will provide Federal/State/local information to applicants for and participants in the Section 8 Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available for applicants at the time of their certification for eligibility interview, as requested and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the TIOGA COUNTY Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The TIOGA COUNTY Housing Authority will assist any family that believes they have suffered illegal discrimination by providing them copies of the housing discrimination form. The TIOGA COUNTY Housing Authority will also assist them in completing the form, if requested, and will provide them with the address of the nearest HUD Office of Fair Housing and Equal Opportunity.

1.2 REASONABLE ACCOMODATION

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the TIOGA COUNTY Housing Authority housing programs and related services. When such accommodations are granted they do not confer special treatment or advantage for the person with a disability; rather, they make the program fully accessible to them in a way that would otherwise not be possible due to their disability. This policy clarifies how people can request accommodations and the guidelines the TIOGA COUNTY Housing Authority will follow in determining whether it is reasonable to provide a requested accommodation. Because disabilities are not always apparent, the TIOGA COUNTY Housing Authority will ensure that all applicants/participants are aware of the opportunity to request reasonable accommodations.

1.3 COMMUNICATION

Anyone requesting an application can receive a Request for Reasonable Accommodation Form if requested.

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the participant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests will be in writing.

1.4 QUESTIONS TO ASK IN GRANTING THE ACCOMMODATION

A. Is the requestor a person with disabilities? For this purpose the definition of disabilities is different than the definition used for admission. The Fair Housing definition used for this purpose is:

> A person with a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or is regarded as having such an impairment. (The disability may not be apparent to others, i.e., a heart condition).

If the disability is apparent or already documented, the answer to this question is yes. It is possible that the disability for which the accommodation is being requested is a disability other than the apparent disability. If the disability is not apparent or documented, the TIOGA COUNTY Housing Authority will obtain verification that the person is a person with a disability.

B. Is the requested accommodation related to the disability? If it is apparent that the request is related to the apparent or documented disability, the answer to this question is yes. If it is not apparent, the TIOGA COUNTY Housing Authority will obtain documentation that the requested accommodation is needed due to the disability. The TIOGA COUNTY Housing Authority will not inquire as to the nature of the disability.

C. Is the requested accommodation reasonable? In order to be determined reasonable, the accommodation must meet two criteria:

1. Would the accommodation constitute a fundamental alteration? The TIOGA COUNTY Housing Authority's business is housing. If the request would alter the fundamental business that the TIOGA COUNTY Housing Authority conducts, that would not be reasonable. For instance, the TIOGA COUNTY Housing Authority would deny a request to have the TIOGA COUNTY Housing Authority do grocery shopping for the person with disabilities.

2. Would the requested accommodation create an undue financial hardship or administrative burden? Frequently the requested accommodation costs little or nothing. If the cost would be an undue burden, the TIOGA COUNTY Housing Authority may request a meeting with the individual to investigate and consider equally effective alternatives.

Generally the individual knows best what they need; however, the TIOGA COUNTY Housing Authority retains the right to be shown how the requested accommodation enables the individual to access or use the TIOGA COUNTY Housing Authority's programs or services.

If more than one accommodation is equally effective in providing access to the TIOGA COUNTY Housing Authority's programs and services, the TIOGA COUNTY Housing Authority retains the right to select the most efficient or economic choice.

The cost necessary to carry out approved requests will be borne by the TIOGA COUNTY Housing Authority if determined reasonable and approved by the Director to pay for the modifications. If another party pays for the modification, the TIOGA COUNTY Housing Authority will seek to have the same entity pay for any restoration costs.

If the participant requests, as a reasonable accommodation, that he or she be permitted to make physical modifications to their dwelling unit, at their own expense, the request should be made to the property owner/manager. The Housing Authority does not have responsibility for the owner's unit and does not have responsibility to make the unit accessible.

Any request for an accommodation that would enable a participant to materially violate family obligations will not be approved.

1.5 SERVICES FOR NON-ENGLISH SPEAKING APPLICANTS AND PARTICIPANTS

The TIOGA COUNTY Housing Authority will endeavor to assist people who speak languages other than English.

1.6 FAMILY/OWNER OUTREACH

The TIOGA COUNTY Housing Authority will publicize the availability and nature of the Section 8 Program for extremely low-income, very low and low-income families in a newspaper of general circulation, minority media, and by other suitable means as the need arises.

To reach persons, who cannot or do not read newspapers, the TIOGA COUNTY Housing Authority can distribute fact sheets to the broadcasting media and initiate personal contacts with members of the news media and community service personnel.

The TIOGA COUNTY Housing Authority will also try to utilize public service announcements.

The TIOGA COUNTY Housing Authority will communicate the status of program availability to other service providers in the community and advise them of housing eligibility factors and guidelines so that they can make proper referral of their clients to the program when requested or the need arises.

The TIOGA COUNTY Housing Authority is available to hold briefings for owners who participate in or who are seeking information about the Section 8 Program. The briefings can be conducted in association with the local property owners' association. Owners and managers participating in the Section 8 Program will participate in making this presentation. The briefing is intended to:

A. Explain how the program works;

B. Explain how the program benefits owners;

C. Explain owners' responsibilities under the program. Emphasis is placed on quality screening and ways the TIOGA COUNTY Housing Authority helps owners do better screening; and

D. Provide an opportunity for owners to ask questions, obtain written materials, and meet TIOGA COUNTY Housing Authority staff.

The TIOGA COUNTY Housing Authority will particularly encourage owners of suitable units located outside of low-income or minority concentration to attend. Targeted mailing lists will be developed and announcements mailed as is deemed appropriate.

1.7 RIGHT TO PRIVACY

All adult members of both applicant and participant households are required to sign HUD Form 9886, *Authorization for Release of Information and Privacy Act Notice.* The *Authorization for Release of Information and Privacy Act Notice* states how family information will be released and includes the *Federal Privacy Act Statement*.

Any request for applicant or participant information will not be released unless there is a signed release of information request from the applicant or participant.

1.8 REQUIRED POSTINGS

The TIOGA COUNTY Housing Authority will post in each of its offices in a conspicuous place and at a height easily read by all persons including persons with mobility disabilities, the following notification of available information:

A. The Section 8 Administrative Plan

B. Notice of the status of the waiting list (opened or closed)

C. Address of all TIOGA COUNTY Housing Authority offices, office hours, telephone numbers, TDD numbers, and hours of operation

D. Income Limits for Admission

E. Informal Review and Informal Hearing Procedures

F. Fair Housing Poster

G. Equal Opportunity in Employment Poster

2.0 TIOGA COUNTY HOUSING AUTHORITY/OWNER RESPONSIBILITY/OBLIGATION OF THE FAMILY

This Section outlines the responsibilities and obligations of the TIOGA COUNTY Housing Authority, the Section 8 Owners/Landlords, and the participating families.

2.1 TIOGA COUNTY HOUSING AUTHORITY RESPONSIBILITIES

A. The TIOGA COUNTY Housing Authority will comply with the consolidated ACC, the application, HUD regulations and other requirements, and the TIOGA COUNTY Housing Authority Section 8 Administrative Plan.

B. In administering the program, the TIOGA COUNTY Housing Authority must:

1. Publish and disseminate information about the availability and nature of housing assistance under the program;

2. Explain the program to owners and families;

3. Seek expanded opportunities for assisted families to locate housing outside areas of poverty or racial concentration;

4. Encourage owners to make units available for leasing in the program, including owners of suitable units located outside areas of poverty or racial concentration;

5. Affirmatively further fair housing goals and comply with equal opportunity requirements;

6. Make efforts to help disabled persons find satisfactory housing;

7. Receive applications from families, determine eligibility, maintain the waiting list, select applicants, issue a voucher to each selected family, and provide housing information to families selected;

8. Determine who can live in the assisted unit at admission and during the family's participation in the program;

9. Obtain and verify evidence of citizenship and eligible immigration status in accordance with 24 CFR part 5 on a case-by case basis where applicants refuse to certify that they are citizens.

10. Review the family's request for approval of the tenancy and the owner/landlord lease, including the HUD prescribed tenancy addendum;

11. Inspect the unit before the assisted occupancy begins and at least annually during the assisted tenancy;

12. Determine the amount of the housing assistance payment for a family;

13. Determine the maximum rent to the owner and whether the rent is reasonable;

14. Make timely housing assistance payments to an owner in accordance with the HAP contract;

15. Examine family income, size and composition at admission and during the family's participation in the program. The examination includes verification of income and other family information;

16. Establish and adjust TIOGA COUNTY Housing Authority utility allowance;

17. Administer and enforce the housing assistance payments contract with an owner, including taking appropriate action as determined by the TIOGA COUNTY Housing Authority, if the owner defaults (e.g., HQS violation);

18. Determine whether to terminate assistance to a participant family for violation of family obligations;

19. Conduct informal reviews of certain TIOGA COUNTY Housing Authority decisions concerning applicants for participation in the program;

20. Conduct informal hearings on certain TIOGA COUNTY Housing Authority decisions concerning participant families;

21. Provide sound financial management of the program, including engaging an independent public accountant to conduct audits.

2.2 OWNER RESPONSIBILITY

A. The owner is responsible for performing all of the owner's obligations under the HAP contract and the lease.

B. The owner is responsible for:

1. Performing all management and rental functions for the assisted unit, including selecting a voucher holder to lease the unit, and deciding if the family is suitable for tenancy of the unit.

2. Maintaining the unit in accordance with HQS, including performance of ordinary and extraordinary maintenance.

3. Complying with equal opportunity requirements.

4. Preparing and furnishing to the TIOGA COUNTY Housing Authority information required under the HAP contract.

5. Collecting from the family:

   a. Any security deposit required under the lease.

   b. The tenant contribution (the part of rent to owner not covered by the housing assistance payment).

   c. Any charges for unit damage by the family.

6. Enforcing tenant obligations under the lease.

7. Paying for utilities and services (unless paid by the family under the lease).

C. For provisions on modifications to a dwelling unit occupied or to be occupied by a person with disabilities see 24 CFR 100.203.

2.3 OBLIGATIONS OF THE PARTICIPANT

This Section states the obligations of a participant family under the program.

A. Supplying required information.

1. The family must supply any information that the TIOGA COUNTY Housing Authority or HUD determines is necessary in the administration of the program, including submission of required evidence of citizenship or eligible immigration status. Information includes any requested certification, release or other documentation.
2. The family must supply any information requested by the TIOGA COUNTY Housing Authority or HUD for use in a regularly scheduled reexamination or interim reexamination of family income and composition in accordance with HUD requirements.

3. The family must disclose and verify Social Security Numbers and must sign and submit consent forms for obtaining information.

4. Any information supplied by the family must be true and complete.

B. HQS breach caused by the Family

The family is responsible for any HQS breach caused by the family or its guests.

C. Allowing TIOGA COUNTY Housing Authority Inspection

The family must allow the TIOGA COUNTY Housing Authority to inspect the unit at reasonable times and after at least 2 days notice.

D. Violation of Lease

The family may not commit any serious or repeated violation of the lease.

E. Family Notice of Move or Lease Termination

The family must notify the TIOGA COUNTY Housing Authority and the owner before the family moves out of the unit or terminates the lease by a notice to the owner.

F. Owner Eviction Notice

The family must promptly give the TIOGA COUNTY Housing Authority a copy of any owner eviction notice it receives.

G. Use and Occupancy of the Unit

1. The family must use the assisted unit for a residence by the family. The unit must be the family's only residence.

2. The TIOGA COUNTY Housing Authority must approve the composition of the assisted family residing in the unit. The family must promptly inform the TIOGA COUNTY Housing Authority of the birth, adoption or court-awarded custody of a child. The family must request approval from the TIOGA COUNTY Housing Authority to add any other family member as an occupant of the unit. No other person (i.e., no one but members of the assisted family) may reside in the unit (except for a foster child/foster adult or live-in aide as provided in paragraph (4) of this Section).

3. The family must promptly notify the TIOGA COUNTY Housing Authority if any family member no longer resides in the unit.

4. If the TIOGA COUNTY Housing Authority has given approval, a foster child/foster adult or a live-in aide may reside in the unit. The TIOGA COUNTY Housing Authority has the discretion to adopt reasonable

policies concerning residence by a foster child/foster adult or a live-in aide and defining when the TIOGA COUNTY Housing Authority consent may be given or denied.

5. Members of the household may engage in legal profit making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family. Any business uses of the unit must comply with zoning requirements and the affected household member must obtain all appropriate licenses.

6. The family must not sublease or let the unit.

7. The family must not assign the lease or transfer the unit.

H. Absence from the Unit

The family must supply any information or certification requested by the TIOGA COUNTY Housing Authority to verify that the family is living in the unit, or relating to family absence from the unit, including any TIOGA COUNTY Housing Authority requested information or certification on the purposes of family absences. The family must cooperate with the TIOGA COUNTY Housing Authority for this purpose. The family must promptly notify the TIOGA COUNTY Housing Authority of its absence from the unit.

Absence means that no member of the family is residing in the unit. The family may be absent from the unit for up to 30 days. The family must request permission from the TIOGA COUNTY Housing Authority for absences exceeding 30 days. The TIOGA COUNTY Housing Authority will make a determination within 5 business days of the request. An authorized absence may not exceed 180 days. Any family absent for more than 30 days without authorization will be terminated from the program.

Authorized absences may include, but are not limited to:

1. Prolonged hospitalization

2. Absences beyond the control of the family (i.e., death in the family, other family member illness)

3. Other absences that are deemed necessary by the TIOGA COUNTY Housing Authority

I. Interest in the Unit

The family may not own or have any interest in the unit (except for owners of manufactured housing renting the manufactured home space).

J. Fraud and Other Program Violation

The members of the family must not commit fraud, bribery, or any other corrupt or criminal act in connection with the programs.

K. Crime by Family Members

The members of the family may not engage in drug-related criminal activity or other violent criminal activity.

L. Other Housing Assistance

An assisted family, or members of the family, may not receive Section 8 tenant-based assistance while receiving another housing subsidy, for the same unit or for a different unit, under any duplicative (as determined by HUD or in accordance with HUD requirements) Federal, State or local housing assistance program.

3.0 ELIGIBILITY FOR ADMISSION

3.1 INTRODUCTION

There are five eligibility requirements for admission to Section 8 -- qualifies as a family, has an income within the income limits, meets citizenship/eligible immigrant criteria, provides documentation of Social Security Numbers, and signs consent authorization documents. In addition to the eligibility criteria, families must also meet the TIOGA COUNTY Housing Authority screening criteria in order to be admitted to the Section 8 Program.

3.2 ELIGIBILITY CRITERIA

A. Family status.

1. A **family with or without children**. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that lives together in a stable family relationship.

   a. Children temporarily absent from the home due to placement in foster care are considered family members.

   b. Unborn children and children in the process of being adopted are considered family members for purposes of determining bedroom size, but are not considered family members for determining income limit.

2. An **elderly family**, which is:

a. A family whose head, spouse, or sole member is a person who is at least 62 years of age;

b. Two or more persons who are at least 62 years of age living together; or

c. One or more persons who are at least 62 years of age living with one or more live-in aides

3. A **near elderly family**, which is:

a. A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62;

b. Two or more persons who are at least 50 years of age but below the age of 62 living together; or

c. One or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.

4. A **disabled family**, which is:

a. A family whose head, spouse, or sole member is a person with disabilities;

b. Two or more persons with disabilities living together; or

c. One or more persons with disabilities living with one or more live-in aides.

5. A **displaced family** is a family in which each member, or whose sole member, has been displaced by governmental action, or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6. A **remaining member of a tenant family**.

7. A **single person** who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

8. A **handicapped person** includes single persons who by their age, and lack of adequate employable skills, are economically handicapped and unable to obtain decent, safe and sanitary housing by their own means.

B. Income eligibility

1. To be eligible to receive assistance a family shall, at the time the family initially receives assistance under the Section 8 program shall be a low-income family that is:

   a. A very low-income family;

   b. A low-income family continuously assisted under the 1937 Housing Act;

   c. A low-income family that meets additional eligibility criteria specified by the Housing Authority;

   d. A low-income family that is a nonpurchasing tenant in a HOPE 1 or HOPE 2 project or a property subject to a resident homeownership program under 24 CFR 248.173;

   e. A low-income family or moderate-income family that is displaced as a result of the prepayment of the mortgage or voluntary termination of an insurance contract on eligible low-income housing.

   f. A low-income family that qualifies for voucher assistance as a non-purchasing family residing in a HOPE 1 (HOPE for public housing homeownership) or HOPE 2 (HOPE for homeownership of multifamily units) project.

2. Income limits apply only at admission and are not applicable for continued occupancy; however, as income rises the assistance will decrease.

3. The applicable income limit for issuance of a voucher is the highest income limit for the family size for areas within the housing authority's jurisdiction. The applicable income limit for admission to the program is the income limit for the area in which the family is initially assisted in the program. The family may only use the voucher to rent a unit in an area where the family is income eligible at admission to the program.

4. Families who are moving into the TIOGA COUNTY Housing Authority's jurisdiction under portability and have the status of applicant rather than of participant at their initial housing authority, must meet the income limit for the area where they were initially assisted under the program.
5. Families who are moving into the TIOGA COUNTY Housing Authority's jurisdiction under portability and are already program participants at their initial housing authority do not have to meet the income eligibility requirement for the TIOGA COUNTY Housing Authority program.

6. Income limit restrictions do not apply to families transferring units within the TIOGA COUNTY Housing Authority Section 8 Program.

C. Citizenship/Eligible Immigrant status

To be eligible each member of the family must be a citizen, national, or a noncitizen who has eligible immigration status under one of the categories set forth in Section 214 of the Housing and Community Development Act of 1980 (see 42 U.S.C. 1436a(a)).

Family eligibility for assistance.

1. A family shall not be eligible for assistance unless every member of the family residing in the unit is determined to have eligible status, with the exception noted below.

2. Despite the ineligibility of one or more family members, a mixed family may be eligible for one of three types of assistance. (See Section 11.5(K) for calculating rents under the noncitizen rule).

3. A family without any eligible members and receiving assistance on June 19, 1995 may be eligible for temporary deferral of termination of assistance.

D. Social Security Number Documentation

To be eligible, all family members 6 years of age and older must provide a Social Security Number or certify that they do not have one.

E. Signing Consent Forms

1. In order to be eligible each member of the family who is at least 18 years of age, and each family head and spouse regardless of age, shall sign one or more consent forms.

2. The consent form must contain, at a minimum, the following:

   a. A provision authorizing HUD and the TIOGA COUNTY Housing Authority to obtain from State Wage Information Collection Agencies (SWICAs) any information or materials necessary to complete or verify the application for participation or for eligibility for continued occupancy;

   b. A provision authorizing HUD or the TIOGA COUNTY Housing Authority to verify with previous or current employers income information pertinent to the family's eligibility for or level of assistance;

   c. A provision authorizing HUD to request income information from the IRS and the SSA for the sole purpose of verifying income

information pertinent to the family's eligibility or level of benefits; and

d. A statement that the authorization to release the information requested by the consent form expires 12 months after the date the consent form is signed.

F. Suitability for tenancy. The TIOGA COUNTY Housing Authority determines eligibility for participation and will also conduct criminal background checks on all adult household members, including live-in aides. The TIOGA COUNTY Housing Authority will deny assistance to a family because of drug-related criminal activity or violent criminal activity by family members. This check will be made through state or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. If the individual has lived outside the local area, the TIOGA COUNTY Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC).

The TIOGA COUNTY Housing Authority will check with the State sex offender registration program and will ban for life any individual who is registered as a lifetime sex offender.

Additional screening is the responsibility of the owner. Upon the request of a prospective owner, the TIOGA COUNTY Housing Authority will provide any factual information or third party written information they have relevant to a voucher holder’s history of, or ability to, comply with material standard lease terms or any history of drug trafficking.

4.0 MANAGING THE WAITING LIST

4.1 OPENING AND CLOSING THE WAITING LIST

Opening of the waiting list will be announced via public notice that applications for Section 8 will again be accepted. The public notice will state where, when, and how to apply. The notice will be published in a local newspaper of general circulation, and also by any available minority media. The public notice will state any limitations to who may apply.

The notice will state that applicants already on waiting lists for other housing programs must apply separately for this program, and that such applicants will not lose their place on other waiting lists when they apply for Section 8. The notice will include the Fair Housing logo and slogan and otherwise be in compliance with Fair Housing requirements.

Closing of the waiting list will be announced via public notice. The public notice will state the date the waiting list will be closed. The public notice will be published in a local newspaper of general circulation, and also by any available minority media.

4.2 TAKING APPLICATIONS

Families wishing to apply for the Section 8 Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at 4 Riverside Plaza, Blossburg, PA 16912.

Applications are taken to compile a waiting list. Due to the demand for Section 8 assistance in the TIOGA COUNTY Housing Authority jurisdiction, the TIOGA COUNTY Housing Authority may take applications on an open enrollment basis, depending on the length of the waiting list.

When the waiting list is open, completed applications will be accepted from all applicants. The TIOGA COUNTY Housing Authority will later verify the information in the applications relevant to the applicant's eligibility, admission, and level of benefit.

Applications may be made in person at the TIOGA/Tioga County Housing Authorty, 4 Riverside Plaza, Blossburg, PA 16912; Monday through Friday; 8:00 a.m. to 4:30 p.m. Applications will be mailed to interested families upon request.

The completed application will be dated upon its return to the TIOGA COUNTY Housing Authority.

Persons with disabilities who require a reasonable accommodation in completing an application may call the TIOGA COUNTY Housing Authority to make special arrangements to complete their application. A Telecommunication Device for the Deaf (TDD) is available for the deaf. The TDD telephone number is (570) 638-2227.

The application process will involve two phases. The first phase is the initial application for housing assistance or the pre-application. The pre-application requires the family to provide limited basic information including name, address, phone number, family composition and family unit size, and information establishing any preferences to which they may be entitled. This first phase results in the family's placement on the waiting list.

Upon receipt of the families pre-application, the TIOGA COUNTY Housing Authority will notify the family in writing of the date of placement on the waiting list and the approximate amount of time before housing assistance may be offered. If the TIOGA COUNTY Housing Authority determines the family to be ineligible, the notice will state the reasons therefore and offer the family the opportunity of an informal review of this determination.

An applicant may at any time report changes in their applicant status including changes in family composition, income, or preference factors. The TIOGA COUNTY Housing Authority will annotate the applicant's file and will update their place on the waiting list. Confirmation of the changes will be confirmed with the family in writing.

The second phase is the final determination of eligibility, referred to as the full application. The full application takes place when the family is interviewed at their Certification of Eligibility Interview. The TIOGA COUNTY Housing Authority will ensure that verification of all preferences, eligibility, suitability selection factors are current in order to determine the family's final eligibility for admission into the Section 8 Program.

4.3 ORGANIZATION OF THE WAITING LIST

The waiting list will be maintained in accordance with the following guidelines:

A. The application will be a permanent file;

B. All applications will be maintained in order of preference and then in order of date of application;

C. Any contact between the TIOGA COUNTY Housing Authority and the applicant will be documented in the applicant file.

Note: The waiting list cannot be maintained by bedroom size under current HUD regulations.

4.4 FAMILIES AT THE TOP OF THE WAITING LIST

When the family appears at the top of the waiting list, the families will be invited to an interview and the verification process will begin.

4.5 MISSED APPOINTMENTS

All applicants who fail to keep a scheduled appointment in accordance with the paragraph below will be removed from the waiting list.

The TIOGA COUNTY Housing Authority will allow the family to reschedule appointments for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities for good cause. When a good cause exists, the TIOGA COUNTY Housing Authority will work closely with the family to find a more suitable time.

4.6 PURGING THE WAITING LIST

The TIOGA COUNTY Housing Authority will update and purge its waiting list at least annually to ensure that the pool of applicants reasonably represents interested families. Purging also enables the Housing Authority to update the information regarding address, family composition, income category and preferences.

4.7 REMOVAL OF APPLICANTS FROM THE WAITING LIST

The TIOGA COUNTY Housing Authority will not remove an applicant's name from the waiting list unless:

A. The applicant requests that the name be removed;

B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program or misses scheduled appointments;

C. The applicant fails to complete any aspect of the application process.

4.8 GROUNDS FOR DENIAL

The TIOGA COUNTY Housing Authority will deny assistance to applicants who:

A. Do not meet any one or more of the eligibility criteria;

B. Have a history of criminal activity by any household member involving crimes of physical violence against persons or property, and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff, or cause damage to the property.

C. Currently owes rent or other amounts to any housing authority in connection with the public housing or Section 8 Programs.

D. Have committed fraud, bribery, or any other corruption in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from;

E. Have a family member who was evicted from public housing within the last three years;

F. Have a family member who was evicted from assisted housing within five years of the projected date of admission because of drug-related criminal activity involving the illegal manufacture, sale, distribution, or possession with the intent to manufacture, sell, distribute a controlled substance as defined in Section 102 of the Controlled Substances Act, 21 U.S.C. 802;

G. Have a family member who is illegally using a controlled substance or abuses alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents. The TIOGA COUNTY Housing Authority may waive this requirement if:

1. The person demonstrates to the TIOGA COUNTY Housing Authority's satisfaction that the person is no longer engaging in drug-related criminal activity or abuse of alcohol;

2. The person has successfully completed a supervised drug or alcohol rehabilitation program;

3. The person has otherwise been rehabilitated successfully; or

4. The person is participating in a supervised drug or alcohol rehabilitation program.

H. Have engaged in or threatened abusive or violent behavior towards any TIOGA COUNTY Housing staff or residents;

I. Have a family household member who has been terminated under the Certificate or Voucher Program during the last three years;

J. Have a family member who has been convicted of manufacturing or producing methamphetamine (speed) (Denied for life);

K. Have a family member with a lifetime registration under a State sex offender registration program (Denied for life).

4.9 NOTIFICATION OF NEGATIVE ACTIONS

Any applicant whose name is being removed from the waiting list, due to denial of completed application, will be notified by the TIOGA COUNTY Housing Authority, in writing, that they have ten (10) business days, from the date of the written correspondence, to present mitigating circumstances or request an informal review. The letter will also indicate that their name will be removed from the waiting list if they fail to respond within the timeframe specified. The TIOGA COUNTY Housing Authority's system of removing applicants' names from the waiting list will not violate the rights of persons with disabilities. If an applicant's failure to respond to a request for information or updates was caused by the applicant's disability, the TIOGA COUNTY Housing Authority will provide a reasonable accommodation. If the applicant indicates that they did not respond due to a disability, the TIOGA COUNTY Housing Authority will verify that there is in fact a disability and that the accommodation they are requesting is necessary based on the disability. An example of a reasonable accommodation would be to reinstate the applicant on the waiting list based on the date and time of the original application.

4.10 INFORMAL REVIEW

If the TIOGA COUNTY Housing Authority determines that an applicant does not meet the criteria for receiving Section 8 assistance, the TIOGA COUNTY Housing Authority

will promptly provide the applicant with written notice of the determination. The notice must contain a brief statement of the reason(s) for the decision, and state that the applicant may request an informal review of the decision within 10 business days of the denial. The TIOGA COUNTY Housing Authority will describe how to obtain the informal review. The informal review process is described in Section 16.2 of this Plan.

5.0 SELECTING FAMILIES FROM THE WAITING LIST

5.1 WAITING LIST ADMISSIONS AND SPECIAL ADMISSIONS

The Housing Authority may admit an applicant for participation in the program either as a special admission or as a waiting list admission.

If HUD awards funding that is targeted for families with specific characteristics or families living in specific units, the TIOGA COUNTY Housing Authority will use the assistance for those families.

5.2 PREFERENCES

The TIOGA COUNTY Housing Authority will select families based on the following preferences.

In accordance with the Continuing Resolution Statutory changes of January 26, 1996, the Housing Authority has determined to suspend Federal Preferences when issuing Vouchers for the Section 8 Programs. Local preferences will now be utilized for the Section 8 Voucher participant selection system.

The Housing Authority is maintaining preference denial to a family who has been evicted from assisted housing in the past three years because of drug related criminal activity or violent criminal activity as authorized under S982.552 and S982.553 of the regulations.

A. LOCAL PREFERENCES

1. Involuntarily displaced person/family

2. MH/MR Services Agency clients

B. PREFERENCE RULE DEFINITIONS

1. INVOLUNTARILY DISPLACED

Includes displacement because of fires, disasters, government action, action by a private owner that a tenant could not control or prevent and victims of actual or threatened physical violence (applicant does not have to move out to qualify).

In order to qualify as involuntarily displaced, the applicant cannot have been rehoused in substandard housing. For this purpose, housing is not standard replacement housing if it is overcrowded.

Lapse time evictions (when landlord does not renew the lease) are also included.

Cause evictions are not included as displaced criteria.

2. MH/MR SERVICE AGENCY CLIENTS

Provides preference consideration for MH/MR clients of approved social service providers to assist them in obtaining decent, safe and sanitary housing upon completion of program by social service provider.

C. QUALIFICATION AND VERIFICATION

1. At the time of application, the family must certify whether or not they are eligible for a preference. The PHA takes the family's work and places them on the waiting list according to the preference category they claim. At that time, the verification is no performed.

2. Before the family can be assisted, the families eligibility for the preference must be verified by performing the following:

a. Involuntarily Displaced: Certification from local government agency or the landlord that the family was displaced. For domestic violence, certification from the police, social service agency, clergy, physician or shelter must be provided. For natural disaster or fire, this can be verified by the fire department or Red Cross.

b. MH/MR Clients: The social service provider must enter into a memorandum of understanding with the Housing Authority. The approved agency will be expected to assist the client/application in the conjunction with a supportive living program in completing the procedures necessary to secure the Section 8 Rental Assistance. These procedures include locating rental housing priced within current Fair Market Rents and which meet Federal Housing Quality Standards and assisting clients with the eligibility processing.

5.3 APPLYING THE PREFERENCE/TENANT SELECTION PLAN

A. PREFENCE TREATMENT

1. Treated equally: All applicants with a local preference are taken in chronological order before all non-preference applicants except victims of federally declared disasters who will be given priority over other preference classes. Public Housing Residents and Section 8 Voucher holders who are victims of federally declared disasters will be given preference over all other disaster victims..

B. NOTIFICATION/WAITING LIST

1. All applicants will be notified at the time of application. Current applicants on the waiting list will be notified as necessary as to the new preferences at the same time. Waiting list will not be closed to applicants with federal preferences unless the Housing Authority determines that (1) there is an adequate pool of applicants with federal preferences on the waiting list, and (2) the prospective applicants would not qualify above others on the list with Federal preference based upon the Housing Authority policy.

2. Not withstanding the above, as necessary to meet the statutory requirement that 75% of newly admitted families in any fiscal year be families who are extremely low-income, the TIOGA/Tioga County Housing Authority retains the right to take all appropriate action necessary to achieve 100% occupancy of its Section 8 Existing Housing Assistance Programs. Currently, the occupancy rate is below the percentage level due to extreme attrition and availability of affordable, safe and sanitary housing. Upon achieving 100% occupancy, the Authority will maintain the statutory requirements pertaining to 75% extremely low income families as program participants.

6.0 ASSIGNMENT OF BEDROOM SIZES (SUBSIDY STANDARDS)

The TIOGA COUNTY Housing Authority will issue a voucher for a particular bedroom size – the bedroom size is a factor in determining the family's level of assistance. The following guidelines will determine each family's unit size without overcrowding or over-housing:

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	1
1	1	2
2	2	4

3	3	6
4	4	8

These standards are based on the assumption that each bedroom will accommodate no more than two (2) persons. Two adults will share a bedroom unless related by blood.

In determining bedroom size, the TIOGA COUNTY Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children who are temporarily away at school or temporarily in foster-care.

Bedroom size will also be determined using the following guidelines:

A. Children of the same sex will share a bedroom.

B. Children of the opposite sex, both under the age of 7 can share a bedroom.

C. Adults and children will not be required to share a bedroom.

D. Foster–adults and children will not be required to share a bedroom with family members.

E. Live-in aides will get a separate bedroom.

The TIOGA COUNTY Housing Authority will grant exceptions to normal occupancy standards when a family requests a larger size than the guidelines allow and documents a medical reason why the larger size is necessary.

The family unit size will be determined by the TIOGA COUNTY Housing Authority in accordance with the above guidelines and will determine the maximum rent subsidy for the family; however, the family may select a unit that may be larger or smaller than the family unit size. If the family selects a smaller unit, the payment standard for the smaller size will be used to calculate the subsidy. If the family selects a larger size, the payment standard for the family unit size will determine the maximum subsidy.

6.1 INTERVIEW

When the TIOGA COUNTY Housing Authority selects a family from the waiting list, the family will be scheduled for their certification for eligibility. In order to receive a voucher the family is required to attend the eligibility interview meeting. If they cannot attend the originally scheduled interview, they may attend a later session. If the family fails to attend two scheduled interviews without good cause, they will be denied admission.

If an applicant with a disability requires auxiliary aids to gain full benefit from the interview, the Housing Authority will furnish such aids where doing so would not result in a fundamental alteration of the nature of the program or in an undue financial or administrative burden. In determining the most suitable auxiliary aid, the Housing Authority will give primary consideration to the requests of the applicant. Families unable to attend an interview due to a disability may request a reasonable accommodation such as having the interview presented at an alternate location.

The interview will cover at least the following subjects:

A. A description of how the program works;

B. Family and owner responsibilities;

C. Where the family may rent a unit, including inside and outside the Housing Authority's jurisdiction;

D. Types of eligible housing;

E. For families qualified to lease a unit outside the Housing Authority's jurisdiction under portability, an explanation of how portability works;

F. An explanation of the advantages of living in an area that does not have a high concentration of poor families; and

G. An explanation that the family's share of rent may not exceed 40% of the family's monthly adjusted income.

6.2 PACKET

During the interview, the Housing Authority will give the family a packet covering at least the following subjects:

A. The term of the voucher and the Housing Authority's policy on extensions and suspensions of the term. The family will be informed on how to request an extension and forms for requesting extensions;

B. How the Housing Authority determines the housing assistance payment and total tenant payment for the family;

C. Information on the payment standard, exception payment standard rent areas, and the utility allowance schedule;

D. How the Housing Authority determines the maximum rent for an assisted unit;

E. Where the family may lease a unit. For families qualified to lease outside the Housing Authority's jurisdiction, the packet includes an explanation of how portability works;

F. The HUD-required tenancy addendum that provides the language that must be included in any assisted lease;

G. The request for approval of the tenancy form and an explanation of how to request Housing Authority approval of a unit;

H. A statement of the Housing Authority's policy on providing information to prospective owners. This policy requires applicants to sign disclosure statements allowing the Housing Authority to provide prospective owners with the family's current and prior addresses and the names and addresses of the landlords for those addresses as deemed necessary by the Authority. Upon request, the Housing Authority will also supply any factual information or third party verification relating to the applicant's history as a tenant or their ability to comply with material standard lease terms or any history of drug trafficking, drug-related criminal activity or any violent criminal activity;

I. The Housing Authority's subsidy standards, including when the Housing Authority will consider granting exceptions to the standards;

J. The HUD brochure on how to select a unit ("A Good Place to Live");

K. The HUD-required lead-based paint brochure;

L. Information on Federal, State, and local equal opportunity laws; the brochure "Fair Housing: It's Your Right;" and a copy of the housing discrimination complaint form;

M. A list of landlords or other parties known to the TIOGA COUNTY Housing Authority who may be willing to lease a unit to the family or help the family find a unit;

N. Notice that if the family includes a person with disabilities, the family may request a current list of accessible units known to the TIOGA COUNTY Housing Authority that may be available;

O. The family's obligations under the program;

P. The grounds upon which the Housing Authority may terminate assistance because of the family's action or inaction;

Q. TIOGA COUNTY Housing Authority informal hearing procedures, including when the Housing Authority is required to provide the opportunity for an informal hearing, and information on how to request a hearing; and

R. The TIOGA COUNTY Housing Authority owner information brochure. This brochure can be given by the applicant to a prospective owner to help explain the program.

6.3 ISSUANCE OF VOUCHER; REQUEST FOR APPROVAL OF TENANCY

Beginning August 12, 1999, the TIOGA COUNTY Housing Authority will issue only vouchers. Treatment of previously issued certificates and vouchers will be dealt with as outlined in Section 21.0 Transition to the New Housing Choice Voucher Program.

Once all family information has been verified, their eligibility determined, their subsidy calculated, and they have attended the family briefing, the TIOGA COUNTY Housing Authority will issue the voucher. At this point the family begins their search for a unit.

When the family finds a unit that the owner is willing to lease under the program, the family and the owner will complete and sign a proposed lease, the HUD required tenancy addendum and the request for approval of the tenancy form. The family will submit the proposed lease and the request form to the Housing Authority during the term of the voucher. The Housing Authority will review the request, the lease, and the HUD required tenancy addendum and make an initial determination of approval of tenancy. The Housing Authority may assist the family in negotiating changes that may be required for the tenancy to be approvable. Once it appears the tenancy may be approvable, the Housing Authority will schedule an appointment to inspect the unit within 15 days after the receipt of inspection request from the family and owner. The 15-day period is suspended during any period the unit is unavailable for inspection. The Housing Authority will promptly notify the owner and the family whether the unit and tenancy are approvable.

During the initial stage of qualifying the unit, the Housing Authority will provide the prospective owner with information regarding the program. Information will include Housing Authority and owner responsibilities for screening and other essential program elements. The Housing Authority will provide the owner with the family's current and prior address as shown in the Housing Authority records along with the name and address (if known) of the landlords for those addresses, if requested.

Additional screening is the responsibility of the owner. Upon request by a prospective owner, the Housing Authority will provide any factual information or third party written information they have relevant to a voucher holder's history of, or ability to, comply with standard material lease terms.

6.4 TERM OF THE VOUCHER

The initial term of the voucher will be 60 days and will be stated on the Housing Choice Voucher.

The Housing Authority may grant one or more extensions of the term, but the initial term plus any extensions will never exceed 120 calendar days from the initial date of issuance. To obtain an extension, the family must make a request in writing prior to the expiration date. A statement of the efforts the family has made to find a unit must accompany the request. If the family documents their efforts and additional time can reasonably be expected to result in success, the Housing Authority will grant the length of request sought by the family or 60 days, whichever is less.

If the family includes a person with disabilities and the family requires an extension due to the disability, the Housing Authority will grant an extension allowing the family the full 120 days search time. If the Housing Authority determines that additional search time would be a reasonable accommodation, the Housing Authority will request HUD to approve an additional extension.

Upon submittal of a completed request for approval of tenancy form, the TIOGA COUNTY Housing Authority will suspend the term of the voucher. The term will be in suspension until the date the Housing Authority provides notice that the request has been approved or denied. This policy allows families the full term (60 days, or more with extensions) to find a unit, not penalizing them for the period during which the Housing Authority is taking action on their request. A family may submit a second request for approval of tenancy before the Housing Authority finalizes action on the first request. In this case the suspension will last from the date of the first submittal through the Housing Authority's action on the second submittal. No more than two requests will be concurrently considered.

6.5 APPROVAL TO LEASE A UNIT

The TIOGA COUNTY Housing Authority will approve a lease if all of the following conditions are met:

A. The unit is eligible;

B. The unit is inspected by the Housing Authority and passes HQS;

C. The lease is approvable and includes the language of the tenancy addendum;

D. The rent to owner is reasonable;

E. The family's share of rent does not exceed 40% of their monthly-adjusted income;

F. The owner has not been found to be debarred, suspended, or subject to a limited denial of participation by HUD or the Housing Authority; and

G. The family continues to meet all eligibility and screening criteria.

If tenancy approval is denied, the Housing Authority will advise the owner and the family in writing and advise them also of any actions they could take that would enable the Housing Authority to approve the tenancy.

The lease term may begin only after all of the following conditions are met:

A. The unit passes the Housing Authority HQS inspection;

B. The family's share of rent does not exceed 40% of their monthly adjusted income;

C. The landlord and tenant sign the lease to include the HUD required addendum; and

D. The Housing Authority approves the leasing of the unit.

The Housing Authority will prepare the contract when the unit is approved for tenancy. Generally, the landlord, simultaneously with the signing of the lease and the HUD required tenancy addendum, will execute the contract. Upon receipt of the executed lease and the signed contract by the landlord, the Housing Authority will execute the contract. The Housing Authority will not pay any housing assistance to the owner until the contract is executed.

In no case will the contract be executed later than 60 days after the beginning of the lease term.

Any contract executed after the 60-day period will be void and the Housing Authority will not pay housing assistance to the owner.

6.6 TIOGA COUNTY HOUSING AUTHORITY DISAPPROVAL OF OWNER

The Housing Authority will deny participation by an owner at the direction of HUD. The Housing Authority will also deny the owner's participation for any of the following reasons:

A. The owner has violated any obligations under a Section 8 Housing Assistance Payments Contract;

B. The owner has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program;

C. The owner has engaged in drug-related criminal activity or any violent criminal activity;

D. The owner has a history or practice of non-compliance with HQS for units leased under Section 8 or with applicable housing standards for units leased with project-based Section 8 assistance or leased under any other Federal housing program;

E. The owner has a history or practice of renting units that fail to meet State or local codes; or

F. The owner has not paid State or local real estate taxes, fines, or assessments.

G. The owner refuses (or has a history of refusing) to evict families for drug-related or violent criminal activity, or for activity that threatens the health, safety or right of peaceful enjoyment of the:

1. premises by tenants, TIOGA COUNTY Housing Authority employees or owner employees; or

2. residences by neighbors;

H. Other conflicts of interest under Federal, State, or local law.

6.7 INELIGIBLE/ELIGIBLE HOUSING

The following types of housing cannot be assisted under the Section 8 Tenant-Based Program:

A. A public housing or Indian housing unit;

B. A unit receiving project-based assistance under a Section 8 Program;

C. Nursing homes, board and care homes, or facilities providing continual psychiatric, medical or nursing services;

D. College or other school dormitories;

E. Units on the grounds of penal, reformatory, medical, mental, and similar public or private institutions;

F. A unit occupied by its owner. This restriction does not apply to cooperatives or to assistance on behalf of a manufactured home owner leasing a manufactured home space; and

G. A unit receiving any duplicative Federal, State, or local housing subsidy. This does not prohibit renting a unit that has a reduced rent because of a tax credit.

The TIOGA COUNTY Housing Authority will not approve a lease for any of the following special housing types, except as a reasonable accommodation for a family with disabilities:

A. Congregate housing

B. Group homes

C. Shared housing

D. Cooperative housing

E. Single room occupancy housing

The TIOGA COUNTY Housing Authority will approve leases for the following housing types:

A. Single family dwellings

B. Apartments

C. Manufactured housing

D. Manufactured home space rentals

E. House boats

6.8 SECURITY DEPOSIT

The owner may collect a security deposit from the tenant in an amount not in excess of amounts charged in private market practice and not in excess of amounts charged by the owner to unassisted tenants.

When the tenant moves out of the dwelling unit, the owner, subject to State or local law, may use the security deposit, including any interest on the deposit, in accordance with the lease, as reimbursement for any unpaid rent payable by the tenant, damages to the unit or for other amounts the tenant owes under the lease.

The owner must give the tenant a written list of all items charged against the security deposit and the amount of each item. After deducting the amount, if any, used to reimburse the owner, the owner must refund promptly the full amount of the unused balance to the tenant.

If the security deposit is not sufficient to cover amounts the tenant owes under the lease, the owner may seek to collect the balance from the tenant.

7.0 MOVES WITH CONTINUED ASSISTANCE

Participating families are allowed to move to another unit after the initial 12 months has expired, if the landlord and the participant have mutually agreed to terminate the lease, or if the Housing Authority has terminated the HAP contract. The TIOGA COUNTY Housing Authority will issue the family a new voucher if the family does not owe the TIOGA COUNTY Housing Authority or any other Housing Authority money, has not violated a Family Obligation, has not moved or been issued a certificate or voucher within the last 12 months, and if the TIOGA COUNTY Housing Authority has sufficient

funding for continued assistance. If the move is necessitated for a reason other than family choice, the 12-month requirement will be waived.

7.1 WHEN A FAMILY MAY MOVE

For families already participating in the Certificate and Voucher Program, the TIOGA COUNTY Housing Authority will allow the family to move to a new unit if:

A. The assisted lease for the old unit has terminated;

B. The owner has given the tenant a notice to vacate, has commenced an action to evict the tenant, or has obtained a court judgment or other process allowing the owner to evict the tenant; or

C. The tenant has given notice of lease termination (if the tenant has a right to terminate the lease on notice to the owner).

7.2 PROCEDURES REGARDING FAMILY MOVES

Families considering transferring to a new unit will be scheduled to attend a mover's briefing. All families who are moving, including any families moving into or out of the TIOGA COUNTY Housing Authority's jurisdiction, will be required to attend a mover's briefing prior to the TIOGA COUNTY Housing Authority entering a new HAP contract on their behalf.

This interview is intended to provide the following:

A. A refresher on program requirements and the family's responsibilities. Emphasis will be on giving proper notice and meeting all lease requirements such as leaving the unit in good condition;

B. Information about finding suitable housing and the advantages of moving to an area that does not have a high concentration of poor families;

C. Payment standards, exception payment standard rent areas, and the utility allowance schedule;

D. An explanation that the family's share of rent may not exceed 40% of the family's monthly-adjusted income;

E. Portability requirements and opportunities;

F. The need to have a reexamination conducted within 120 days prior to the move;

G. An explanation and copies of the forms required to initiate and complete the move; and

H. All forms and brochures provided to applicants at the initial interview.

Families are required to give proper written notice of their intent to terminate the lease. In accordance with HUD regulations, no notice requirement may exceed 60 days. During the initial term, families may not end the lease unless they and the owner mutually agree to end the lease. If the family moves from the unit before the initial term of the lease ends without the owner's and the TIOGA COUNTY Housing Authority's approval, it will be considered a serious lease violation and subject the family to termination from the program.

The family is required to give the TIOGA COUNTY Housing Authority a copy of the notice to terminate the lease at the same time as it gives the notice to the landlord. A family's failure to provide a copy of the lease termination notice to the TIOGA COUNTY Housing Authority will be considered a violation of Family Obligations and may cause the family to be terminated from the program.

A family who gives notice to terminate the lease must provide the landlord and Housing Authority with written notification to vacate. This notification to terminate the lease and vacate is to take effect no sooner than 30 days from the date of the written notice.

Failure to follow the above procedures may subject the family to termination from the program.

8.0 PORTABILITY

8.1 GENERAL POLICIES OF THE TIOGA COUNTY HOUSING AUTHORITY

A family whose head or spouse has a domicile (legal residence) or works in the jurisdiction of the TIOGA COUNTY Housing Authority at the time the family first submits its application for participation in the program to the TIOGA COUNTY Housing Authority may lease a unit anywhere in the jurisdiction of the TIOGA COUNTY Housing Authority or outside the TIOGA COUNTY Housing Authority jurisdiction as long as there is another entity operating a tenant-based Section 8 program covering the location of the proposed unit.

If the head or spouse of the assisted family does not have a legal residence or work in the jurisdiction of the TIOGA COUNTY Housing Authority at the time of its application, the family will not have any right to lease a unit outside of the TIOGA COUNTY Housing Authority jurisdiction for a 12-month period beginning when the family is first admitted to the program. During this period, the family may only lease a unit located in the jurisdiction of the TIOGA COUNTY Housing Authority.

Families participating in the Voucher Program will not be allowed to move more than once in any 12-month period and under no circumstances will the TIOGA COUNTY Housing Authority allow a participant to improperly break a lease. Under extraordinary circumstances the TIOGA COUNTY Housing Authority may consider allowing more than one move in a 12-month period.

Families may only move to a jurisdiction where a Section 8 Program is being administered.

If a family has moved out of their assisted unit in violation of the lease, the TIOGA COUNTY Housing Authority will not issue a voucher, and will terminate assistance in compliance with Section 17.0, Grounds for Termination of the Lease and Contract.

8.2 INCOME ELIGIBILITY

A. Admission

A family must be income-eligible in the area where the family first leases a unit with assistance in the Voucher Program.

B. If a portable family is already a participant in the Initial Housing Authority's Voucher Program, income eligibility is not re-determined.

8.3 PORTABILITY: ADMINISTRATION BY RECEIVING HOUSING AUTHORITY

A. When a family utilizes portability to move to an area outside the Initial Housing Authority jurisdiction, another Housing Authority (the Receiving Housing Authority) must administer assistance for the family if that Housing Authority has a tenant-based program covering the area where the unit is located.

B. A Housing Authority with jurisdiction in the area where the family wants to lease a unit must issue the family a voucher. If there is more than one such housing authority, the Initial Housing Authority may choose which housing authority shall become the Receiving Housing Authority.

8.4 PORTABILITY PROCEDURES

A. When the TIOGA COUNTY Housing Authority is the Initial Housing Authority:

1. The TIOGA COUNTY Housing Authority is recommending that "All Housing Choice Voucher applicants who meet program eligibility requirements and are issued a Housing Choice Voucher must participate on the Housing Choice Voucher program and reside in the County jurisdiction for a minimum of 12 months before being permitted to "Port" their Housing Choice Voucher to another jurisdiction. This is necessary to avoid the explortation of our Authority's Housing Choice Voucher waiting list for the benefit of a non-absorbing Housing Authority in another geographic location.

2. The TIOGA COUNTY Housing Authority will brief the family on the process that must take place to exercise portability. The family will be required to attend an applicant or mover's briefing.

3. The TIOGA COUNTY Housing Authority will determine whether the family is income-eligible in the area where the family wants to lease a unit (if applicable).

4. The TIOGA COUNTY Housing Authority will advise the family how to contact and request assistance from the Receiving Housing Authority.

5. The TIOGA COUNTY Housing Authority will, within ten (10) calendar days, notify the Receiving Housing Authority to expect the family.

6. The TIOGA COUNTY Housing Authority will immediately mail to the Receiving Housing Authority the most recent HUD Form 50058 (Family Report) for the family, and related verification information.

7. The TIOGA COUNTY Housing Authority is recommending that portability of the Housing Choice Voucher to other areas not in the TIOGA COUNTY jurisdiction will be dependant upon rather the receiving Authority will "absorb" the Housing Choice Voucher. This is due to a financial burden on the TIOGA COUNTY Housing Authority.

B. When the TIOGA COUNTY Housing Authority is the Receiving Housing Authority:

1. When the portable family requests assistance from the TIOGA COUNTY Housing Authority, the TIOGA COUNTY Housing Authority will within ten (10) calendar days inform the Initial Housing Authority whether it will bill the Initial Housing Authority for assistance on behalf of the portable family, or absorb the family into its own program. When the TIOGA COUNTY Housing Authority receives a portable family, the family will be absorbed if funds are available and a voucher will be issued.

2. The TIOGA COUNTY Housing Authority will issue a voucher to the family. The term of the TIOGA COUNTY Housing Authority's voucher will not expire before the expiration date of any Initial Housing Authority's voucher. The TIOGA COUNTY Housing Authority will determine whether to extend the voucher term. The family must submit a request for tenancy approval to the TIOGA COUNTY Housing Authority during the term of the TIOGA COUNTY Housing Authority's voucher.

3. The TIOGA COUNTY Housing Authority will determine the family unit size for the portable family. The family unit size is determined in

accordance with the TIOGA COUNTY Housing Authority's subsidy standards.

4. The TIOGA COUNTY Housing Authority will within ten (10) calendar days notify the Initial Housing Authority if the family has leased an eligible unit under the program, or if the family fails to submit a request for tenancy approval for an eligible unit within the term of the voucher.

5. If the TIOGA COUNTY Housing Authority opts to conduct a new reexamination, the TIOGA COUNTY Housing Authority will not delay issuing the family a voucher or otherwise delay approval of a unit unless the re-certification is necessary to determine income eligibility.

6. In order to provide tenant-based assistance for portable families, the TIOGA COUNTY Housing Authority will perform all Housing Authority program functions, such as reexaminations of family income and composition. At any time, either the Initial Housing Authority or the TIOGA COUNTY Housing Authority may make a determination to deny or terminate assistance to the family in accordance with 24 CFR 982.552.

C. Absorption by the TIOGA COUNTY Housing Authority

1. If funding is available under the consolidated ACC for the TIOGA COUNTY Housing Authority's Voucher Program when the portable family is received, the TIOGA COUNTY Housing Authority will absorb the family into its Voucher Program. After absorption, the family is assisted with funds available under the consolidated ACC for the TIOGA COUNTY Housing Authority's Tenant-Based Program.

D. Portability Billing

1. To cover assistance for a portable family, the Receiving Housing Authority may bill the Initial Housing Authority for housing assistance payments and administrative fees. The billing procedure will be as follows:

a. As the Initial Housing Authority, the TIOGA COUNTY Housing Authority will promptly reimburse the Receiving Housing Authority for the full amount of the housing assistance payments made by the Receiving Housing Authority for the portable family. The amount of the housing assistance payment for a portable family in the Receiving Housing Authority's program is determined in the same manner as for other families in the Receiving Housing Authority's program.

b. The Initial Housing Authority will promptly reimburse the Receiving Housing Authority for 80% of the Initial Housing Authority's on-going administrative fee for each unit month that the family receives assistance under the tenant-based programs and is assisted by the Receiving Housing Authority. If both Housing Authorities agree, we may negotiate a different amount of reimbursement.

E. When a Portable Family Moves

When a portable family moves out of the tenant-based program of a Receiving Housing Authority that has not absorbed the family, the Housing Authority in the new jurisdiction to which the family moves becomes the Receiving Housing Authority, and the first Receiving Housing Authority is no longer required to provide assistance for the family.

9.0 DETERMINATION OF FAMILY INCOME

9.1 INCOME, EXCLUSIONS FROM INCOME, DEDUCTIONS FROM INCOME

To determine annual income, the TIOGA COUNTY Housing Authority counts the income of all family members, excluding the types and sources of income that are specifically excluded. Once the annual income is determined, the TIOGA COUNTY Housing Authority subtracts out all allowable deductions (allowances) as the next step in determining the Total Tenant Payment.

9.2 INCOME

A. Annual income means all amounts, monetary or not, that:

1. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member, or

2. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

3. Are not specifically excluded from annual income.

B. Annual income includes, but is not limited to:

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services.

2. The net income from the operation of a business or profession. Expenditures for business expansion or amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from the operation of a business or profession is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested in the operation by the family.

3. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of $5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD.

4. The full amount of periodic amounts received from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts, including a lump-sum amount or prospective monthly amounts for the delayed start of a periodic amount. (However, deferred periodic amounts from supplemental security income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts are excluded.)

5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation and severance pay. (However, lump sum additions such as insurance payments from worker's compensation are excluded.)

6. Welfare assistance.

    a. If the welfare assistance payment includes an amount specifically designated for shelter and utilities that is subject to adjustment by the welfare assistance agency in accordance with the actual cost of shelter and utilities, the amount of welfare assistance income to be included as income consists of:

        i. The amount of the allowance or grant exclusive of the amount specifically designated for shelter or utilities; plus

        ii. The maximum amount that the welfare assistance agency could in fact allow the family for shelter and utilities. If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under this requirement is the amount resulting from one application of the percentage.

b. If the amount of welfare is reduced due to an act of fraud by a family member or because of any family member's failure to comply with requirements to participate in an economic self-sufficiency program or work activity, the amount of rent required to be paid by the family will not be decreased. In such cases, the amount of income attributable to the family will include what the family would have received had they complied with the welfare requirements and/or had not committed an act of fraud.

c. If the amount of welfare assistance is reduced as a result of a lifetime time limit, the reduced amount is the amount that shall be counted.

7. Periodic and determinable allowances, such as alimony and child support payments, and regular contributions or gifts received from organizations or from persons not residing in the dwelling.

8. All regular pay, special pay, and allowances of a member of the Armed Forces. (Special pay to a member exposed to hostile fire is excluded.)

9.3 EXCLUSIONS FROM INCOME

Annual income does not include the following:

A. Income from employment of children (including foster children) under the age of 18 years;

B. Payments received for the care of foster children or foster adults (usually persons with disabilities, unrelated to the tenant family, who are unable to live alone);

C. Lump-sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance and worker's compensation), capital gains and settlement for personal or property losses;

D. Amounts received by the family that is specifically for, or in reimbursement of, the cost of medical expenses for any family member;

E. Income of a live-in aide;

F. The full amount of student financial assistance paid directly to the student or to the educational institution;

G. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;

H. The amounts received from the following programs:

1. Amounts received under training programs funded by HUD;

2. Amounts received by a person with a disability that are disregarded for a limited time for purposes of Supplemental Security Income eligibility and benefits because they are set aside for use under a Plan to Attain Self-Sufficiency (PASS);

3. Amounts received by a participant in other publicly assisted programs that are specifically for or in reimbursement of out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) and that are made solely to allow participation in a specific program;

4. Amounts received under a resident service stipend. A resident service stipend is a modest amount (not to exceed $200 per month) received by a resident for performing a service for the Housing Authority or owner, on a part-time basis, that enhances the quality of life in the development. Such services may include, but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiative coordination. No resident may receive more than one such stipend during the same period of time;

5. Incremental earnings and benefits resulting to any family member from participation in qualifying State or local employment training programs (including training programs not affiliated with a local government) and training of a family member as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives and are excluded only for the period during which the family member participates in the employment training program;

6. Temporary, nonrecurring, or sporadic income (including gifts);

7. Reparation payments paid by a foreign government pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

8. Earnings in excess of $480 for each full-time student 18 years old or older (excluding the head of household and spouse);

9. Adoption assistance payments in excess of $480 per adopted child;

10. Deferred periodic amounts from Supplemental Security Income and Social Security benefits that are received in a lump sum amount or in prospective monthly amounts;

11. Amounts received by the family in the form of refunds or rebates under State or local law for property taxes paid on the dwelling unit;

12. Amounts paid by a State agency to a family with a member who has a developmental disability and is living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home; or

13. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits.

    These exclusions include:

    a. The value of the allotment of food stamps

    b. Payments to volunteers under the Domestic Volunteer Services Act of 1973

    c. Payments received under the Alaska Native Claims Settlement Act

    d. Income from submarginal land of the U.S. that is held in trust for certain Indian tribes

    e. Payments made under HHS's Low-Income Energy Assistance Program

    f. Payments received under the Job Training Partnership Act

    g. Income from the disposition of funds of the Grand River Band of Ottawa Indians

    h. The first $2000 per capita received from judgment funds awarded for certain Indian claims

    i. Amount of scholarships awarded under Title IV including Work-Study

    j. Payments received under the Older Americans Act of 1965

    k. Payments from Agent Orange Settlement

    l. Payments received under the Maine Indian Claims Act

    m. The value of child care under the Child Care and Development Block Grant Act of 1990

    n. Earned income tax credit refund payments

    o. Payments for living expenses under the AmeriCorps Program

9.4 DEDUCTIONS FROM ANNUAL INCOME

The following deductions will be made from annual income:

A. $480 for each dependent

B. $400 for any elderly family or disabled family

C. For any family that is not an elderly or disabled family but has a member (other than the head or spouse) who is a person with a disability, disability assistance expenses in excess of 3% of annual income. This allowance may not exceed the employment income received by family members who are 18 years of age or older as a result of the assistance to the person with disabilities.

D. For any elderly or disabled family:

1. That has no disability assistance expenses, an allowance for medical expenses equal to the amount by which the medical expenses exceed 3% of annual income;

2. That has disability expenses greater than or equal to 3% of annual income, an allowance for disability assistance expenses computed in accordance with paragraph C, plus an allowance for medical expenses that equal the family's medical expenses;

3. That has disability assistance expenses that are less than 3% of annual income, an allowance for combined disability assistance expenses and medical expenses that is equal to the total of these expenses less 3% of annual income.

E. Child care expenses.

1. The TIOGA COUNTY Housing Authority is recommending giving a deduction from annual income for child support payments that are garnished from employment and paid to Domestic Relations.

10.0 VERIFICATION

The TIOGA COUNTY Housing Authority will verify information related to waiting list preferences, eligibility, admission and level of benefits prior to admission. Periodically during occupancy, items related to eligibility and rent determination shall also be reviewed and verified. Income, assets, and expenses will be verified, as well as disability status, need for a live-in aide and other reasonable accommodations, full time student status of family members 18 years of age and older, Social Security Numbers,

citizenship/eligible noncitizen status. Age and relationship will only be verified in those instances where needed to make a determination of level of assistance.

10.1 ACCEPTABLE METHODS OF VERIFICATION

Age, relationship, U.S. citizenship, and Social Security Numbers will generally be verified with documentation provided by the family. For citizenship, the family's certification will be accepted. (Or for citizenship documentation such as listed below will be required.) Verification of these items will include photocopies of the Social Security cards and other documents presented by the family, the INS SAVE approval code, and forms signed by the family.

Other information will be verified by third party verification. This type of verification includes written documentation (with forms sent directly to and received directly from a source, not passed through the hands of the family). This verification may also be direct contact with the source, in person or by telephone. It may also be a report generated by a request from the TIOGA COUNTY Housing Authority or automatically by another government agency, i.e. the Social Security Administration. Verification forms and reports received will be contained in the applicant/tenant file. Oral third party documentation will include the same information as if the documentation had been written, i.e. name date of contact, amount received, etc.

When third party verification cannot be obtained, the TIOGA COUNTY Housing Authority will accept documentation received from the applicant/participant. Hand-carried documentation will be accepted if the TIOGA COUNTY Housing Authority has been unable to obtain third party verification in a four week period of time. Photocopies of the documents provided by the family will be maintained in the file.

When neither third party verification nor hand-carried verification can be obtained, the TIOGA COUNTY Housing Authority will accept a notarized statement signed by the head, spouse or co-head. Such documents will be maintained in the file.

10.2 TYPES OF VERIFICATION

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the TIOGA COUNTY Housing Authority will send a request form to the source along with a release form signed by the applicant/participant via first class mail.

Verification Requirements for Individual Items		
Item to Be Verified	**3rd party verification**	**Hand-carried verification**
General Eligibility Items		
Social Security Number	Letter from Social Security, electronic reports	Social Security card

Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Letter from school	For high school students, any document evidencing enrollment
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Child care costs	Letter from care provider	Bills and receipts
Disability assistance expenses	Letters from suppliers, care givers, etc.	Bills and records of payment
Medical expenses	Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or a companion animal is needed	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls
Value of and Income from Assets		
Savings, checking accounts	Letter from institution	Passbook, most current statements
CDs, bonds, etc	Letter from institution	Tax return, information brochure from institution, the CD, the bond
Stocks	Letter from broker or holding company	Stock or most current statement, price in newspaper or through Internet
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records or income and expenses, tax return
Personal property	Assessment, bluebook, etc	Receipt for purchase, other evidence of worth
Cash value of life insurance policies	Letter from insurance company	Current statement
Assets disposed of for less than fair market value	N/A	Original receipt and receipt at disposition, other evidence of worth

Income		
Earned income	Letter from employer	Multiple pay stubs
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and contributions	Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)	Bank deposits, other similar evidence
Alimony/child support	Court order, letter from source, letter from Human Services	Record of deposits, divorce decree
Periodic payments (i.e., social security, welfare, pensions, workers' comp, unemployment)	Letter or electronic reports from the source	Award letter, letter announcing change in amount of future payments
Training program participation	Letter from program provider indicating - whether enrolled - whether training is HUD-funded - whether State or local program - whether it is employment training - whether payments are for out- of-pocket expenses incurred in order to participate in a program	N/A

10.3 VERIFICATION OF CITIZENSHIP OR ELIGIBLE NONCITIZEN STATUS

The citizenship/eligible noncitizen status of each family member regardless of age must be determined.

Prior to being admitted, or at the first reexamination, all citizens and nationals will be required to sign a declaration under penalty of perjury. (They will be required to show proof of their status by such means as Social Security card, birth certificate, military ID or military DD 214 Form.)

Prior to being admitted or at the first reexamination, all eligible noncitizens who are 62 years of age or older will be required to sign a declaration under penalty of perjury. They will also be required to show proof of age.

Prior to being admitted or at the first reexamination, all eligible noncitizens must sign a declaration of their status and a verification consent form and provide their original INS documentation. The TIOGA COUNTY Housing Authority will make a copy of the individual's INS documentation and place the copy in the file. The TIOGA COUNTY Housing Authority also will verify their status through the INS SAVE system. If the INS SAVE system cannot confirm eligibility, the TIOGA COUNTY Housing Authority will mail information to the INS so a manual check can be made of INS records.

Family members who do not claim to be citizens, nationals or eligible noncitizens, or whose status cannot be confirmed, must be listed on a statement of non-eligible members and the list must be signed by the head of the household.

Noncitizen students on student visas, though in the country legally, are not eligible to be admitted to the Section 8 Program.

Any family member who does not choose to declare they status must be listed on the statement of non-eligible members.

If no family member is determined to be eligible under this Section, the family's admission will be denied.

The family's assistance will not be denied, delayed, reduced or terminated because of a delay in the process of determining eligible status under this Section, except to the extent that the delay is caused by the family.

If the TIOGA COUNTY Housing Authority determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their Section 8 unit, the family’s assistance will be terminated. Such family will not be eligible to be readmitted to Section 8 for a period of 24 months from the date of termination.

10.4 VERIFICATION OF SOCIAL SECURITY NUMBERS

Prior to admission, each family member who has a Social Security Number and who is at least six years of age must provide verification of his or her Social Security Number. New family members at least six years of age must provide this verification prior to being added to the lease. Children in assisted households must provide this verification at the first regular reexamination after turning six.

The best verification of the Social Security Number is the original Social Security card. If the card is not available, the TIOGA COUNTY Housing Authority will accept letters from Social Security that establish and state the number. Documentation from other governmental agencies will also be accepted that establish and state the number. Driver's license, military ID, passports, or other official documents that establish and state the number are also acceptable.

If an individual states that they do not have a Social Security Number they will be required to sign a statement to this effect. The TIOGA COUNTY Housing Authority will not require any individual who does not have a Social Security Number to obtain a Social Security Number.

If a member of an applicant family indicates they have a Social Security Number, but cannot readily verify it, the family cannot be assisted until verification is provided.

If a member of a tenant family indicates they have a Social Security Number, but cannot readily verify it, they shall be asked to certify to this fact and shall up to 60 days to provide the verification. If the individual is at least 62 years of age, they will be given 120 days to provide the verification. If the individual fails to provide the verification within the time allowed, the family will be denied assistance or will have their assistance terminated.

10.5 TIMING OF VERIFICATION

Verification must be dated within 90 days of certification or reexamination. If the verification is older than this, the source will be contacted and asked to provide information regarding any changes.

When an interim reexamination is conducted, the Housing Authority will verify and update only those elements reported to have changed.

10.6 FREQUENCY OF OBTAINING VERIFICATION

For each family member, citizenship/eligible noncitizen status will be verified only once. This verification will be obtained prior to admission. If the status of any family member was not determined prior to admission, verification of their status will be obtained at the next regular reexamination. Prior to a new member joining the family, their status will be verified.

For each family member age 6 and above, verification of Social Security Number will be obtained only once. This verification will be accomplished prior to admission. When a family member who did not have a Social Security Number at admission receives a Social Security Number, that number will be verified at the next regular reexamination. Likewise, when a child turns six, their verification will be obtained at the next regular reexamination.

11.0 RENT AND HOUSING ASSISTANCE PAYMENT

11.1 GENERAL

After August 12, 1999, the TIOGA COUNTY Housing Authority will issue only vouchers to applicants, movers, and families entering the jurisdiction through portability. Certificates currently held will continue to be honored until the transition of the merger of the Section 8 Certificate and Voucher programs as outlined in 24 CFR 982.502 is complete (see Section 21.0 for additional guidance).

11.2 RENT REASONABLENESS

The Housing Authority will not approve an initial rent or a rent increase in any of the tenant-based programs without determining that the rent amount is reasonable. Reasonableness is determined prior to the initial lease and at the following times:

A. Before any increase in rent to owner is approved;

B. If 60 days before the contract anniversary date there is a 5% decrease in the published FMR as compared to the previous FMR; and

C. If the Housing Authority or HUD directs that reasonableness be re determined.

11.3 COMPARABILITY

In making a rent reasonableness determination, the Housing Authority will compare the rent for the unit to the rent of comparable units in the same or comparable neighborhoods. The Housing Authority will consider the location, quality, size, number of bedrooms, age, amenities, housing services, maintenance and utilities of the unit and the comparable units.

The Housing Authority will maintain current survey information on rental units in the jurisdiction. The Housing Authority will also obtain from landlord associations and management firms the value of the array of amenities.

The Housing Authority will establish minimum base rent amounts for each unit type and bedroom size. To the base the Housing Authority will be able to add or subtract the dollar value for each characteristic and amenity of a proposed unit.

Owners are invited to submit information to the survey at any time. Owners may review the determination made on their unit and may submit additional information or make improvements to the unit that will enable the Housing Authority to establish a higher value.

The owner must certify the rents charged for other units. By accepting the housing assistance payment each month the owner is certifying that the rent to owner is not more than the rent charged by the owner for comparable unassisted units in the premises.

11.4 MAXIMUM SUBSIDY

The Fair Market Rent (FMR) published by HUD or the exception payment standard rent (requested by the TIOGA COUNTY Housing Authority and approved by HUD) determines the maximum subsidy for a family.

For a regular tenancy under the Certificate Program, the FMR/exception rent limit is the maximum initial gross rent under the assisted lease. This only applies until the transition of the merger of the Section 8 Certificate and Voucher programs as outlined in 24 CFR 982.502 is complete.

For the Voucher Program, the maximum payment standard will be 110% of the FMR without prior approval from HUD, or the exception payment standard approved by HUD.

For a voucher tenancy in an insured or noninsured 236 project, a 515 project of the Rural Development Administration, or a Section 221(d)(3) below market interest rate project the payment standard may not exceed the basic rent charged including the cost of tenant-paid utilities.

For manufactured home space rental, the maximum subsidy under any form of assistance is the Fair Market Rent for the space as outlined in 24 CFR 982.888.

11.4.1 Setting the Payment Standard

HUD requires that the payment standard be set by the Housing Authority at between 90 and 110% of the FMR. The TIOGA COUNTY Housing Authority will review its determination of the payment standard annually after publication of the FMRs. The TIOGA COUNTY Housing Authority will consider vacancy rates and rents in the market area, size and quality of units leased under the program, rents for units leased under the program, success rates of voucher holders in finding units, and the percentage of annual income families are paying for rent under the Voucher Program. If it is determined that success rates will suffer or that families are having to rent low quality units or pay over 40% of income for rent, the payment standard may be raised to the level judged necessary to alleviate these hardships.

Payment standards will not be raised solely to allow the renting of luxury quality units.

If success levels are projected to be extremely high and rents are projected to be at or below 30% of income, the Housing Authority will reduce the payment standard. Payment standards for each bedroom size are evaluated separately so that the payment standard for one bedroom size may increase or decrease while another remains unchanged. The TIOGA COUNTY Housing Authority may consider adjusting payment standards at times other than the annual review when circumstances warrant.
Before increasing any payment standard, the Housing Authority will conduct a financial feasibility test to ensure that in using the higher standard, adequate funds will continue to be available to assist families in the program.

11.4.2 Selecting the Correct Payment Standard for a Family

A. For the voucher tenancy, the payment standard for a family is the lower of:

   1. The payment standard for the family unit size; or

   2. The payment standard for the unit size rented by the family.

B. If the unit rented by a family is located in an exception rent area, the Housing Authority will use the appropriate payment standard for the exception rent area.

C. During the HAP contract term for a unit, the amount of the payment standard for a family is the higher of:

1. The initial payment standard (at the beginning of the lease term) minus any amount by which the initial rent to owner exceeds the current rent to owner; or

2. The payment standard as determined at the most recent regular reexamination of family income and composition effective after the beginning of the HAP contract term.

D. At the next annual reexamination following a change in family size or composition during the HAP contract term and for any reexamination thereafter, paragraph C above does not apply.

E. If there is a change in family unit size resulting from a change in family size or composition, the new family unit size will be considered when determining the payment standard at the next annual reexamination.

11.4.3 Area Exception Rents

In order to help families find housing outside areas of high poverty or when voucher holders are having trouble finding housing for lease under the program, the Housing Authority may request that HUD approve an exception payment standard rent for certain areas within its jurisdiction. The areas may be of any size, though generally not smaller than a census tract. The Housing Authority may request one such exception payment standard area or many. Exception payment standard rent authority may be requested for all or some unit sizes, or for all or some unit types.

When an exception payment standard rent has been approved and the FMR increases, the exception rent remains unchanged until such time as the Housing Authority requests and HUD approves a higher exception payment standard rent. If the FMR decreases, the exception payment standard rent authority automatically expires.

11.5 ASSISTANCE AND RENT FORMULAS

A. Total Tenant Payment

The total tenant payment is equal to the highest of:

1. 10% of monthly income

2. 30% of adjusted monthly income

3. Minimum rent

4. The welfare rent

Plus any rent above the payment standard.

B. Minimum Rent.

The TIOGA COUNTY Housing Authority has set the minimum rent as $50.00 However, if the family requests a hardship exemption, the TIOGA COUNTY Housing Authority will suspend the minimum rent for the family beginning the month following the family's hardship request. The suspension will continue until the Housing Authority can determine whether hardship exists and whether the hardship is of a temporary of long-term nature. During suspension, the family will not be required to pay a minimum rent and the Housing Assistance Payment will be increased accordingly.

1. A hardship exists in the following circumstances:

   a. When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State or local assistance program;

   b. When the family would be evicted as a result of the imposition of the minimum rent requirement;

   c. When the income of the family has decreased because of changed circumstances, including loss of employment;

   d. When the family has an increase in expenses because of changed circumstances, for medical costs, childcare, transportation, education, or similar items;

   e. When a death has occurred in the family.

2. No hardship. If the Housing Authority determines there is no qualifying hardship, the minimum rent will be reinstated, including requiring back payment of minimum rent to the Housing Authority for the time of suspension.

3. Temporary hardship. If the Housing Authority determines that there is a qualifying hardship but that it is of a temporary nature, the minimum rent will not be imposed for a period of 90 days from the date of the family's request. At the end of the 90-day period, the minimum rent will be imposed retroactively to the time of suspension. The Housing Authority will offer a reasonable repayment agreement for any minimum rent back payment paid by the Housing Authority on the family's behalf during the period of suspension.

4. Long-term hardship. If the Housing Authority determines there is a long-term hardship, the family will be exempt from the minimum rent requirement until the hardship no longer exists.

5. Appeals. The family may use the informal hearing procedure to appeal the Housing Authority's determination regarding the hardship. No escrow deposit will be required in order to access the informal hearing procedures.

C. Section 8 Merged Vouchers

1. The payment standard is set by the Housing Authority between 90% and 110% of the FMR or higher or lower with HUD approval.

2. The participant pays the greater of the Total Tenant Payment or the minimum rent, plus the amount by which the gross rent exceeds the payment standard.

3. No participant when initially receiving tenant-based assistance on a unit shall pay more than 40% of their monthly-adjusted income.

D. Section 8 Preservation Vouchers

1. Payment Standard

a. The payment standard is the lower of:

i. The payment standard amount for the appropriate family unit size; or

ii. The payment standard amount for the size of the dwelling unit actually rented by the family.

b. If the dwelling unit is located in an exception area, the TIOGA COUNTY Housing Authority will use the appropriate payment standard for the exception area.

c. During the HAP contract term, the payment standard for the family is the higher of:

i. The initial payment standard (at the beginning of the HAP contract term), as determined in accordance with paragraph (1)(a) or (1)(b) of this section, minus any amount by which the initial rent to the owner exceeds the current rent to the owner; or

ii. The payment standard as determined in accordance with paragraph (1)(a) or (1)(b) of this section, as determined at the most recent regular reexamination of family income and composition effective after the beginning of the HAP contract term.

d. At the next regular reexamination following a change in family composition that causes a change in family unit size during the HAP contract term, and for any examination thereafter during the term:

i. Paragraph (c)(i) of this section does not apply; and

ii. The new family unit size must be used to determine the payment standard.

2. The TIOGA COUNTY Housing Authority will pay a monthly housing assistance payment on behalf of the family that equals the lesser of:

a. The payment standard minus the total tenant payment; or

b. The gross rent minus the total tenant payment.

E. Manufactured Home Space Rental: Section 8 Vouchers

1. The payment standard for a participant renting a manufactured home space is the published FMR for rental of a manufactured home space.

2. The space rent is the sum of the following as determined by the Housing Authority:

a. Rent to the owner for the manufactured home space;

b. Owner maintenance and management charges for the space; and

c. Utility allowance for tenant paid utilities.

3. The participant pays the rent to owner less the HAP.

4. HAP equals the lesser of:

a. The payment standard minus the total tenant payment; or

b. The rent paid for rental of the real property on which the manufactured home owned by the family is located.

F. Rent for Families under the Noncitizen Rule

A mixed family will receive full continuation of assistance if all of the following conditions are met:

1. The family was receiving assistance on June 19, 1995;

2. The family was granted continuation of assistance before November 29, 1996;

3. The family's head or spouse has eligible immigration status; and

4. The family does not include any person who does not have eligible status other than the head of household, the spouse of the head of household, any parent of the head or spouse, or any child (under the age of 18) of the head or spouse.

If a mixed family qualifies for prorated assistance but decides not to accept it, or if the family has no eligible members, the family may be eligible for temporary deferral of termination of assistance to permit the family additional time for the orderly transition of some or all of its members to locate other affordable housing. Under this provision the family receives full assistance. If assistance is granted under this provision prior to November 29, 1996, it may last no longer than three years. If granted after that date, the maximum period of time for assistance under the provision is 18 months. The TIOGA COUNTY Housing Authority will grant each family a period of 6 months to find suitable affordable housing. If the family cannot find suitable affordable housing, the TIOGA COUNTY Housing Authority will provide additional search periods up to the maximum time allowable.

Suitable housing means housing that is not substandard and is of appropriate size for the family. Affordable housing means that it can be rented for an amount not exceeding the amount the family pays for rent, plus utilities, plus 25%.

The family's assistance is prorated in the following manner:

1. Find the prorated housing assistance payment (HAP) by dividing the HAP by the total number of family members, and then multiplying the result by the number of eligible family members.

2. Obtain the prorated family share by subtracting the prorated HAP from the gross rent (contract rent plus utility allowance).

3. The prorated tenant rent equals the prorated family share minus the full utility allowance.

11.6 UTILITY ALLOWANCE

The Housing Authority maintains a utility allowance schedule for all tenant-paid utilities (except telephone), for cost of tenant-supplied refrigerators and ranges, and for other tenant-paid housing services {e.g., trash collection (disposal of waste and refuse)}.

The utility allowance schedule is determined based on the typical cost of utilities and services paid by energy-conservative households that occupy housing of similar size and

type in the same locality. In developing the schedule, the Housing Authority uses normal patterns of consumption for the community as a whole and current utility rates.

The Housing Authority reviews the utility allowance schedule annually and revises any allowance for a utility category if there has been a change of 10% or more in the utility rate since the last time the utility allowance schedule was revised. The Housing Authority maintains information supporting the annual review of utility allowances and any revisions made in its utility allowance schedule. Participants may review this information at any time by making an appointment with the Section 8 HAP Department.

The Housing Authority uses the appropriate utility allowance for the assisted family based on the leased bedroom size subsidy. A family may lease a larger bedroom size dwelling than the assigned Voucher bedroom subsidy. If a leased dwelling is actually smaller than the Voucher bedroom subsidy but is not determined as overcrowding, the utility allowance would be based on the actual number of bedrooms.

At each reexamination, the Housing Authority applies the utility allowance from the most current utility allowance schedule.

The Housing Authority will approve a request for a utility allowance that is higher than the applicable amount on the utility allowance schedule if a higher utility allowance is needed as a reasonable accommodation to make the program accessible to and usable by the family member with a disability.

The utility allowance will be subtracted from the family's share to determine the amount of the Tenant Rent. The Tenant Rent is the amount the family owes each month to the owner. The amount of the utility allowance is then still available to the family to pay the cost of their utilities. Any utility cost above the allowance is the responsibility of the tenant. Any savings resulting from utility costs below the amount of the allowance belong to the tenant.

11.7 DISTRIBUTION OF HOUSING ASSISTANCE PAYMENT

The Housing Authority pays the owner the lesser of the housing assistance payment or the rent to owner. If payments are not made when due, the owner may charge the TIOGA COUNTY Housing Authority a late payment, agreed to in the Contract and in accordance with generally accepted practices in the TIOGA COUNTY jurisdiction.

11.8 CHANGE OF OWNERSHIP

The TIOGA COUNTY Housing Authority requires a written request by the owner who executed the HAP contract in order to make changes regarding who is to receive the TIOGA COUNTY Housing Authority's rent payment or the address as to where the rent payment should be sent.
In addition, the TIOGA COUNTY Housing Authority requires a written request from the new owner to process a change of ownership. The following documents must accompany the written request:

A. Deed of Trust showing the transfer of title; and

B. Tax Identification Number or Social Security Number.

New owners will be required to execute IRS form W-9. The TIOGA COUNTY Housing Authority may withhold the rent payment until the taxpayer identification number is received.

12.0 INSPECTION POLICIES, HOUSING QUALITY STANDARDS, AND DAMAGE CLAIMS

The TIOGA COUNTY Housing Authority will inspect all units to ensure that they meet Housing Quality Standards (HQS). No unit will be initially placed on the Section 8 Existing Program unless the HQS is met. Units will be inspected at least annually, and at other times as needed, to determine if the units meet HQS.

The TIOGA COUNTY Housing Authority must be allowed to inspect the dwelling unit at reasonable times with reasonable notice. The family and owner will be notified of the inspection appointment by first class mail. If the family can not be at home for the scheduled inspection appointment, the family must call and reschedule the inspection or make arrangements to enable the Housing Authority to enter the unit and complete the inspection.

If the family misses the scheduled inspection and fails to reschedule the inspection, the TIOGA COUNTY Housing Authority will only schedule one more inspection. If the family misses two inspections, the TIOGA COUNTY Housing Authority will consider the family to have violated a Family Obligation and their assistance will be terminated.

12.1 TYPES OF INSPECTIONS

There are seven types of inspections the TIOGA COUNTY Housing Authority will perform:

A. Initial Inspection - An inspection that must take place to insure that the unit passes HQS before assistance can begin.

B. Annual Inspection - An inspection to determine that the unit continues to meet HQS.

C. Complaint Inspection - An inspection caused by the Authority receiving a complaint on the unit by anyone.

D. Special Inspection - An inspection caused by a third party, i.e. HUD, needing to view the unit.

E. Emergency - An inspection that takes place in the event of a perceived emergency. These will take precedence over all other inspections.

F. Move Out Inspection (if applicable) - An inspection required for units in service before October 2, 1995, and optional after that date. These inspections document the condition of the unit at the time of the move-out.

G. Quality Control Inspection - Supervisory inspections on at least 5% of the total number of units that were under lease during the Housing Authority's previous fiscal year.

12.2 OWNER AND FAMILY RESPONSIBILITY

A. Owner Responsibility for HQS

1. The owner must maintain the unit in accordance with HQS.

2. If the owner fails to maintain the dwelling unit in accordance with HQS, the TIOGA COUNTY Housing Authority will take prompt and vigorous action to enforce the owner obligations. The TIOGA COUNTY Housing Authority's remedies for such breach of the HQS include termination, suspension or reduction of housing assistance payments and termination of the HAP contract.

3. The TIOGA COUNTY Housing Authority will not make any housing assistance payments for a dwelling unit that fails to meet the HQS, unless the owner corrects the defect within the period specified by the TIOGA COUNTY Housing Authority and the TIOGA COUNTY Housing Authority verifies the correction. If a defect is life threatening, the owner must correct the defect within no more than 24 hours. For other defects the owner must correct the defect within no more than 30 calendar days (or any TIOGA COUNTY Housing Authority approved extension).

4. The owner is not responsible for a breach of the HQS that is not caused by the owner, and for which the family is responsible. Furthermore, the TIOGA COUNTY Housing Authority may terminate assistance to a family because of the HQS breach caused by the family.

B. Family Responsibility for HQS

1. The family is responsible for a breach of the HQS that is caused by any of the following:

a. The family fails to pay for any utilities that the owner is not required to pay for, but which are to be paid by the tenant;

b. The family fails to provide and maintain any appliances that the owner is not required to provide, but which are to be provided by the tenant; or

c. Any member of the household or a guest damages the dwelling unit or premises (damage beyond ordinary wear and tear).

2. If an HQS breach caused by the family is life threatening, the family must correct the defect within no more than 24 hours. For other family-caused defects, the family must correct the defect within no more than 30 calendar days (or any TIOGA COUNTY Housing Authority approved extension).

3. If the family has caused a breach of the HQS, the TIOGA COUNTY Housing Authority will take prompt and vigorous action to enforce the family obligations. The TIOGA COUNTY Housing Authority may terminate assistance for the family in accordance with 24 CFR 982.552.

12.3 HOUSING QUALITY STANDARDS (HQS) 24 CFR 982.401

This Section states performance and acceptability criteria for these key aspects of the following housing quality standards:

A. Sanitary Facilities

1. Performance Requirements

The dwelling unit must include sanitary facilities located in the unit. The sanitary facilities must be in proper operating condition and adequate for personal cleanliness and the disposal of human waste. The sanitary facilities must be usable in privacy.

2. Acceptability Criteria

a. The bathroom must be located in a separate private room and have a flush toilet in proper operating condition.

b. The dwelling unit must have a fixed basin in proper operating condition, with a sink trap and hot and cold running water.

c. The dwelling unit must have a shower or a tub in proper operating condition with hot and cold running water.

d. The facilities must utilize an approvable public or private disposal system (including a locally approvable septic system).

B. Food Preparation and Refuse Disposal

1. Performance Requirements

a. The dwelling unit must have suitable space and equipment to store, prepare, and serve foods in a sanitary manner.

b. There must be adequate facilities and services for the sanitary disposal of food wastes and refuse, including facilities for temporary storage where necessary (e.g., garbage cans).

2. Acceptability Criteria

a. The dwelling unit must have an oven, a stove or range, and a refrigerator of appropriate size for the family. All of the equipment must be in proper operating condition. Either the owner or the family may supply the equipment. A microwave oven may be substituted for a tenant-supplied oven and stove or range. A microwave oven may be substituted for an owner-supplied oven and stove or range if the tenant agrees and microwave ovens are furnished instead of an oven and stove or range to both subsidized and unsubsidized tenants in the building or premises.

b. The dwelling unit must have a kitchen sink in proper operating condition, with a sink trap and hot and cold running water. The sink must drain into an approvable public or private system.

c. The dwelling unit must have space for the storage, preparation, and serving of food.

d. There must be facilities and services for the sanitary disposal of food waste and refuse, including temporary storage facilities where necessary (e.g., garbage cans).

C. Space and security

1. Performance Requirement

The dwelling unit must provide adequate space and security for the family.

2. Acceptability Criteria

a. At a minimum, the dwelling unit must have a living room, a kitchen area, and a bathroom.

b. The dwelling unit must have at least one bedroom or living/ sleeping room for each two persons. Children of opposite sex, other than very young children, may not be required to occupy the same bedroom or living/sleeping room.

c. Dwelling unit windows that are accessible from the outside, such as basement, first floor, and fire escape windows, must be lockable (such as window units with sash pins or sash locks, and combination windows with latches). Windows that are nailed shut are acceptable only if these windows are not needed for ventilation or as an alternate exit in case of fire.

d. The exterior doors of the dwelling unit must be lockable. Exterior doors are doors by which someone can enter or exit the dwelling unit.

D. Thermal Environment

1. Performance Requirement

The dwelling unit must have and be capable of maintaining a thermal environment healthy for the human body.

2. Acceptability Criteria

a. There must be a safe system for heating the dwelling unit (and a safe cooling system, where present). The system must be in proper operating condition. The system must be able to provide adequate heat (and cooling, if applicable), either directly or indirectly, to each room, in order to assure a healthy living environment appropriate to the climate.

b. The dwelling unit must not contain unvented room heaters that burn gas, oil, or kerosene. Electric heaters are acceptable, as are gas company approved natural gas fired wall heaters equipped with oxygen deprivation sensors.

E. Illumination and Electricity

1. Performance Requirement

Each room must have adequate natural or artificial illumination to permit normal indoor activities and to support the health and safety of occupants. The dwelling unit must have sufficient electrical sources so occupants can use essential electrical appliances. The electrical fixtures and wiring must ensure safety from fire.

2. Acceptability Criteria

a. There must be at least one window in the living room and in each sleeping room.

b. The kitchen area and the bathroom must have a permanent ceiling or wall light fixture in proper operating condition. The kitchen area

must also have at least one electrical outlet in proper operating condition.

c. The living room and each bedroom must have at least two electrical outlets in proper operating condition. Permanent overhead or wall-mounted light fixtures may count as one of the required electrical outlets.

F. Structure and Materials

1. Performance Requirement

The dwelling unit must be structurally sound. The structure must not present any threat to the health and safety of the occupants and must protect the occupants from the environment.

2. Acceptability Criteria

a. Ceilings, walls, and floors must not have any serious defects such as severe bulging or leaning, large holes, loose surface materials, severe buckling, missing parts, or other serious damage.

b. The roof must be structurally sound and weather tight.

c. The exterior wall structure and surface must not have any serious defects such as serious leaning, buckling, sagging, large holes, or defects that may result in air infiltration or vermin infestation.

d. The condition and equipment of interior and exterior stairs, halls, porches, walkways, etc., must not present a danger of tripping and falling. For example, broken or missing steps or loose boards are unacceptable.

e. Elevators must be working and safe.

G. Interior Air Quality

1. Performance Requirement

The dwelling unit must be free of pollutants in the air at levels that threaten the health of the occupants.

2. Acceptability Criteria

a. The dwelling unit must be free from dangerous levels of air pollution from carbon monoxide, sewer gas, fuel gas, dust, and other harmful pollutants.

b. There must be adequate air circulation in the dwelling unit.

c. Bathroom areas must have one window that can be opened or other adequate exhaust ventilation.

d. Any room used for sleeping must have at least one window. If the window is designed to be opened, the window must work.

H. Water Supply

1. Performance Requirements

The water supply must be free from contamination.

2. Acceptability Criteria

The dwelling unit must be served by an approvable public or private water supply that is sanitary and free from contamination.

I. Lead-based Paint

1. Definitions

a. Chewable surface: Protruding painted surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age; for example, protruding corners, window sills and frames, doors and frames, and other protruding woodwork.

b. Component: An element of a residential structure identified by type and location, such as a bedroom wall, an exterior window sill, a baseboard in a living room, a kitchen floor, an interior window sill in a bathroom, a porch floor, stair treads in a common stairwell, or an exterior wall.

c. Defective paint surface: A surface on which the paint is cracking, scaling, chipping, peeling, or loose.

d. Elevated blood level (EBL): Excessive absorption of lead. Excessive absorption is a confirmed concentration of lead in whole blood of 20 ug/dl (micrograms of lead per deciliter) for a single test or of 15-19 ug/dl in two consecutive tests 3-4 months apart.

e. HEPA: A high efficiency particle accumulator as used in lead abatement vacuum cleaners.

f. Lead-based paint: A paint surface, whether or not defective, identified as having a lead content greater than or equal to 1 milligram per centimeter squared (mg/cm^2), or 0.5 % by weight or 5000 parts per million (PPM).

2. Performance Requirements

a. The purpose of this paragraph of this Section is to implement Section 302 of the Lead-Based Paint Poisoning Prevention Act, 42 U.S.C. 4822, by establishing procedures to eliminate as far as practicable the hazards of lead-based paint poisoning for units assisted under this part. This paragraph is issued under 24 CFR 35.24(b)(4) and supersedes, for all housing to which it applies, the requirements of subpart C of 24 CFR part 35.

b. The requirements of this paragraph of this Section do not apply to 0-bedroom units, units that are certified by a qualified inspector to be free of lead-based paint, or units designated exclusively for the elderly. The requirements of subpart A of 24 CFR part 35 apply to all units constructed prior to 1978 covered by a HAP contract under part 982.

c. If a dwelling unit constructed before 1978 is occupied by a family that includes a child under the age of six years, the initial and each periodic inspection (as required under this part), must include a visual inspection for defective paint surfaces. If defective paint surfaces are found, such surfaces must be treated in accordance with paragraph k of this Section.

d. The Housing Authority may exempt from such treatment defective paint surfaces that are found in a report by a qualified lead-based paint inspector not to be lead-based paint, as defined in paragraph 1(f) of this Section. For purposes of this Section, a qualified lead-based paint inspector is a State or local health or housing agency, a lead-based paint inspector certified or regulated by a State or local health or housing agency, or an organization recognized by HUD.

e. Treatment of defective paint surfaces required under this Section must be completed within 30 calendar days of Housing Authority notification to the owner. When weather conditions prevent treatment of the defective paint conditions on exterior surfaces with in the 30-day period, treatment as required by paragraph k of this Section may be delayed for a reasonable time.

f. The requirements in this paragraph apply to:

i. All painted interior surfaces within the unit (including ceilings but excluding furniture);

ii. The entrance and hallway providing access to a unit in a multi-unit building; and

iii. Exterior surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age (including walls, stairs, decks, porches, railings, windows and doors, but excluding outbuildings such as garages and sheds).

g. In addition to the requirements of paragraph c of this Section, for a dwelling unit constructed before 1978 that is occupied by a family with a child under the age of six years with an identified EBL condition, the initial and each periodic inspection (as required under this part) must include a test for lead-based paint on chewable surfaces. Testing is not required if previous testing of chewable surfaces is negative for lead-based paint or if the chewable surfaces have already been treated.

h. Testing must be conducted by a State or local health or housing agency, an inspector certified or regulated by a State or local health or housing agency, or an organization recognized by HUD. Lead content must be tested by using an X-ray fluorescence analyzer (XRF) or by laboratory analysis of paint samples. Where lead-based paint on chewable surfaces is identified, treatment of the paint surface in accordance with paragraph k of this Section is required, and treatment shall be completed within the time limits in paragraph c of this Section.

i. The requirements in paragraph g of this Section apply to all protruding painted surfaces up to five feet from the floor or ground that are readily accessible to children under six years of age:

i. Within the unit;

ii. The entrance and hallway providing access to a unit in a multi-unit building; and

iii. Exterior surfaces (including walls, stairs, decks, porches, railings, windows and doors, but excluding outbuildings such as garages and sheds).

j. In lieu of the procedures set forth in paragraph g of this Section, the housing authority may, at its discretion, waive the testing requirement and require the owner to treat all interior and exterior chewable surfaces in accordance with the methods set out in paragraph k of this Section.

k. Treatment of defective paint surfaces and chewable surfaces must consist of covering or removal of the paint in accordance with the following requirements:

i. A defective paint surface shall be treated if the total area of defective paint on a component is:

(1) More than 10 square feet on an exterior wall;

(2) More than 2 square feet on an interior or exterior component with a large surface area, excluding exterior walls and including, but not limited to, ceilings, floors, doors, and interior walls;

(3) More than 10% of the total surface area on an interior or exterior component with a small surface area, including, but not limited to, windowsills, baseboards and trim.

ii. Acceptable methods of treatment are the following: removal by wet scraping, wet sanding, chemical stripping on or off site, replacing painted components, scraping with infra-red or coil type heat gun with temperatures below 1100 degrees, HEPA vacuum sanding, HEPA vacuum needle gun, contained hydroblasting or high pressure wash with HEPA vacuum, and abrasive sandblasting with HEPA vacuum. Surfaces must be covered with durable materials with joint edges sealed and caulked as needed to prevent the escape of lead contaminated dust.

iii. Prohibited methods of removal are the following: open flame burning or torching, machine sanding or grinding without a HEPA exhaust, uncontained hydroblasting or high pressure wash, and dry scraping except around electrical outlets or except when treating defective paint spots no more than two square feet in any one interior room or space (hallway, pantry, etc.) or totaling no more than twenty square feet on exterior surfaces.

iv. During exterior treatment soil and playground equipment must be protected from contamination.

v. All treatment procedures must be concluded with a thorough cleaning of all surfaces in the room or area of treatment to remove fine dust particles. Cleanup must be

accomplished by wet washing surfaces with a lead solubilizing detergent such as trisodium phosphate or an equivalent solution.

vi. Waste and debris must be disposed of in accordance with all applicable Federal, State, and local laws.

l. The owner must take appropriate action to protect residents and their belongings from hazards associated with treatment procedures. Residents must not enter spaces undergoing treatment until cleanup is completed. Personal belongings that are in work areas must be relocated or otherwise protected from contamination.

m. Prior to execution of the HAP contract, the owner must inform the Housing Authority and the family of any knowledge of the presence of lead-based paint on the surfaces of the residential unit.

n. The Housing Authority must attempt to obtain annually from local health agencies the names and addresses of children with identified EBLs and must annually match this information with the names and addresses of participants under this part. If a match occurs, the Housing Authority must determine whether local health officials have tested the unit for lead-based paint. If the unit has lead-based paint, the Housing Authority must require the owner to treat the lead-based paint. If the owner does not complete the corrective actions required by this Section, the family must be issued a certificate or voucher to move.

o. The Housing Authority must keep a copy of each inspection report for at least three years. If a dwelling unit requires testing, or if the dwelling unit requires treatment of chewable surfaces based on the testing, the Housing Authority must keep the test results indefinitely and, if applicable, the owner certification and treatment. The records must indicate which chewable surfaces in the dwelling units have been tested and which chewable surfaces were tested or tested and treated in accordance with the standards prescribed in this Section, such chewable surfaces do not have to be tested or treated at any subsequent time.

p. The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an alternate means of exit in case of fire (such as fire stairs or egress through windows).

J. Access

1. Performance Requirements

The dwelling unit must be able to be used and maintained without unauthorized use of other private properties. The building must provide an

alternate means of exit in case of fire (such as fire stairs or egress through windows).

K. Site and Neighborhood

1. Performance Requirements

The site and neighborhood must be reasonably free from disturbing noises and reverberations and other dangers to the health, safety, and general welfare of the occupants.

2. Acceptability Criteria

The site and neighborhood may not be subject to serious adverse environmental conditions, natural or manmade, such as dangerous walks or steps; instability; flooding, poor drainage, septic tank back-ups or sewage hazards; mudslides; abnormal air pollution, smoke or dust; excessive noise, vibration or vehicular traffic; excessive accumulations of trash; vermin or rodent infestation; or fire hazards.

L. Sanitary Condition

1. Performance Requirements

The dwelling unit and its equipment must be in sanitary condition.

2. Acceptability Criteria

The dwelling unit and its equipment must be free of vermin and rodent infestation.

M. Smoke Detectors

1. Performance Requirements

a. Except as provided in paragraph b below of this Section, each dwelling unit must have at least one battery-operated or hard-wired smoke detector, in proper operating condition, on each level of the dwelling unit, including basements but excepting crawl spaces and unfinished attics. Smoke detectors must be installed in accordance with and meet the requirements of the National Fire Protection Association Standard (NFPA) 74 (or its successor standards). If the dwelling unit is occupied by any hearing-impaired person, smoke detectors must have an alarm system, designed for hearing-impaired persons as specified in NFPA 74 (or successor standards).

b. For units assisted prior to April 24, 1993, owners who installed battery-operated or hard-wired smoke detectors prior to April 24, 1993, in compliance with HUD's smoke detector requirements, including the regulations published on July 30, 1992, (57 FR 33846), will not be required subsequently to comply with any additional requirements mandated by NFPA 74 (i.e., the owner would not be required to install a smoke detector in a basement not used for living purposes, nor would the owner be required to change the location of the smoke detectors that have already been installed on the other floors of the unit).

12.4 EXCEPTIONS TO THE HQS ACCEPTABILITY CRITERIA

The TIOGA COUNTY Housing Authority will utilize the acceptability criteria as outlined above with applicable State and local codes. Additionally, the TIOGA COUNTY Housing Authority has received HUD approval to require the following additional criteria:

A. Adequate heat shall be considered to be 68 degrees.

B. A ¾" overflow pipe must be present on the hot water heater safety valves and installed down to within 6 inches of the floor.

12.5 TIME FRAMES AND CORRECTIONS OF HQS FAIL ITEMS

A. Correcting Initial HQS Fail Items

The TIOGA COUNTY Housing Authority will schedule a timely inspection of the unit on the date the owner indicates that the unit will be ready for inspection, or as soon as possible thereafter (within 5 working days) upon receipt of a Request for Tenancy Approval. The owner and participant will be notified in writing of the results of the inspection. If the unit fails HQS again, the owner and the participant will be advised to notify the TIOGA COUNTY Housing Authority to reschedule a re-inspection when the repairs have been properly completed.

On an initial inspection, the owner will be given up to 30 days to correct the items noted as failed, depending on the extent of the repairs that are required to be made. No unit will be placed in the program until the unit meets the HQS requirements.

B. HQS Fail Items for Units under Contract

The owner or participant will be given time to correct the failed items cited on the inspection report for a unit already under contract. If the failed items endanger the family's health or safety (using the emergency item list below), the owner or participant will be given 24 hours to correct the violations. For less serious failures, the owner or participant will be given up to 30 days to correct the failed item(s).

If the owner fails to correct the HQS failed items after proper notification has been given, the TIOGA COUNTY Housing Authority will abate payment and terminate the contract in accordance with Sections 12.7 and 17.0(B)(3).

If the participant fails to correct the HQS failed items that are family-caused after proper notification has been given, the TIOGA COUNTY Housing Authority will terminate assistance for the family in accordance with Sections 12.2(B) and 17.0(B)(3).

C. Time Frames for Corrections

1. Emergency repair items must be abated within 24 hours.

2. Repair of refrigerators, range and oven, or a major plumbing fixture supplied by the owner must be abated within 72 hours.

3. Non-emergency items must be completed within 10 days of the initial inspection.

4. For major repairs, the owner will have up to 30 days to complete.

D. Extensions

At the sole discretion of the TIOGA COUNTY Housing Authority, extensions of up to 30 days may be granted to permit an owner to complete repairs if the owner has made a good faith effort to initiate repairs. If repairs are not completed within 60 days after the initial inspection date, the TIOGA COUNTY Housing Authority will abate the rent and cancel the HAP contract for owner noncompliance. Appropriate extensions will be granted if a severe weather condition exists for such items as exterior painting and outside concrete work for porches, steps, and sidewalks.

12.6 EMERGENCY FAIL ITEMS

The following items are to be considered examples of emergency items that need to be abated within 24 hours:

A. No hot or cold water

B. No electricity

C. Inability to maintain adequate heat

D. Major plumbing leak

E. Natural gas leak

F. Broken lock(s) on first floor doors or windows

G. Broken windows that unduly allow weather elements into the unit

H. Electrical outlet smoking or sparking

I. Exposed electrical wires, which could result in shock or fire

J. Unusable toilet when only one toilet is present in the unit

K. Security risks such as broken doors or windows that would allow intrusion

L. Other conditions which pose an immediate threat to health or safety

12.7 ABATEMENT

When a unit fails to meet HQS and the owner has been given an opportunity to correct the deficiencies, but has failed to do so within in the required timeframe, the rent for the dwelling unit will be abated.

The initial abatement period will not exceed 7 days. If the corrections of deficiencies are not made within the 7-day timeframe, the abatement will continue until the HAP contract is terminated. When the deficiencies are corrected, the TIOGA COUNTY Housing Authority will end the abatement the day the unit passes inspection. Rent will resume the following day and be paid the first day of the next month.

For tenant caused HQS deficiencies, the owner will not be held accountable and the rent will not be abated. The tenant is held to the same standard and timeframes for correction of deficiencies as owners. If repairs are not completed by the deadline, the TIOGA COUNTY Housing Authority will send a notice of termination to both the tenant and the owner. The tenant will be given the opportunity to request an informal hearing.

13.0 OWNER CLAIMS FOR DAMAGES, UNPAID RENT, AND VACANCY LOSS AND PARTICIPANT'S INSUING RESPONSIBILITIES

This Section only applies to HAP contracts in effect before October 2, 1995. Certificates have a provision for damages, unpaid rent, and vacancy loss. Vouchers have a provision for damages and unpaid rent. No vacancy loss is paid on vouchers. No Damage Claims will be processed unless the TIOGA COUNTY Housing Authority has performed a move-out inspection. Either the tenant or the owner can request the move-out inspection. Ultimately, it is the owner's responsibility to request the move-out inspection if he/she believes there may be a claim.
Damage claims are limited in the following manner:

A. In the Certificate Program, owners are allowed to claim up to two (2) months contract rent minus greater of the security deposit collected or the security deposit that should have been collected under the lease.

B. In the Voucher Program, owners are allowed to claim up to one (1) month contract rent minus greater of the security deposit collected or the security deposit that should have been collected under the lease. There will be no payment for vacancy losses under the Voucher Program.

C. No damage claims will be paid under either program effective on or after October 2, 1995.

13.1 OWNER CLAIMS FOR PRE-OCTOBER 2, 1995, UNITS

In accordance with the HAP contract, owners can make special claims for damages, unpaid rent, and vacancy loss (vacancy loss can not be claimed for vouchers) after the tenant has vacated or a proper eviction proceeding has been conducted.

Owner claims for damages, unpaid rent, and vacancy loss are reviewed for accuracy and completeness. Claims are then compared to the move-in and move-out inspections to determine if an actual claim is warranted. No claim will be paid for normal wear and tear. Unpaid utility bills are not an eligible claim item.

The TIOGA COUNTY Housing Authority will make payments to owners for approved claims. It should be noted that the tenant is ultimately responsible for any damages, unpaid rent, and vacancy loss paid to the owner and will be held responsible to repay the TIOGA COUNTY Housing Authority to remain eligible for the Section 8 Program.

Actual bills and receipts for repairs, materials, and labor must support claims for damages. The TIOGA COUNTY Housing Authority will develop a list of reasonable costs and charges for items routinely included on damage claims. This list will be used as a guide.

Owners can claim unpaid rent owned by the tenant up to the date of HAP termination.

In the Certificate Program, owners can claim for a vacancy loss as outlined in the HAP contract. In order to claim a vacancy loss, the owner must notify the TIOGA COUNTY Housing Authority immediately upon learning of the vacancy or suspected vacancy. The owner must make a good faith effort to rent the unit as quickly as possible to another renter.

All claims and supporting documentation under this Section must be submitted to the TIOGA COUNTY Housing Authority within thirty (30) days of the move-out inspection. Any reimbursement shall be applied first towards any unpaid rent. No reimbursement may be claimed for unpaid rent for the period after the family vacates.

13.2 PARTICIPANT RESPONSIBILITIES

If a damage claim or unpaid rent claim has been paid to an owner, the participant is responsible for repaying the amount to the TIOGA COUNTY Housing Authority. This shall be done by either paying the full amount due immediately upon the TIOGA COUNTY Housing Authority requesting it or through a Repayment Agreement that is approved by the TIOGA COUNTY Housing Authority.

If the participant is not current on any Repayment Agreements or has unpaid claims on more than one unit, the participant shall be terminated from the program. The participant retains the right to request an informal hearing.

14.0 RECERTIFICATION

14.1 ANNUAL REEXAMINATION

At least annually the TIOGA COUNTY Housing Authority will conduct a reexamination of family income and circumstances. The results of the reexamination determine (1) the rent the family will pay, and (2) whether the family subsidy is correct based on the family unit size.

The TIOGA COUNTY Housing Authority will send a notification letter to the family letting them know that it is time for their annual reexamination and scheduling an appointment. The letter includes forms for the family to complete in preparation for the interview. The letter includes instructions permitting the family to reschedule the interview if necessary. The letter tells families who may need to make alternate arrangements due to a disability that they may contact staff to request an accommodation of their needs.

During the interview, the family will provide all information regarding income, assets, expenses, and other information necessary to determine the family's share of rent. The family will sign the HUD consent form and other consent forms that later will be mailed to the sources that will verify the family circumstances.

Upon receipt of verification, the TIOGA COUNTY Housing Authority will determine the family's annual income and will calculate their family share.

14.1.1 Effective Date of Rent Changes for Annual Reexaminations

The new family share will generally be effective upon the anniversary date with 30 days notice of any rent increase to the family.

If the rent determination is delayed due to a reason beyond the control of the family, then any rent increase will be effective the first of the month after the month in which the family receives a 30 day notice of the amount. If the new rent is a reduction and the delay is beyond the control of the family, the reduction will be effective as scheduled on the anniversary date.
If the family caused the delay, then any increase will be effective on the anniversary date. Any reduction will be effective the first of the month after the rent amount is determined.

14.1.2 Missed Appointments

If the family fails to respond to the letter and fails to attend the interview, a second letter wll be mailed. The second letter will advise of a new time and date for the interview,

allowing for the same considerations for rescheduling and accommodation as above. The letter will also advise that failure by the family to attend the second scheduled interview will result in the TIOGA COUNTY Housing Authority taking action to terminate the family's assistance.

14.2 INTERIM REEXAMINATIONS

During an interim reexamination only the information affected by the changes being reported will be reviewed and verified.

Families will not be required to report any increase in income or decreases in allowable expenses between annual reexaminations.

Families are required to report the following changes to the TIOGA COUNTY Housing Authority between regular reexaminations. These changes will trigger an interim reexamination.

A. A member has been added to the family through birth or adoption or court-awarded custody.

B. A household member is leaving or has left the family unit.

C. Family break-up

In circumstances of a family break-up, the TIOGA COUNTY Housing Authority will make a determination of which family member will retain the certificate or voucher, taking into consideration the following factors:

1. To whom the certificate or voucher was issued.
2. The interest of minor children or of ill, elderly, or disabled family members.
3. Whether the assistance should remain with the family members remaining in the unit.
4. Whether family members were forced to leave the unit as a result of actual or threatened physical violence by a spouse or other member(s) of the household.

If a court determines the disposition of property between members of the assisted family in a divorce or separation under a settlement of judicial decree, the TIOGA COUNTY Housing Authority will be bound by the court's determination of which family members continue to receive assistance in the program.

Because of the number of possible different circumstances in which a determination will have to be made, the TIOGA COUNTY Housing Authority will make determinations on a case-by case basis.

The TIOGA COUNTY Housing Authority will issue a determination within 10 business days of the request for a determination. The family member requesting the determination may request an informal hearing in compliance with the informal hearings in Section 16.3.

In order to add a household member other than through birth or adoption (including a live-in aide) the family must request that the new member be added to the lease. Before adding the new member to the lease, the individual must complete an application form stating their income, assets, and all other information required of an applicant. The individual must provide their Social Security Number if they have one, and must verify their citizenship/eligible immigrant status (Their housing will not be delayed due to delays in verifying eligible immigrant status other than delays caused by the family). The new family member will go through the screening process similar to the process for applicants. The TIOGA COUNTY Housing Authority will determine the eligibility of the individual before allowing them to be added to the lease. If the individual is found to be ineligible or does not pass the screening criteria, they will be advised in writing and given the opportunity for an informal review. If they are found to be eligible and do pass the screening criteria, the TIOGA COUNTY Housing Authority will grant approval to add their name to the lease. At the same time, the family's annual income will be recalculated taking into account the income and circumstances of the new family member. The effective date of the new rent will be in accordance with paragraph below 14.2.2.

Families are not required to, but may at any time, request an interim reexamination based on a decrease in income, an increase in allowable expenses, or other changes in family circumstances. Upon such request, the TIOGA COUNTY Housing Authority will take timely action to process the interim reexamination and recalculate the family share.

14.2.1 Special Reexaminations

If a family's income is too unstable to project for 12 months, including families that temporarily have no income or have a temporary decrease in income, the TIOGA COUNTY Housing Authority may schedule special reexaminations every 60 days until the income stabilizes and an annual income can be determined.

14.2.2 Effective Date of Rent Changes Due to Interim or Special Reexaminations

Unless there is a delay in reexamination processing caused by the family, any rent increase will be effective the first of the second month after the month in which the family receives notice of the new rent amount. If the family causes a delay, then the rent increase will be effective on the date it would have been effective had the process not been delayed (even if this means a retroactive increase).

If the new rent is a reduction and any delay is beyond the control of the family, the reduction will be effective the first of the month after the interim reexamination should have been completed.

If the new rent is a reduction and the family caused the delay or did not report the change in a timely manner, the change will be effective the first of the month after the rent amount is determined.

15.0 TERMINATION OF ASSISTANCE TO THE FAMILY BY THE TIOGA COUNTY HOUSING AUTHORITY

The Housing Authority may at any time terminate program assistance for a participant, because of any of the actions or inaction by the household:

A. If the family violates any family obligations under the program.

B. If a family member fails to sign and submit consent forms.

C. If a family fails to establish citizenship or eligible immigrant status and is not eligible for or does not elect continuation of assistance, pro-ration of assistance, or temporary deferral of assistance. If the TIOGA COUNTY Housing Authority determines that a family member has knowingly permitted an ineligible noncitizen (other than any ineligible noncitizens listed on the lease) to permanently reside in their Section 8 unit, the family's assistance will be terminated. Such family will not be eligible to be readmitted to Section 8 for a period of 24 months from the date of termination.

D. If any member of the family has ever been evicted from public housing.

E. If the Housing Authority has ever terminated assistance under the Certificate or Voucher Program for any member of the family.

F. If any member of the family commits drug-related criminal activity, or violent criminal activity.

G. If any member of the family commits fraud, bribery or any other corrupt or criminal act in connection with any Federal housing program.

H. If the family currently owes rent or other amounts to the Housing Authority or to another Housing Authority in connection with Section 8 or public housing assistance under the 1937 Act.

I. If the family has not reimbursed any Housing Authority for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease.

J. If the family breaches an agreement with the Housing Authority to pay amounts owed to a Housing Authority, or amounts paid to an owner by a Housing Authority. (The Housing Authority, at its discretion, may offer a family the opportunity to enter an agreement to pay amounts owed to a Housing Authority or amounts paid to an owner by a Housing Authority. The Housing Authority may prescribe the terms of the agreement.)

K. If a family participating in the FSS program fails to comply, without good cause, with the family's FSS contract of participation.

L. If the family has engaged in or threatened abusive or violent behavior toward Housing Authority personnel.

M. If any household member is subject to a lifetime registration requirement under a State sex offender registration program.

N. If a household member's illegal use (or pattern of illegal use) of a controlled substance, or whose abuse (or pattern of abuse) of alcohol, is determined by the TIOGA COUNTY Housing Authority to interfere with the health, safety, or right to peaceful enjoyment of the premises by other residents.

16.0 COMPLAINTS, INFORMAL REVIEWS FOR APPLICANTS, INFORMAL HEARINGS FOR PARTICIPANTS

16.1 COMPLAINTS

The TIOGA COUNTY Housing Authority will investigate and respond to complaints by participant families, owners, and the general public. The TIOGA COUNTY Housing Authority may require that complaints other than HQS violations be put in writing. Anonymous complaints are investigated whenever possible.

16.2 INFORMAL REVIEW FOR THE APPLICANT

A. Informal Review for the Applicant

The TIOGA COUNTY Housing Authority will give an applicant for participation in the Section 8 Existing Program prompt notice of a decision denying assistance to the applicant. The notice will contain a brief statement of the reasons for the TIOGA COUNTY Housing Authority decision. The notice will state that the applicant may request an informal review within 10 business days of the denial and will describe how to obtain the informal review.

B. When an Informal Review is not required

The TIOGA COUNTY Housing Authority will not provide the applicant an opportunity for an informal review for any of the following reasons:

1. A determination of the family unit size under the TIOGA COUNTY Housing Authority subsidy standards.

2. A TIOGA COUNTY Housing Authority determination not to approve an extension or suspension of a certificate or voucher term.

3. A TIOGA COUNTY Housing Authority determination not to grant approval to lease a unit under the program or to approve a proposed lease.

4. A TIOGA COUNTY Housing Authority determination that a unit selected by the applicant is not in compliance with HQS.

5. A TIOGA COUNTY Housing Authority determination that the unit is not in accordance with HQS because of family size or composition.

6. General policy issues or class grievances.

7. Discretionary administrative determinations by the TIOGA COUNTY Housing Authority.

C. Informal Review Process

The TIOGA COUNTY Housing Authority will give an applicant an opportunity for an informal review of the TIOGA COUNTY Housing Authority decision denying assistance to the applicant. The procedure is as follows:

1. The review will be conducted by any person or persons designated by the TIOGA COUNTY Housing Authority other than the person who made or approved the decision under review or a subordinate of this person.

2. The applicant will be given an opportunity to present written or oral objections to the TIOGA COUNTY Housing Authority decision.
3. The TIOGA COUNTY Housing Authority will notify the applicant of the TIOGA COUNTY Housing Authority decision after the informal review within 14 calendar days. The notification will include a brief statement of the reasons for the final decision.

D. Considering Circumstances

In deciding whether to terminate assistance because of action or inaction by members of the family, the Housing Authority may consider all of the circumstances in each case, including the seriousness of the case, the extent of

participation or culpability of individual family members, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure.

The Housing Authority may impose, as a condition of continued assistance for other family members, a requirement that family members who participated in or were culpable for the action or failure will not reside in the unit. The Housing Authority may permit the other members of a participant family to continue receiving assistance.

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse must have occurred within one year before the date that the Housing Authority provides notice to the family of the Housing Authority determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the TIOGA COUNTY Housing Authority will consider evidence of whether the household member:

1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol;

2. Has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol; or

3. Is participating in a supervised drug or alcohol rehabilitation program and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol.

E. Informal Review Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status

The applicant family may request that the TIOGA COUNTY Housing Authority provide for an informal review after the family has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. This request must be made by the applicant family within 30 days of receipt of the *Notice of Denial or Termination of Assistance,* or within 30 days of receipt of the INS appeal decision.
For applicant families, the Informal Review Process above will be utilized with the exception that the applicant family will have up to 30 days of receipt of the *Notice of Denial or Termination of Assistance,* or of the INS appeal decision to request the review.

16.3 INFORMAL HEARINGS FOR PARTICIPANTS

A. When a Hearing is Required

1. The TIOGA COUNTY Housing Authority will give a participant family an opportunity for an informal hearing to consider whether the following TIOGA COUNTY Housing Authority decisions relating to the individual circumstances of a participant family are in accordance with the law, HUD regulations, and TIOGA COUNTY Housing Authority policies:

   a. A determination of the family's annual or adjusted income, and the use of such income to compute the housing assistance payment.

   b. A determination of the appropriate utility allowance (if any) for tenant-paid utilities from the TIOGA COUNTY Housing Authority utility allowance schedule.

   c. A determination of the family unit size under the TIOGA COUNTY Housing Authority subsidy standards.

   d. A determination that a Certificate Program family is residing in a unit with a larger number of bedrooms than appropriate for the family unit size under the TIOGA COUNTY Housing Authority subsidy standards, or the TIOGA COUNTY Housing Authority determination to deny the family's request for an exception from the standards.

   e. A determination to terminate assistance for a participant family because of the family's action or failure to act.

   f. A determination to terminate assistance because the participant family has been absent from the assisted unit for longer than the maximum period permitted under the TIOGA COUNTY Housing Authority policy and HUD rules.

2. In cases described in paragraphs 16.3(A)(1)(d), (e), and (f), of this Section, the TIOGA COUNTY Housing Authority will give the opportunity for an informal hearing before the TIOGA COUNTY Housing Authority terminates housing assistance payments for the family under an outstanding HAP contract.

B. When a Hearing is not Required

The TIOGA COUNTY Housing Authority will not provide a participant family an opportunity for an informal hearing for any of the following reasons:

1. Discretionary administrative determinations by the TIOGA COUNTY Housing Authority.

2. General policy issues or class grievances.

3. Establishment of the TIOGA COUNTY Housing Authority schedule of utility allowances for families in the program.

4. A TIOGA COUNTY Housing Authority determination not to approve an extension or suspension of a certificate or voucher term.

5. A TIOGA COUNTY Housing Authority determination not to approve a unit or lease.

6. A TIOGA COUNTY Housing Authority determination that an assisted unit is not in compliance with HQS. (However, the TIOGA COUNTY Housing Authority will provide the opportunity for an informal hearing for a decision to terminate assistance for a breach of the HQS caused by the family.)

7. A TIOGA COUNTY Housing Authority determination that the unit is not in accordance with HQS because of the family size.

8. A determination by the TIOGA COUNTY Housing Authority to exercise or not exercise any right or remedy against the owner under a HAP contract.

C. Notice to the Family

1. In the cases described in paragraphs 16.3(A)(1)(a), (b), and (c), of this Section, the TIOGA COUNTY Housing Authority will notify the family that the family may ask for an explanation of the basis of the TIOGA COUNTY Housing Authority's determination, and that if the family does not agree with the determination, the family may request an informal hearing on the decision.

2. In the cases described in paragraphs 16.3(A)(1)(d), (e), and (f), of this Section, the TIOGA COUNTY Housing Authority will give the family prompt written notice that the family may request a hearing within 10 business days of the notification. The notice will:

a. Contain a brief statement of the reasons for the decision; and

b. State this if the family does not agree with the decision, the family may request an informal hearing on the decision within 10 business days of the notification.

D. Hearing Procedures

The TIOGA COUNTY Housing Authority and participants will adhere to the following procedures:

1. Discovery

a. The family will be given the opportunity to examine before the hearing any TIOGA COUNTY Housing Authority documents that are directly relevant to the hearing. The family will be allowed to copy any such document at the family's expense. If the TIOGA COUNTY Housing Authority does not make the document(s) available for examination on request of the family, the TIOGA COUNTY Housing Authority may not rely on the document at the hearing.

b. The TIOGA COUNTY Housing Authority will be given the opportunity to examine, at the TIOGA COUNTY Housing Authority's offices before the hearing, any family documents that are directly relevant to the hearing. The TIOGA COUNTY Housing Authority will be allowed to copy any such document at the TIOGA COUNTY Housing Authority's expense. If the family does not make the document(s) available for examination on request of the TIOGA COUNTY Housing Authority, the family may not rely on the document at the hearing.

Note: The term ***document*** includes records and regulations.

2. Representation of the Family

At its own expense, a lawyer or other representative may represent the family.

3. Hearing Officer

a. The hearing will be conducted by any person or persons designated by the TIOGA COUNTY Housing Authority, other than a person who made or approved the decision under review or a subordinate of this person.

b. The person who conducts the hearing will regulate the conduct of the hearing in accordance with the TIOGA COUNTY Housing Authority hearing procedures.

4. Evidence

The TIOGA COUNTY Housing Authority and the family must have the opportunity to present evidence and may question any witnesses. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

5. Issuance of Decision

The person who conducts the hearing must issue a written decision within 14 calendar days from the date of the hearing, stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the family shall be based on a preponderance of the evidence presented at the hearing.

6. Effect of the Decision

The TIOGA COUNTY Housing Authority is not bound by a hearing decision:

a. Concerning a matter for which the TIOGA COUNTY Housing Authority is not required to provide an opportunity for an informal hearing under this Section, or that otherwise exceeds the authority of the person conducting the hearing under the TIOGA COUNTY Housing Authority hearing procedures.

b. Contrary to HUD regulations or requirements, or otherwise contrary to Federal, State, or local law.

c. If the TIOGA COUNTY Housing Authority determines that it is not bound by a hearing decision, the TIOGA COUNTY Housing Authority will notify the family within 14 calendar days of the determination, and of the reasons for the determination.

E. Considering Circumstances

In deciding whether to terminate assistance because of action or inaction by members of the family, the Housing Authority may consider all of the circumstances in each case, including the seriousness of the case, the extent of participation or culpability of individual family members, and the effects of denial or termination of assistance on other family members who were not involved in the action or failure.

The Housing Authority may impose, as a condition of continued assistance for other family members, a requirement that family members who participated in or were culpable for the action or failure will not reside in the unit. The Housing Authority may permit the other members of a participant family to continue receiving assistance.

If the Housing Authority seeks to terminate assistance because of illegal use, or possession for personal use, of a controlled substance, or pattern of abuse of alcohol, such use or possession or pattern of abuse must have occurred within one year before the date that the Housing Authority provides notice to the family of the Housing Authority determination to deny or terminate assistance. In determining whether to terminate assistance for these reasons the TIOGA COUNTY Housing Authority will consider evidence of whether the household member:

1. Has successfully completed a supervised drug or alcohol rehabilitation program (as applicable) and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol;

2. Has otherwise been rehabilitated successfully and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol; or

3. Is participating in a supervised drug or alcohol rehabilitation program and is no longer engaging in the illegal use of a controlled substance or abuse of alcohol.

F. Informal Hearing Procedures for Denial of Assistance on the Basis of Ineligible Immigration Status

The participant family may request that the TIOGA COUNTY Housing Authority provide for an informal hearing after the family has notification of the INS decision on appeal, or in lieu of request of appeal to the INS. This request must be made by the participant family within 30 days of receipt of the *Notice of Denial or Termination of Assistance*, or within 30 days of receipt of the INS appeal decision.

For the participant families, the Informal Hearing Process above will be utilized with the exception that the participant family will have up to 30 days of receipt of the *Notice of Denial or Termination of Assistance*, or of the INS appeal decision.

17.0 TERMINATION OF THE LEASE AND CONTRACT

The term of the lease and the term of the HAP contract are the same. They begin on the same date and they end on the same date. The lease may be terminated by the owner, by the tenant, or by the mutual agreement of both. The owner may only terminate the contract by terminating the lease. The HAP contract may be terminated by the TIOGA COUNTY Housing Authority. Under some circumstances the contract automatically terminates.

A. Termination of the lease

1. By the family

The family may terminate the lease without cause upon proper notice to the owner and to the TIOGA COUNTY Housing Authority after the first year of the lease. The length of the notice that is required is stated in the lease (generally 30 days).

2. By the owner.

a. The owner may terminate the lease during its term on the following grounds:

i. Serious or repeated violations of the terms or conditions of the lease;

ii. Violation of Federal, State, or local law that impose obligations on the tenant in connection with the occupancy or use of the unit and its premises;

iii. Criminal activity by the household, a guest, or another person under the control of the household that threatens the health, safety, or right to peaceful enjoyment of the premises by other persons residing in the immediate vicinity of the premises;

iv. Any drug-related criminal activity on or near the premises;

v. Other good cause. Other good cause may include, but is not limited to:

(1) Failure by the family to accept the offer of a new lease;

(2) Family history of disturbances of neighbors or destruction of property, or living or housekeeping habits resulting in damage to the property or unit;

(3) The owner's desire to utilize the unit for personal or family use or for a purpose other than use as a residential rental unit;

(4) A business or economic reason such as sale of the property, renovation of the unit, desire to rent at a higher rental amount.

b. During the first year the owner may not terminate tenancy for other good cause unless the reason is because of something the household did or failed to do.

c. The owner may only evict the tenant by instituting court action. The owner must give the TIOGA COUNTY Housing Authority a copy of any owner eviction notice to the tenant at the same time that the owner gives the notice to the tenant.

d. The owner may terminate the contract at the end of the initial lease term or any extension of the lease term without cause by providing notice to the family that the lease term will not be renewed.

3. Termination of the Lease by Mutual Agreement

The family and the owner may at any time mutually agree to terminate the lease.

B. Termination of the Contract

1. Automatic termination of the Contract

a. If the TIOGA COUNTY Housing Authority terminates assistance to the family, the contract terminates automatically.

b. If the family moves out of the unit, the contract terminates automatically.

c. The contract terminates automatically 180 calendar days after the last housing assistance payment to the owner.

2. Termination of the contract by the owner

The owner may only terminate tenancy in accordance with lease and State and local law.

3. Termination of the HAP contract by the TIOGA COUNTY Housing Authority

The Housing Authority may terminate the HAP contract because:

a. The Housing Authority has terminated assistance to the family.

b. The unit does not meet HQS space standards because of an increase in family size or change in family composition.

c. The unit is larger than appropriate for the family size or composition under the regular Certificate Program.

d. When the family breaks up and the TIOGA COUNTY Housing Authority determines that the family members who move from the unit will continue to receive the assistance.

e. The TIOGA COUNTY Housing Authority determines that there is insufficient funding in their contract with HUD to support continued assistance for families in the program.

f. The owner has breached the contract in any of the following ways:

i. If the owner has violated any obligation under the HAP contract for the dwelling unit, including the owner's obligation to maintain the unit in accordance with the HQS.

ii. If the owner has violated any obligation under any other housing assistance payments contract under Section 8 of the 1937.

iii. If the owner has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program.

iv. For projects with mortgages insured by HUD or loans made by HUD, if the owner has failed to comply with the regulations for the applicable mortgage insurance or loan program, with the mortgage or mortgage note, or with the regulatory agreement;

v. If the owner has engaged in drug trafficking.

4. Final HAP payment to owner

The HAP payment stops when the lease terminates. The owner may keep the payment for the month in which the family moves out. If the owner has begun eviction proceedings and the family continues to occupy the unit, the Housing Authority will continue to make payments until the owner obtains a judgment or the family moves out.

18.0 CHARGES AGAINST THE SECTION 8 ADMINISTRATIVE FEE RESERVE

Occasionally, it is necessary for the TIOGA COUNTY Housing Authority to spend money of its Section 8 Administrative Fee Reserve to meet unseen or extraordinary expenditures or for its other housing related purposes consistent with State law.

The TIOGA COUNTY Housing Authority Board of Commissioners authorizes the Executive Director to expend without prior Board approval up to $1,500.00 for authorized expenditures.

Any item(s) exceeding $1,500.00 will require prior Board of Commissioner approval before any charge is made against the Section 8 Administrative Fee Reserve.

19.0 INTELLECTUAL PROPERTY RIGHTS

No program receipts may be used to indemnify contractors or subcontractors of the TIOGA COUNTY Housing Authority against costs associated with any judgement of infringement of intellectual property rights.

20.0 TIOGA COUNTY HOUSING AUTHORITY OWNED HOUSING

Units owned by the TIOGA COUNTY Housing Authority and not receiving subsidy under any other program are eligible housing units for Housing Choice Voucher holders. In order to comply with federal regulation, the TIOGA COUNTY Housing Authority will do the following:

A. The TIOGA COUNTY Housing Authority will make available through the briefing process both orally and in writing the availability of TIOGA COUNTY Housing Authority owned units (notification will also include other properties owned/managed by the private sector available to Housing Choice Voucher holders).

B. The TIOGA COUNTY Housing Authority will obtain the services of an independent entity to perform the following TIOGA COUNTY Housing Authority functions:

1. Determine rent reasonableness for the unit. The independent entity will communicate the rent reasonableness determination to the family and the TIOGA COUNTY Housing Authority.

2. To assist the family in negotiating the rent.

3. To inspect the unit for compliance with HQS.

C. The TIOGA COUNTY Housing Authority will gain HUD approval for the independent agency/agencies utilized to perform the above functions.

D. The TIOGA COUNTY Housing Authority will compensate the independent agency/agencies from our ongoing administrative fee income.

E. The TIOGA COUNTY Housing Authority, or the independent agency/agencies will not charge the family any fee or charge for the services provided by the independent agency.

21.0 TRANSITION TO THE NEW HOUSING CHOICE VOUCHER PROGRAM

A. New HAP Contracts

On and after August 12, 1999, the TIOGA COUNTY Housing Authority will only enter into a HAP contract for a tenancy under the voucher program, and will not enter into a new HAP contract for a tenancy under the certificate program.

B. Over-FMR Tenancy

If the TIOGA COUNTY Housing Authority had entered into any HAP contract for an over-FMR tenancy under the certificate program prior to the merger date of August 12, 1999, on and after August 12, 1999 such tenancy shall be considered and treated as a tenancy under the voucher program, and will be subject to the voucher program requirements under 24 CFR 982.502, including calculation of the voucher housing assistance payment in accordance with 24 CFR 982.505. However, 24 CFR 982.505(b)(2) will not be applicable for calculation of the housing assistance payment prior to the effective date of the second regular reexamination of family income and composition on or after the merger date of August 12, 1999.

C. Voucher Tenancy

If the TIOGA COUNTY Housing Authority had entered into any HAP contract for a voucher tenancy prior to the merger date of August 12, 1999, on and after August 12, 1999 such tenancy will continue to be considered and treated as a tenancy under the voucher program, and will be subject to the voucher program requirements under 24 CFR 982.502, including calculation of the voucher housing assistance payment in accordance with 24 CFR 982.505. However, 24 CFR 982.505(b) (2) will not be applicable for calculation of the housing assistance payment prior to the effective date of the second regular reexamination of family income and composition on or after the merger date of August 12, 1999.

D. Regular Certificate Tenancy

The TIOGA COUNTY Housing Authority will terminate program assistance under any outstanding HAP contract for a regular tenancy under the certificate program entered into prior to the merger date of August 12, 1999 at the effective date of the second regular reexamination of family income and composition on or after the merger date of August 12, 1999. Upon such termination of assistance, the HAP contract for such tenancy terminates automatically. The TIOGA COUNTY Housing Authority will give at least 120 days written notice of such termination to the family and the owner, and the TIOGA COUNTY Housing Authority will offer the family the opportunity for continued tenant-based assistance under the voucher program. Landlords and tenants who choose not to participate on the Housing Choice Voucher Program will be required to provide written notification to the Housing Authority; otherwise at the time of their annual renewal date the certificate contract and rental lease will be converted to a Housing Choice Voucher. The TIOGA COUNTY Housing Authority may deny the family the opportunity for continued assistance in accordance with 24 CFR 982.552 and 24 CFR 982.553.

GLOSSARY

1937 Housing Act: The United States Housing Act of 1937 [42 U.S.C. 1437 et seq.)

Absorption: In portability, the point at which a receiving housing authority stops billing the initial housing authority for assistance on behalf of a portable family. [24 CFR 982.4]

Adjusted Annual Income: The amount of household income, after deductions for specified allowances, on which tenant rent is based.

Administrative fee: Fee paid by HUD to the housing authority for the administration of the program.

Administrative Plan: The plan that describes housing authority policies for the administration of the tenant-based programs.

Admission: The point when the family becomes a participant in the program. In a tenant-based program, the date used for this purpose is the effective date of the first HAP Contract for a family (first day of initial lease term).

Adult: A household member who is 18 years or older or who is the head of the household, or spouse, or co-head.

Allowances: Amounts deducted from the household's annual income in determining adjusted annual income (the income amount used in the rent calculation). Allowances are given for elderly families, dependents, medical expenses for elderly families, disability expenses, and child care expenses for children less than 13 years of age. Other allowance can be given at the discretion of the housing authority.

Amortization Payment: In a manufactured home space rental: The monthly debt service payment by the family to amortize the purchase price of the manufactured home.

Annual Contributions Contract (ACC): The written contract between HUD and a housing authority under which HUD agrees to provide funding for a program under the 1937 Act, and the housing authority agrees to comply with HUD requirements for the program.

Annual Income: All amounts, monetary or not, that:

a. Go to (or on behalf of) the family head or spouse (even if temporarily absent) or to any other family member, or

b. Are anticipated to be received from a source outside the family during the 12-month period following admission or annual reexamination effective date; and

c. Are not specifically excluded from Annual Income.

d. Annual Income also includes amounts derived (during the 12-month period) from assets to which any member of the family has access.

Applicant (applicant family): A family that has applied for admission to a program but is not yet a participant in the program.

Assets: See net family assets.

Asset Income: Income received from assets held by household members. If assets total more than $5,000, income from the assets is "imputed" and the greater of actual asset income and imputed asset income is counted in annual income.

Assisted lease (lease): A written agreement between an owner and a family for the leasing of a dwelling unit to the family. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP contract between the owner and the housing authority.

Certificate: A document issued by a housing authority to a family selected for admission to the Certificate Program. The certificate describes the program and the procedures for housing authority approval of a unit selected by the family. The certificate also states the obligations of the family under the program.

Certification: The examination of a household's income, expenses, and family composition to determine the household's eligibility for program participation and to calculate the household's rent for the following 12 months.

Child: For purposes of citizenship regulations, a member of the family other than the family head or spouse who is under 18 years of age.

Child care expenses: Amounts anticipated to be paid by the family for the care of children under 13 years of age during the period for which annual income is computed, but only where such care is necessary to enable a family member to actively seek employment, be gainfully employed, or to further his or her education and only to the extent such amounts are not reimbursed. The amount deducted shall reflect reasonable charges for child care. In the case of childcare necessary to permit employment, the amount deducted shall not exceed the amount of employment income that is included in annual income.

Citizen: A citizen or national of the United States.

Common space: In shared housing: Space available for use by the assisted family and other occupants of the unit.

Congregate housing: Housing for elderly or persons with disabilities that meets the HQS for congregate housing.

Consent form: Any consent form approved by HUD to be signed by assistance applicants and participants for the purpose of obtaining income information from employers and SWICAs, return information from the Social Security Administration, and return information for unearned income from the Internal Revenue Service. The consent forms may authorize the collection of other information from assistance applicants or participant to determine eligibility or level of benefits.

Contiguous MSA: In portability, an MSA that shares a common boundary with the MSA in which the jurisdiction of the initial housing authority is located.

Continuously assisted: An applicant is continuously assisted under the 1937 Housing Act if the family is already receiving assistance under any 1937 Housing Act program when the family is admitted to the Voucher Program.

Cooperative: Housing owned by a non-profit corporation or association, and where a member of the corporation or association has the right to reside in a particular apartment, and to participate in management of the housing.

Domicile: The legal residence of the household head or spouse as determined in accordance with State and local law.

Decent, safe, and sanitary: Housing is decent, safe, and sanitary if it satisfies the applicable housing quality standards.

Department: The Department of Housing and Urban Development.

Dependent: A member of the family (except foster children and foster adults) other than the family head or spouse, who is under 18 years of age, or is a person with a disability, or is a full-time student.

Disability assistance expenses: Reasonable expenses that are anticipated, during the period for which annual income is computed, for attendant care and auxiliary apparatus for a disabled family member and that are necessary to enable a family member (including the disabled member) to be employed, provided that the expenses are neither paid to a member of the family nor reimbursed by an outside source.

Disabled family: A family whose head, spouse, or sole member is a person with disabilities; or two or more persons with disabilities living together; or one or more persons with disabilities living with one or more live-in aides.

Disabled person: See "person with disabilities."

Displaced family: A family in which each member, or whose sole member, is a person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

Displaced person: A person displaced by governmental action (such as urban renewal), or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

Drug related criminal activity: Illegal use or personal use of a controlled substance, and the illegal manufacture, sale, distribution, use or possession with intent to manufacture, sell, distribute or use, of a controlled substance.

Drug trafficking: The illegal manufacture, sale, or distribution, or the possession with intent to manufacture, sell, or distribute, of a controlled substance.

Elderly family: A family whose head, spouse, or sole member is a person who is at least 62 years of age; or two or more persons who are at least 62 years of age living together; or one or more persons who are at least 62 years of age living with one or more live-in aides.

Elderly person: A person who is at least 62 years of age.

Evidence of citizenship or eligible status: The documents that must be submitted to evidence citizenship or eligible immigration status.

Exception rent: An amount that exceeds the published fair market rent.

Extremely low-income families: Those families whose incomes do not exceed 30% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families.

Fair Housing Act: Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.*)*.

Fair market rent (FMR): The rent, including the cost of utilities (except telephone), as established by HUD for units of varying sizes (by number of bedrooms), that must be paid in the housing market area to rent privately owned, existing, decent, safe and sanitary rental housing of modest (non-luxury) nature with suitable amenities. FMRs are published periodically in the Federal Register.

Family includes but is not limited to**:**

a. A family with or without children (the temporary absence of a child from the home due to placement in foster care shall not be considered in determining family composition and family size);
b. An elderly family;
c. A near-elderly family;
d. A disabled family;
e. A displaced family;
f. The remaining member of a tenant family; and
g. A single person who is not an elderly or displaced person, or a person with disabilities, or the remaining member of a tenant family.

Family members: include all household members except live-in aides, foster children and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the HUD-50058.

Family self-sufficiency program (FSS program): The program established by a housing authority to promote self-sufficiency of assisted families, including the coordination of supportive services (42 U.S.C. 1437u).

Family share: The portion of rent and utilities paid by the family.

Family unit size: The appropriate number of bedrooms for a family as determined by the housing authority under the housing authority's subsidy standards.

50058 Form: The HUD form that Housing Authority's are required to complete for each assisted household in public housing to record information used in the certification and re-certification process, and, at the option of the housing authority, for interim reexaminations.

FMR/exception rent limit: The Section 8 existing housing fair market rent published by HUD headquarters, or any exception rent. For a tenancy in the Voucher Program, the housing authority may adopt a payment standard up to the FMR/exception rent limit.

Full-time student: A person who is carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended. An educational institution includes a vocational school with a diploma or Certificate Program, as well as an institution offering a college degree.

Gross rent: The sum of the rent to the owner plus any utilities.

Group Home: A dwelling unit that is licensed by a State as a group home for the exclusive residential use of two to twelve persons who are elderly or persons with disabilities (including any live-in aide).

Head of household: The adult member of the family who is the head of the household for purposes of determining income eligibility and rent.

Household members: include all individuals who reside or will reside in the unit and who are listed on the lease, including live-in aides, foster children and foster adults.

Housing Assistance Payment (HAP): The monthly assistance by a housing authority, which includes (1) a payment to the owner for rent to the owner under the family's lease, and (2) an additional payment to the family if the total assistance payment exceeds the rent to owner.

Housing quality standards (HQS): The HUD minimum quality standards for housing assisted under the Section 8 program.

Housing voucher: A document issued by a housing authority to a family selected for admission to the Voucher Program. This document describes the program and the procedures for housing authority approval of a unit selected by the family. The voucher also states the obligations of the family under the program.

Housing voucher holder: A family that has an unexpired housing voucher.

Imputed income: For households with net family assets of more than $5,000, the amount calculated by multiplying net family assets by a HUD-specified percentage. If imputed income is more than actual income from assets, the imputed amount is used in determining annual income.

Income category: Designates a family's income range. There are three categories: low income, very low income and extremely low-income.

Incremental income: The increased portion of income between the total amount of welfare and earnings of a family member prior to enrollment in a training program and welfare and earnings of the family member after enrollment in the training program. All other amounts, increases and decreases, are treated in the usual manner in determining annual income.

Initial Housing Authority: In portability, both: (1) a housing authority that originally selected a family that later decides to move out of the jurisdiction of the selecting housing authority; and (2) a housing authority that absorbed a family that later decides to move out of the jurisdiction of the absorbing housing authority.

Initial payment standard: The payment standard at the beginning of the HAP contract term.

Initial rent to owner: The rent to owner at the beginning of the initial lease term.

Interim (examination): A reexamination of a household's income, expenses, and household status conducted between the annual recertifications when a change in a household's circumstances warrants such a reexamination.

Jurisdiction: The area in which the housing authority has authority under State and local law to administer the program.

Lease: A written agreement between an owner and tenant for the leasing of a dwelling unit to the tenant. The lease establishes the conditions for occupancy of the dwelling unit by a family with housing assistance payments under a HAP Contract between the owner and the housing authority.

Live-in aide: A person who resides with one or more elderly persons, or near-elderly persons, or persons with disabilities, and who:

a. Is determined to be essential to the care and well being of the persons;
b. Is not obligated for the support of the persons; and
c. Would not be living in the unit except to provide the necessary supportive services.

Low-income families: Those families whose incomes do not exceed 80% of the median income for the area, as determined by the Secretary with adjustments for smaller and larger families. *[1937Act)*

Manufactured home: A manufactured structure that is built on a permanent chassis, is designed for use as a principal place of residence, and meets the HQS.

Manufacture home space: In manufactured home space rental: A space leased by an owner to a family. A manufactured home owned and occupied by the family is located on the space.

Medical expenses: Medical expenses, including medical insurance premiums that are anticipated during the period for which annual income is computed, and that are not covered by insurance.

Mixed family: A family whose members include those with citizenship or eligible immigration status, and those without citizenship or eligible immigration status.

Moderate rehabilitation: Rehabilitation involving a minimum expenditure of $1000 for a unit, including its prorated share of work to be accomplished on common areas or systems, to:

a. Upgrade to decent, safe and sanitary condition to comply with the Housing Quality Standards or other standards approved by HUD, from a condition below these standards (improvements being of a modest nature and other than routine maintenance; or
b. Repair or replace major building systems or components in danger of failure.

Monthly adjusted income: One twelfth of adjusted income.

Monthly income: One twelfth of annual income.

Mutual housing: is included in the definition of "cooperative".

National: A person who owes permanent allegiance to the United States, for example, as a result of birth in a United States territory or possession.

Near-elderly family: A family whose head, spouse, or sole member is a person who is at least 50 years of age but below the age of 62; or two or more persons, who are at least 50 years of age but below the age of 62, living together; or one or more persons who are at least 50 years of age but below the age of 62 living with one or more live-in aides.

Net family assets:

a. Net cash value after deducting reasonable costs that would be incurred in disposing of real property, savings, stocks, bonds, and other forms of capital investment, excluding interests in Indian trust land and excluding equity accounts in HUD homeownership programs. The value of necessary items of personal property such as furniture and automobiles shall be excluded.

b. In cases where a trust fund has been established and the trust is not revocable by, or under the control of, any member of the family or household, the value of the trust fund will not be considered an asset so long as the fund continues to be held in trust. Any income distributed from the trust fund shall be counted when determining annual income.
c. In determining net family assets, housing authorities or owners, as applicable, shall include the value of any business or family assets disposed of by an applicant or tenant for less than fair market value (including a disposition in trust, but not in a foreclosure or bankruptcy sale) during the two years preceding the date of application for the program or reexamination, as applicable, in excess of the consideration received therefor. In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be for less than fair market value if the applicant or tenant receives important consideration not measurable in dollar terms.

Noncitizen: A person who is neither a citizen nor national of the United States.

Notice Of Funding Availability (NOFA): For budget authority that HUD distributes by competitive process, the Federal Register document that invites applications for funding. This document explains how to apply for assistance, and the criteria for awarding the funding.

Occupancy standards: The standards that the housing authority establishes for determining the appropriate number of bedrooms needed to house families of different sizes or composition.

Owner: Any person or entity, including a cooperative, having the legal right to lease or sublease existing housing.

Participant (participant family): A family that has been admitted to the housing authority's program and is currently assisted in the program. The family becomes a participant on the effective date of the first HAP contract executed by the housing authority for the family (first day of initial lease).

Payment standard: In a voucher tenancy, the maximum monthly assistance payment for a family (before deducting the total tenant payment by family contribution). For a voucher tenancy, the housing authority sets a payment standard in the range from 90% to 110% of the current FMR.

Person with disabilities: A person who:

a. Has a disability as defined in Section 223 of the Social Security Act,

> "Inability to engage in any substantial, gainful activity by reason of any medically determinable physical or mental impairment that can be expected to result in death or that has lasted or can be expected to last for a continuous period of not less than 12 months, or
>
> In the case of an individual who attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial, gainful activity requiring skills or ability comparable to those of any gainful activity in which he has previously engaged with some regularity and over a substantial period of time."

b. Is determined, pursuant to regulations issued by the Secretary, to have a physical, mental, or emotional impairment that:

(1) is expected to be of long-continued and indefinite duration,

(2) substantially impedes his or her ability to live independently, and

(3) is of such a nature that such ability could be improved by more suitable housing conditions, or

c. Has a developmental disability as defined in Section 102(7) of the of the Developmental Disabilities Assistance and Bill of Rights Act.

"Severe chronic disability that:

(1) is attributable to a mental or physical impairment or combination of mental and physical impairments;

(2) is manifested before the person attains age 22;

(3) is likely to continue indefinitely;

(4) results in substantial functional limitation in three or more of the following areas of major life activity: (1) self care, (2) receptive and responsive language, (3) learning, (4) mobility, (e) self-direction, (6) capacity for independent living, and (7) economic self-sufficiency; and

(5) reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are of lifelong or extended duration and are individually planned and coordinated."

This definition does not exclude persons who have the disease of acquired immunodeficiency syndrome or any conditions arising from the etiologic agent for acquired immunodeficiency syndrome.

No individual shall be considered to be a person with disabilities for purposes of eligibility solely based on any drug or alcohol dependence.

Portability: Renting a dwelling unit with Section 8 tenant-based assistance outside the jurisdiction of the initial housing authority.

Premises: The building or complex in which the dwelling unit is located, including common areas and grounds.

Private space: In shared housing: The portion of a contract unit that is for the exclusive use of an assisted family.

Preservation: This program encourages owners of eligible multifamily housing projects to preserve low-income housing affordability and availability while reducing the long-term cost of providing rental assistance. The program offers several approaches to restructuring the debt of properties developed with project-based Section 8 assistance whose HAP contracts are about to expire.

Proration of assistance: The reduction in a family's housing assistance payment to reflect the proportion of family members in a mixed family who are eligible for assistance.

Public Housing Agency: A State, county, municipality or other governmental entity or public body (or agency or instrumentality thereof) authorized to engage in or assist in the development or operation of low-income housing.

Reasonable rent: A rent to owner that is not more than charged: (a) for comparable units in the private unassisted market; and (b) for a comparable unassisted unit in the premises.

Receiving Housing Authority: In portability, a housing authority that receives a family selected for participation in the tenant-based program of another housing authority. The receiving housing authority issues a certificate or voucher, and provides program assistance to the family.

Re-certification: A reexamination of a household's income, expenses, and family composition to determine the household's rent for the following 12 months.

Remaining member of a tenant family: A member of the family listed on the lease who continues to live in an assisted household after all other family members have left.

Rent to owner: The monthly rent payable to the owner under the lease. Rent to owner covers payment for any housing services, maintenance, and utilities that the owner is required to provide and pay for.

Set-up charges: In a manufactured home space rental, charges payable by the family for assembly, skirting and anchoring the manufactured home.

Shared housing: A unit occupied by two or more families. The unit consists of both common space for shared use by the occupants of the unit and separate private space for each assisted family.

Shelter Allowance: That portion of a welfare benefit (e.g., TANF) that the welfare agency designates to be used for rent and utilities.

Single person: Someone living alone or intending to live alone who does not qualify as an elderly person, a person with disabilities, a displaced person, or the remaining member of a tenant family.

Single room occupancy housing (SRO): A unit for occupancy by a single eligible individual capable of independent living that contains no sanitary facilities or food preparation facilities, or contains either, but not both, types of facilities.

Special admission: Admission of an applicant that is not on the housing authority waiting list, or without considering the applicant's waiting list position.

Special housing types: Special housing types include: SRO housing, congregate housing, group homes, shared housing, cooperatives (including mutual housing), and manufactured homes (including manufactured home space rental).

State Wage Information Collection Agency (SWICA): The State agency receiving quarterly wage reports from employers in the State, or an alternative system that has been determined by the Secretary of Labor to be as effective and timely in providing employment-related income and eligibility information.

Statement of family responsibility: An agreement in the form prescribed by HUD, between the housing authority and a Family to be assisted under the Moderate Rehabilitation Program, stating the obligations and responsibilities of the family.

Subsidy standards: Standards established by a housing authority to determine the appropriate number of bedrooms and amount of subsidy for families of different sizes and compositions.

Suspension: Stopping the clock on the term of a family's certificate or voucher, for such period as determined by the housing authority, from the time when the family submits a request for housing authority approval to lease a unit, until the time when the housing authority approves or denies the request. Also referred to as tolling.

Tenant: The person or persons (other than a live-in aide) who executes the lease as lessee of the dwelling unit.

Tenant rent: The amount payable monthly by the family as rent to the owner minus any utility allowance.

Third-party (verification): Oral or written confirmation of a household's income, expenses, or household composition provided by a source outside the household, such as an employer, doctor, school official, etc.

Tolling: see suspension.

Total tenant payment (TTP):

(1) Total tenant payment is the amount calculated under Section 3(a)(1) of the 1937 Act. which is the higher of :

30% of the family's monthly adjusted income;

10% of the family's monthly income;

Minimum rent; or

If the family is receiving payments for welfare assistance from a public agency and a part of such payments, adjusted in accordance with the family's actual housing costs, is specifically designated by such agency to meet the family's housing costs, the portion of such payments which is so designated.

If the family's welfare assistance is ratably reduced from the standard of need by applying a percentage, the amount calculated under Section 3(a)(1) shall be the amount resulting from one application of the percentage.

Utility allowance: If the cost of utilities (except telephone) and other housing services for an assisted unit is not included in the tenant rent but is the responsibility of the family occupying the unit, an amount equal to the estimate made or approved by a housing authority or HUD of the monthly cost of a reasonable consumption of such utilities and other services for the unit by an energy-conservative household of modest circumstances consistent with the requirements of a safe, sanitary, and healthful living environment.

Utility hook-up charge: In a manufactured home space rental, costs payable by a family for connecting the manufactured home to utilities such as water, gas, electrical and sewer lines.

Utility reimbursement: The amount, if any, by which the utility allowance for the unit, if applicable, exceeds the total tenant payment for the family occupying the unit.

Verification:

a. The process of obtaining statements from individuals who can attest to the accuracy of the amounts of income, expenses, or household member status (e.g., employers, public assistance agency staff, doctors).

b. The three types of verification are:

(1) Third-party verification, either written or oral, obtained from employers, public assistance agencies, schools, etc.)

(2) Documentation, such as a copy of a birth certificate or bank statement

(3) Family certification or declaration (only used when third-party or documentation verification is not available)

Very low-income families: Low-income families whose incomes do not exceed 50% of the median family income for the area, as determined by the Secretary with adjustments for smaller and larger families. *[1937 Act]*

Violent criminal activity: Any illegal criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force against the person or property of another.

Voucher (rental voucher): A document issued by a housing authority to a family selected for admission to the Housing Choice Voucher Program. This document describes the program and the procedures for housing authority approval of a unit selected by the family and states the obligations of the family under the program.

Voucher holder: A family holding a voucher with unexpired search time.

Waiting list admission: An admission from the housing authority waiting list. *[24 CFR 982.4]*

Welfare assistance. Welfare or other payments to families or individuals, based on need, that are made under programs funded by Federal, State or local governments. *[24 CFR 5.603(d)]*

Welfare rent: In "as-paid" welfare programs, the amount of the welfare benefit designated for shelter and utilities.

ACRONYMS

ACC	Annual Contributions Contract
CACC	Consolidated Annual Contributions Contract
CFR	Code of Federal Regulations
FMR	Fair Market Rent
FSS	Family Self Sufficiency (program)
HA	Housing Authority
HAP	Housing Assistance Payment
HCDA	Housing and Community Development Act
HQS	Housing Quality Standards
HUD	Department of Housing and Urban Development
INS	(U.S.) Immigration and Naturalization Service
NAHA	(Cranston-Gonzalez) National Affordable Housing Act
NOFA	Notice of Funding Availability
OMB	(U.S.) Office of Management and Budget
PBC	Project-Based Certificate (program)
QHWRA	Quality Housing and Work Responsibility Act of 1998
PHA	Public Housing Agency
TTP	Total Tenant Payment

ATTACHMENT H

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
(exp. 07/31/2007)

See Public Reporting Statement and Instructions on back

Site	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Inner Row/Garden/Low Rise	05/15/2006

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	18.13	22.68	28.35	34.04	40.27	45.38
	b. Bottle Gas	25.39	31.74	39.68	47.66	56.39	63.55
	c. Oil / Electric	24.65	32.48	44.29	52.76	62.79	71.24
	d. Coal / Other	15.28	20.18	27.68	34.20	42.01	48.52
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other -- specify							

Actual Family Allowances. To be used by the family to compute allowance. Complete below for the actual unit rented.

Name of Family

Address of Unit

# of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
(exp. 07/31/2007)

See Public Reporting Statement and Instructions on back

Utility	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Corner/End of Row/Semi-Detach.	05/15/2006

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	20.97	25.51	32.89	39.13	46.52	53.03
	b. Bottle Gas	29.38	35.73	46.06	54.78	65.13	74.26
	c. Oil / Electric	24.68	38.06	51.41	61.66	73.69	83.94
	d. Coal / Other	17.91	23.76	32.57	40.38	49.05	57.01
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other – specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
(exp. 07/31/2007)

See Public Reporting Statement and Instructions on back

Entity	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Single Family Detached	05/15/2006

Utility or Service		Monthly Dollar Allowances 0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	23.82	29.20	37.72	45.10	53.32	60.99
	b. Bottle Gas	32.93	40.89	52.81	63.15	74.68	85.39
	c. Oil / Electric	34.93	43.84	60.10	71.91	86.16	98.87
	d. Coal / Other	20.84	28.00	38.76	47.56	57.98	67.42
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance.
Complete below for the actual unit rented

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$

Allowances for Tenant-Furnished Utilities and Other Services

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

OMB Approval No. 2577-0169
Exp. 07/31/2007

See Public Reporting Statement and Instructions on back

Entity	Unit Type	Date (mm/dd/yyyy)
Bradford/Tioga County Housing Authority	Manufactured Home	05/15/2006

Utility or Service		Monthly Dollar Allowances					
		0 BR	1 BR	2 BR	3 BR	4 BR	5 BR
Heating	a. Natural Gas	23.66	29.12	37.61	44.97	53.17	60.82
	b. Bottle Gas	32.84	40.78	52.66	62.97	74.46	85.14
	c. Oil / Electric	34.83	43.72	59.92	71.71	85.91	98.59
	d. Coal / Other	20.78	27.92	38.65	47.43	57.82	67.23
Cooking	a. Natural Gas	4.78	5.91	6.03	6.21	6.49	7.34
	b. Bottle Gas	5.85	6.78	8.34	9.88	12.38	13.93
	c. Oil / Electric	2.36	3.15	4.75	5.94	7.54	9.13
	d. Coal / Other						
Other Electric		19.91	22.71	30.30	33.48	35.89	39.86
Air Conditioning							
Water Heating	a. Natural Gas	7.06	8.48	9.89	11.02	11.88	13.58
	b. Bottle Gas	9.88	13.29	15.79	18.27	20.44	24.45
	c. Oil / Electric	11.93	13.92	14.27	18.31	22.31	27.49
	d. Coal / Other	6.79	9.32	10.74	12.55	14.71	16.51
Water		5.63	7.42	11.49	14.37	17.25	20.28
Sewer		5.63	7.42	11.49	14.37	17.25	20.28
Trash Collection		7.81	7.81	7.81	7.81	7.81	7.81
Range/Microwave							
Refrigerator							
Other -- specify							

Actual Family Allowances To be used by the family to compute allowance. Complete below for the actual unit rented.

Name of Family

Address of Unit

Number of Bedrooms

Utility or Service	per month cost
Heating	$
Cooking	
Other Electric	
Air Conditioning	
Water Heating	
Water	
Sewer	
Trash Collection	
Range/Microwave	
Refrigerator	
Other	
Total	$