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(exp. 06/30/2006)

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

PHA Plans

Annual Plan for Fiscal Year 2007

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

PHA Plan
Agency Identification

PHA Name: Mobile Housing Board

PHA Number: AL002

PHA Fiscal Year Beginning: (01/2007)

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

Annual PHA Plan
PHA Fiscal Year 2007
[24 CFR Part 903.7]

i. Annual Plan Type:

☒ **Standard Plan**

Streamlined Plan:

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

☐ **Troubled Agency Plan**

ii. 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

Required Attachments:

☒ A. Admissions Policy for Deconcentration
☒ B. FY 2007 Capital Fund Program Annual Statement
☒ C. FY 2005 Resident Satisfaction Survey Follow-up Plans
☒ D. Membership of the Resident Advisory Board/s and Resident Councils
☒ E. Resident Membership of the PHA Governing Board
☒ F. Assessment of Site-Based Waiting List Development Demographic Changes
☒ G. Progress Report

Optional Attachments:

☒ H. PHA Management Organizational Chart
☒ I. FY 2007 Capital Fund Program 5-Year Action Plan
☒ J. Annual Lead-Based Paint Activity Report

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
	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,

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
		Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☒ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	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
X	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable	Annual Plan: Conversion of

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program ☒ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
X	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

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

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	9371	5	3	5	N/A	3	2
Income >30% but <=50% of AMI	4262	5	3	5	N/A	2	2
Income >50% but <80% of AMI	5788	3	3	3	N/A	2	2
Elderly	4765	3	1	3	2	1	2
Families with Disabilities	2418	3	3	3	4	1	2
Race/Ethnicity							

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

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

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2003

☒ 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

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☐ Section 8 tenant-based assistance

☒ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	2954		
Extremely low income <=30% AMI	2784	94.24	
Very low income (>30% but <=50% AMI)	150	5.07	
Low income (>50% but <80% AMI)	20	0.69	

Housing Needs of Families on the Waiting List			
Families with children	1518		
Elderly families			
Families with Disabilities	413	13.98	
Race/ethnicity	(White) 204	6.90	
Race/ethnicity	(Black) 2733	92.51	
Race/ethnicity	(Indian/Alaskan) 8	0.27	
Race/ethnicity	(Asian) 9	0.30	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	1436	48.61	
2 BR	895	30.29	
3 BR	509	17.23	
4 BR	114	3.85	
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☒ 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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☒ Section 8 tenant-based assistance ☐ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	2622		
Extremely low income <=30% AMI	2544	97.02	
Very low income (>30% but <=50%	69	2.63	

Housing Needs of Families on the Waiting List			
AMI)			
Low income (>50% but <80% AMI)	9	0.34	
Families with children	2001		
Elderly families			
Families with Disabilities	311	11.86	
Race/ethnicity	(White) 166	6.33	
Race/ethnicity	(Black) 2445	93.24	
Race/ethnicity	(Indian/Alaskan) 4	0.15	
Race/ethnicity	(Asian) 7	0.26	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

Is the waiting list closed (select one)? ☐ No ☒ Yes

If yes:

How long has it been closed (# of months)? 2 Months (May 2006)

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 (Homeless)

C. Strategy for Addressing Needs

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line
☒ Reduce turnover time for vacated public housing units
☒ Reduce time to renovate public housing units
☒ Seek replacement of public housing units lost to the inventory through mixed finance development
☒ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
☒ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
☒ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
☒ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
☐ Other (list below)

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

☒ Apply for additional section 8 units should they become available
☒ Leverage affordable housing resources in the community through the creation of mixed - finance housing
☒ Pursue housing resources other than public housing or Section 8 tenant-based assistance.
☐ Other: (list below)

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

Strategy 1: Target available assistance to families at or below 30 % of AMI

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

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

Strategy 1: Target available assistance to families at or below 50% of AMI

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

☒ 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:

☐ Seek designation of public housing for families with disabilities
☒ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
☒ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
☒ Affirmatively market to local non-profit agencies that assist families with disabilities
☐ Other: (list below)

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

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

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

Strategy 2: Conduct activities to affirmatively further fair housing

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

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

(2) Reasons for Selecting Strategies

Of the factors listed below, select all that influenced the PHA's selection of the strategies it will pursue:

- ☒ Funding constraints
- ☒ Staffing constraints
- ☒ Limited availability of sites for assisted housing
- ☒ Extent to which particular housing needs are met by other organizations in the community
- ☒ Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
- ☒ Influence of the housing market on PHA programs
- ☒ Community priorities regarding housing assistance
- ☒ Results of consultation with local or state government
- ☒ Results of consultation with residents and the Resident Advisory Board
- ☒ Results of consultation with advocacy groups
- ☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2005 grants)**		
a) Public Housing Operating Fund	10,746,000	
b) Public Housing Capital Fund	6,500,000	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	18,520,000	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	250,000	
h) Community Development Block Grant	2,964,000	
i) HOME	1,400,000	
Other Federal Grants (list below)		
a) Housing Counseling	32,000	
b) Replacement Housing	260,000	

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
c) Section 8 DV	492,000	
d) MOD Rehab	0	
e) Other Section 8 Project-Based	1,940,000	
f) HUD ESG	125,000	
2. Prior Year Federal Grants (unobligated funds only) (list below)		
a) CFP	1,800,000	
b) Replacement Housing	280,000	
c) HOPE VI	18,000,000	
c) ROSS	1,000,000	
3. Public Housing Dwelling Rental Income	3,250,000	
4. Other income (list below)		
a) CD Program Income	300,000	
4. Non-federal sources (list below)		
a) Adeca ESG	200,000	
Total resources	68,059,000	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

(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) 30

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

☐ Other: (describe)

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

☒ Criminal or Drug-related activity

☒ Rental history
☒ Housekeeping
☐ Other (describe)

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

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
☐ Community-wide list
☐ Sub-jurisdictional lists
☒ Site-based waiting lists
☐ Other (describe)

b. Where may interested persons apply for admission to public housing?
☐ PHA main administrative office
☒ PHA development site management office
☐ Other (list below)

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

1. How many site-based waiting lists will the PHA operate in the coming year? 10

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

3. ☒ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists? 10

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

☒ At the development to which they would like to apply
☐ Other (list below)

(3) Assignment

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

☐ One
☒ Two
☐ Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

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

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)
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 the jurisdiction
☒ Those enrolled currently in educational, training, or upward mobility programs
☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)

☒ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

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

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)
☒ The PHA-resident lease
☒ The PHA's Admissions and (Continued) Occupancy policy
☒ PHA briefing seminars or written materials
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)
☒ At an annual reexamination and lease renewal
☒ Any time family composition changes
☒ At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

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

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

c. If the answer to b was yes, what changes were adopted? (select all that apply)
☐ Adoption of site based waiting lists
If selected, list targeted developments below:

☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. ☐ Yes ☒ No: Did the PHA adopt any changes to other policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

☐ Additional affirmative marketing
☐ Actions to improve the marketability of certain developments
☐ Adoption or adjustment of ceiling rents for certain developments
☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)
☐ Not applicable: results of analysis did not indicate a need for such efforts
☒ List (any applicable) developments below:
Oaklawn Homes and Roger Williams Homes

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)
☒ Not applicable: results of analysis did not indicate a need for such efforts
☐ List (any applicable) developments below:

B. Section 8

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)
☒ Criminal or drug-related activity only to the extent required by law or regulation
☐ Criminal and drug-related activity, more extensively than required by law or regulation
☐ More general screening than criminal and drug-related activity (list factors below)
☐ Other (list below)

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

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

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

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

☒ Criminal or drug-related activity
☒ Other (describe below)
Prior landlord name and phone number

(2) Waiting List Organization

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

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

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

☐ PHA main administrative office
☒ Other (list below)
Section 8 Department – 1517 Plaza Drive Mobile, AL 36605

(3) Search Time

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

If yes, state circumstances below:

- Request for tenancy approval returned to PHA by program participant. Landlord not ready for inspection. Landlord changed his/her mind and decided not to rent to family under Section 8. Unit did not pass.
- Applicant exhausted reasonable effort to locate housing but not able to due to market conditions.
- Extended illnesses.

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences
1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
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
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)
☒ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)
☒ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)
☐ The PHA applies preferences within income tiers
☒ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

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

☐ Other (list below)

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

☒ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

(1) Income Based Rent Policies

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

☐ $0
☐ $1-$25
☒ $26-$50

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

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

MINIMUM RENT HARDSHIP EXEMPTION
REQUEST GUIDELINES FOR RESIDENTS

Any resident Head of Household that is paying a minimum rent, which is $50.00, may make a written request for a hardship exemption **(Note: This hardship exemption only applies to residents that are paying a minimum rent and does not apply to any other resident household).** The written request must be submitted to the Housing Manager prior to the rent becoming delinquent, which is prior to close of business the 10th of each month. The written request must contain one of the following situations to be considered eligible for a hardship exemption, which includes:

A. The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the Immigration and Nationalization Act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.

B. The family would be evicted as a result of the implementation of the minimum rent. This exemption is only applicable for the initial implementation of a minimum rent or increase in the existing minimum rent. The effective date of the current minimum rent for the MHB is March 1, 2002 and the minimum rent was established at $25.00. Therefore, this exemption will only apply if the MHB increases the minimum rent.

C. The income of the family has decreased because of changed circumstances, including loss of employment.

D. A death in the family has occurred which affects the family circumstances.

E. If Section A through D as listed above do not apply to a family paying a minimum rent, the Head of Household can cite any other circumstances that they believe created a financial hardship and describe that circumstance, in writing, and request that a hardship exemption be granted because of other circumstances. The HA will consider all "other circumstances" request for hardship exemptions as presented, in writing, by the Head of Household and make a decision to grant or deny the other circumstances request for a hardship exemption on a case-by-case basis.

F. The decision of the Executive Director or his/her designee will be final.

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

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

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

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

☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

form **HUD 50075** (03/2003)

☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

☐ For household heads
☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (select one)

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

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

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

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

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 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)
Flat Rent + PHA paid utilities

f. Rent re-determinations:

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

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

A. Adjusting Rent between Regular Reexaminations

1. Residents are required to report all changes in family composition or status to the MHB in writing within 10 calendar days of the occurrence. Failure to report in writing within the 10 calendar days may result in a retroactive rent increase, but not a retroactive credit or rent reduction. Residents are also required to report interim increases in income if they have been granted interim rent reductions.
2. The MHB wishes to encourage families to improve their economic circumstances, so most changes in family income between reexaminations will not result in a rent change.
3. Complete verification of the circumstances applicable to rent adjustments must be documented and approved by the MHB.
4. The MHB will process interim adjustments in rent as follows:
   (a) Income Change:
   The MHB action:
   - Decrease in family income for any reason, except for decrease that lasts fewer than 60-days. The MHB will process an interim reduction in rent if the income decrease will last more than 60-days.
   - Decreases in income resulting from welfare fraud or from welfare cuts for failure to comply with economic self-sufficiency requirements are not eligible for rent reductions.
   - Increase in income because a person with income (from any source) joins the household. The MHB will process an interim increase.
   - Increase in earned income from existing employment of a current household member. The MHB will defer the increase to the next regular reexamination.
   - Increase in income from any new source. The MHB will process an interim increase unless the individual is eligible for an earned income disallowance. The disallowance will be granted.
   - Incremental increases in family income due to pay increases

or raises from existing employment. The MHB will defer the increase to the next regular reexamination.

- Increase in unearned income (e.g. COLA adjustment for social security). The MHB will defer the increase to the next regular reexamination.

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

(1) Payment Standards

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

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

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

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

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

☒ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
☒ Reflects market or submarket

☒ To increase housing options for families
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)
☒ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
☒ Success rates of assisted families
☒ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

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

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

Minimum Rent Hardship Exemptions:

A. The MHB shall immediately grant an exemption from application of the minimum monthly rent to any family making a proper request in writing who is unable to pay because of financial hardships, which shall include:
   (1) The family has lost eligibility for, or is awaiting an eligibility determination from a federal, state, or local assistance program, including a family that includes a member who is an alien lawfully admitted for permanent residence under the immigration and nationalization act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996.
   (2) The income of the family has decreased because of changed circumstances, including loss of employment.
   (3) A death in the family has occurred which affects the family circumstances.
   (4) Other circumstances which may be decided by the MHB on a case-by-case basis.

   All of the above must be proven by the participant providing verifiable information in writing to the MHB prior to the rent becoming delinquent and before the lease is terminated by the MHB.

B. If a resident requests a hardship exemption (prior to the rent being delinquent) under this section, and the HA reasonably determines the hardship to be of a temporary nature, exemption shall not be granted during a ninety day period beginning upon the making of the request for the exemption. A participant may not be evicted during the ninety-day period of non-payment of rent. In such a case, if the resident thereafter demonstrates that the financial hardship is of a long term basis, the MHB shall retroactively exempt the participant from the applicability of the minimum rent requirement for such ninety-day period. This paragraph does not prohibit the MHB from taking eviction action for other violations of the lease.

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

A. PHA Management Structure

(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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	2643	450
Section 8 Vouchers	2767	460
Section 8 Certificates	0	0
Section 8 Mod Rehab	27	27
Special Purpose Section 8 Certificates/Vouchers (list individually)	(Mainstream) 86 HOPE VI 430 New Construction 380	14 30 20
Public Housing Drug Elimination Program (PHDEP)	0	0
Other Federal Programs(list individually)	0	0

C. Management and Maintenance Policies

(1) Public Housing Maintenance and Management: (list below)
Admissions and Continued Occupancy Policy
Mobile Housing Board Policy and Procedure Manual

(2) Section 8 Management: (list below)
Section 8 Administrative Plan
Mobile Housing Board Policy and Procedure Manual

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

☐ PHA main administrative office
☒ Other (list below)
Section 8 Program Office – 1517 Plaza Drive Mobile, AL 36605

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

A. Capital Fund Activities

(1) Capital Fund Program Annual Statement

Select one:

☒ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment B

-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

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

b. If yes to question a, select one:

☒ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment I

-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)

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

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

1. Development name: A. F. Owens/Jesse Thomas Homes
2. Development (project) number: AL 2-4/AL 2-9
3. Status of grant: (select the statement that best describes the current status)

☐ Revitalization Plan under development
☐ Revitalization Plan submitted, pending approval
☐ Revitalization Plan approved
☒ Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: A. F. Owens 1b. Development (project) number: AL09P002004
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: 02/11/05
5. Number of units affected: 407 6. Coverage of action (select one) ☐ Part of the development ☒ Total development

7. Timeline for activity: a. Actual or projected start date of activity: January 2007 b. Projected end date of activity: December 2007

Demolition/Disposition Activity Description
1a. Development name: Jesse Thomas 1b. Development (project) number: AL09P002009
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: 02/11/05
5. Number of units affected: 380 6. Coverage of action (select one) ☐ Part of the development ☒ Total development
7. Timeline for activity: a. Actual or projected start date of activity: January 2007 b. Projected end date of activity: December 2007

Demolition/Disposition Activity Description
1a. Development name: A.F. Owens/Jesse Thomas HOPE 6 Lot 1 Block 5-D with sheet Unit 1 1b. Development (project) number: AL09P002004 and AL09P002009
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: January 18, 2007
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

Demolition/Disposition Activity Description
1a. Development name: A.F. Owens/Jesse Thomas HOPE VI 858 Hercules Street Lot 25Q10 1b. Development (project) number: AL09P002004 and AL09P002009
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: January 18, 2007
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

Demolition/Disposition Activity Description
1a. Development name: A.F. Owens/Jesse Thomas HOPE VI Mobile Gas Property 1b. Development (project) number: AL09P002004 and AL09P002009
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: January 18, 2007
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

Designation of Public Housing Activity Description
1a. Development name: Boykin Tower 1b. Development (project) number: AL002016
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: (06/07/05)
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: 122 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)]

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

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

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

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Josephine Allen Townhouses 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: 10/01/2007
5. Number of units affected: 15 6. Coverage of action: (select one) ☐ Part of the development ☒ Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Hampton Park 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: 03/31/2007
5. Number of units affected: 19 6. Coverage of action: (select one) ☐ Part of the development ☒ Total development

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Church Street East 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: 12/01/2006
5. Number of units affected: 6 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:

- Be qualified to receive homeownership assistance;
- Select an eligible unit to purchase;
- Satisfactorily complete the MHB program of required pre-assistance homeowner counseling;
- Have fully repaid any outstanding debt owed to MHB or any other Housing Authority;
- Have not defaulted on a mortgage securing debt to purchase a home under the homeownership option; and

- Not have any member who has a present ownership interest in a residence at the commencement of homeownership assistance.

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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? 14/08/01

2. Other coordination efforts between the PHA and TANF agency (select all that apply)

☒ Client referrals
☒ Information sharing regarding mutual clients (for rent determinations and otherwise)
☒ Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☒ Jointly administer programs
☐ Partner to administer a HUD Welfare-to-Work voucher program
☐ Joint administration of other demonstration program
☐ Other (describe)

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

Which, if any of the following discretionary policies will the PHA employ to enhance the economic and social self-sufficiency of assisted families in the following areas? (select all that apply)

☐ Public housing rent determination policies
☒ Public housing admissions policies
☒ Section 8 admissions policies
☐ Preference in admission to section 8 for certain public housing families
☒ 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)
- Individual Savings Account (Matched Savings Accounts)
- Wealth Builders – Education and Job Training Program

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)
S-8 FSS	247	Random	Family Services Dept	S-8
PH FSS	115	Random	Family Services Dept	PH
Housing Counseling	Varies	As Needed	Family Services Dept	Both
1st H.O.M.E.	30	Specific Criteria	Family Services Dept	PH
S-8 Homeownership	30	Specific Criteria	Family Services Dept	S-8
Neighborhood Networks	Varies	Random	Development Office	PH
ROSS Family	Varies	Random	Development Office	Both
SWEET-P	Varies	Random	Development Office	Both
Prep. (Preparation for Employment)	Varies	Specific Criteria	Family Services Dept	Both
MHB Scholarship Programs	Varies	Specific Criteria	Family Services Dept	Both

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	115	83 (As of: 30/06/06)
Section 8	247	157 (As of: 30/06/06)

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

Public Housing Resident Community Service Requirement Policy

Community Service And Self-Sufficiency Policy

A. Background

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

B. Definitions

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

- Work at a local institution including, but not limited to: school, child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- Work with a non-profit organization that serves Mobile Housing Board (MHB) residents or their children such as: Boy Scouts, Girl Scouts, Boys or Girls Clubs, 4-H Program, PAL, Garden Center, community clean-up programs, beautification programs, other youth or senior organizations;

- Work at the MHB to help improve physical conditions;
- Work at the MHB to help with children's programs;
- Helping neighborhood groups with special projects;
- Working through resident organization to help other residents with problems, serving as an officer in a resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.

Note: **Political activity is excluded.**

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

- Job readiness programs;
- Job training programs;
- GED classes;
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- Apprenticeships;
- Budgeting and credit counseling;
- Any kind of class that helps a person toward economic independence; and
- Full time student status at any school, college or vocational school.

Exempt Adult – an adult member of the family who:

- Is 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is the caretaker of a disabled person;
- Is working at least 20 hours per week or has wages of at least $5,356 annually; or
- Is participating in a welfare-to-work program.

C. Requirements of the Program

1. The eight (8) hours per month may be either volunteer work or self-sufficiency program activity, or a combination of the two.

2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The MHB will make the determination of whether to allow or disallow a deviation from the schedule.

3. Activities must be performed within the community and not outside the jurisdictional area of the MHB.

4. Family obligations

   - At lease execution or re-examination after February 1, 2000, all adult members (18 or older) of a public housing resident family must:

     a. Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and

     b. Sign a certification that they received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal of their lease.

   - At each annual re-examination, non-exempt family members must present a completed documentation form (to be provided by the MHB) of activities performed over the previous twelve (12) months. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.

   - If a family member is found to be noncompliant at re-examination, he/she and the Head of Household will sign an agreement with the MHB to make up the deficient hours over the next twelve (12) month period.

5. Change in exempt status:

   - If, during the twelve (12) month period, a non-exempt person becomes exempt, it is his/her responsibility to report this to the MHB and provide documentation of such.

   - If, during the twelve (12) month period, an exempt person becomes non-exempt, it is his/her responsibility to report this to the MHB. The MHB will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

D. Authority Obligations

1. To the greatest extent possible and practicable, the MHB will:

   - Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to be gainfully employed is not necessarily exempt from the Community Service requirement); and

   - Provide in-house opportunities for volunteer work or self-sufficiency programs.

2. The MHB will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.

3. The MHB will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the MHB's Grievance Procedure if they disagree with the MHB's determination.
4. Noncompliance of family member:
   - At least thirty (30) days prior to annual re-examination and/or lease expiration, the MHB will begin reviewing the exempt or non-exempt status and compliance of family members;
   - If the MHB finds a family member to be noncompliant, the MHB will enter into an agreement with the noncompliant member and the Head of Household to make up the deficient hours over the next twelve (12) month period;
   - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit;

NOTE: Community service is the performance of voluntary work or duties that are a public benefit, and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service does not include political activities.

NOTE: For purposes of the community service requirement an adult is a person 18 years or older.

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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)
Oaklawn, Thomas James, Roger Williams, Orange Grove, R.V. Taylor, Central Plaza Towers, Josephine Allen

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)
Central Plaza Towers, R.V. Taylor, Josephine Allen, Roger Williams, Emerson Gardens, Thomas James, Orange Grove, Oaklawn

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)

Josephine Allen, R.V. Taylor, Oaklawn, Thomas James, Orange Grove, Roger Williams

D. Additional information as required by PHDEP/PHDEP Plan

☐ Yes ☒ No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?

☐ Yes ☒ No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?

☐ Yes ☒ No: This PHDEP Plan is an Attachment. (Attachment Filename: ___)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

1. Pet Ownership: A resident may own one or more common household pets or have one or more common household pets present in the dwelling unit of such resident, subject to the following conditions:

   A. Each Head of Household may own up to two pets. If one of the pets is a dog or cat, (or other four legged animal), the second pet must be contained in a cage or an aquarium for fish. Each bird or other animals, other than fish, shall be counted as one pet. For purposes of Housing Programs, domesticated animals such as dogs, cats, birds, rabbits, fish and turtles that are traditionally kept in the home for pleasure, rather than for commercial purposes, are considered common household pets. Common household pets do not include reptiles (except turtles) or dangerous breeds of dogs such as Doberman Pinschers, Rottweilers, Bull Terriers, or any mixed breed dog with prominent characteristics of Pit Bulls or Rottweilers. Refer to Section I, Part 3 (Prohibited Animals). Acceptable turtles are Terrapin Box Turtles and Land Turtles. Snapper Turtles are unacceptable as common household pets.

   B. If the pet is a dog or cat, it must be neutered/spayed by the age of six (6) months. The evidence can be provided by a statement/bill from a veterinarian and/or staff of the humane society. The evidence must be provided prior to the execution of this agreement and/or within 10 days of the pet becoming of the age to be neutered/spayed. Residents must provide waterproof and leak proof litter boxes for cat waste, which must be kept inside the dwelling unit. Cardboard boxes are not acceptable and will not be approved. The resident shall not permit refuse from litter boxes to accumulate nor to become unsightly or unsanitary. Also, the weight of a cat cannot exceed 10 pounds (fully grown) and a dog may not exceed 20 pounds in weight (fully grown). All other four-legged animals are limited to 10 pounds (fully grown).

C. If the pet is a bird, it shall be housed in a birdcage and cannot be let out of the cage at any time. Birds should be no larger than a parakeet.

D. If the pet is a fish, the aquarium must be twenty gallons or less, and the container must be placed in a safe location in the unit. The resident is limited to one container for the fish; however, there is no limit on the number of fish that can be maintained in the container as long as the container is maintained in a safe and nonhazardous manner. All fish must be nonpoisonous and not of a dangerous species, such as Guppies, Goldfish or Jack Dempski.

E. If the pet is a cat or dog, it must have received rabies and distemper inoculations or boosters, as applicable. Evidence of inoculations can be provided by a statement/bill from the county rabies officer, his/her authorized representative or any duly licensed veterinarian and must be provided before the execution of this agreement. Dogs and cats more than 3 months of age are required to be vaccinated against rabies. Vaccinations against rabies are good for one year.

F. All pets must be housed within the unit and no facilities can be constructed outside of the unit for any pet. No animal shall be permitted to be loose and if the pet is taken outside it must be taken outside on a leash and kept off other residents lawns. Also, all pets must wear collars with identification at all times. Pets without a collar will be picked up immediately and transported to the local animal shelter or other appropriate facility.

G. All authorized pet(s) must be under the control of an adult. An unleashed pet, or one tied to a fixed object, is not considered to be under the control of an adult. Pets which are unleashed, or leashed and unattended, on MHB property may be impounded and taken to the local animal shelter. It shall be the responsibility of the resident to reclaim the pet at the expense of the resident. Also, if a member of the MHB staff has to take a pet to the local animal shelter the resident will be charged $50 to cover the expense of taking the pet(s) to the appropriate shelter.

H. Pet(s) may not be left unattended for more than twenty-four consecutive hours. If it is reported to MHB staff and determined that a pet(s) has been left unattended for more than a twenty-four consecutive hour period, MHB staff may enter the unit and remove the pet and transfer the pet to the local animal shelter. Any expense to remove and reclaim the pet from any facility will be the responsibility of the resident. In the case of an emergency, the MHB will work with the resident to allow more than 24 hours for the resident to make accommodations for the pet.

I. Pet(s), as applicable, must be weighed by a veterinarian or staff of the local animal shelter. A statement containing the weight of the pet must

be provided to the MHB prior to the execution of this agreement and upon request by the MHB.

Note: Any pet that is not fully-grown will be weighed every six months. Also, any pet that exceeds the weight limit at any time during occupancy will not be an eligible pet and must be removed from MHB property.

2. Responsible Pet Ownership: Each pet must be maintained responsibly and in accordance with this pet ownership lease addendum and in accordance with all applicable ordinances, state and local public health, animal control, and animal anti-cruelty laws and regulations governing pet ownership. Any waste generated by a pet must be properly and promptly disposed of by the resident to avoid any unpleasant and unsanitary odor from being in the unit.

3. Prohibited Animals: Animals or breeds of animals that are considered by the MHB to be vicious and/or intimidating will not be allowed. Some examples that have a reputation of a vicious nature are: reptiles, Rottweilers, Doberman Pinschers, Pit Bulldogs and/or any animal that displays vicious behavior. This determination will be made by a MHB representative prior to the execution of this lease addendum.

4. Pet(s) shall not disturb, interfere or diminish the peaceful enjoyment of other residents. The terms, “disturb, interfere or diminish” shall include but not be limited to barking, howling, chirping, biting, scratching and other like activities. This includes any pets that make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one-half hour or more and therefore disturbs any person at any time of the day or night. The Housing Manager will terminate this authorization if a pet disturbs other residents under this section of the lease addendum. The resident will be given one week to make other arrangements for the care of the pet or the dwelling lease will be terminated.

5. If the animal should become destructive, create a nuisance, represent a threat to the safety and security of other persons, or create a problem in the area of cleanliness and sanitation, the Housing Manager will notify the resident, in writing, that the animal must be removed from the public housing development, within 10 days of the date of the notice from the MHB. The resident may request a hearing, which will be handled according to the MHB’s established grievance procedure. The pet may remain with the resident during the hearing process unless the MHB has determined that the pet may be a danger or threat to the safety and security of other persons. If this determination has been made by the MHB, the pet must be immediately removed from the unit upon receipt of the notice from the MHB.

6. The resident is solely responsible for cleaning up the waste of the pet within the dwelling unit and on the premises of the public housing development. If the pet is taken outside it must be on a leash at all times. If there is any visible waste by the pet it must be disposed of in a plastic bag, securely tied and placed in the garbage receptacle for their unit. If the MHB staff is required to clean any waste left by a pet, the resident will be charged $25 for the removal of the waste.

7. The resident shall have pets restrained so that maintenance can be performed in the apartment. The resident shall, whenever an inspection or maintenance is scheduled, either be at home or shall have all animals restrained or caged. If a maintenance person enters an apartment where an animal is not restrained, maintenance shall not be performed, and the resident shall be charged a fee of $25. In addition, the work order will be considered closed with a notation – unrestrained pet (dog/cat). If this same situation again occurs, the pet shall be removed from the premises. Pets that are not caged or properly restrained may be impounded by animal control officers or by MHB staff and taken to the local animal shelter. It shall be the responsibility of the resident to reclaim the pet at the expense of the resident. Also, if a member of the MHB staff takes a pet to the local animal shelter the resident will be charged an additional $50 to cover the expense of taking the pet(s) to the local animal shelter. The MHB shall not be responsible if any animal escapes from the residence due to maintenance, inspections or other activities of the landlord.

8. Pets may not be bred or used for any commercial purposes.

9. Dog or cat owners must take care to walk their pets away from pedestrian areas.

10. Residents must post a “BEWARE OF DOG” sign at their front entrance.

11. When a pet causes physical injury of any kind to any person on the property, the MHB must be notified by the owner and the owner must remove the pet immediately. The owner must supply to the management office a notarized letter stating when the pet was removed and the location of the pet.

12. Pet owners are expected to exercise responsible and courteous behavior so that the presence of their pet on the property in no way violates the right of others to peaceful enjoyment of the premises. Dogs and cats must be obedient.

13. Visiting pets are not allowed at any time on MHB premises unless it is a Service Animal (“SEEING EYE” or “HEARING EAR”)

14. The owner of a pet will be responsible for the disposal (and the cost incurred) of the animal's remains upon death, from whatever cause, and regardless of the location of the remains of the animal on MHB property. ANIMAL REMAINS SHALL BE DISPOSED OF:

    By or through the Public Works Department
    By or through a duly licensed veterinarian; or
    By action of the Police Department

15. Owners of dogs and cats will be responsible for submitting annually to the management office (at recertification) proof of professional extermination for fleas, ticks or other animal related pests.

16. Residents will be subject to eviction after three (3) violations in one year. Note: depending on circumstances, an eviction may be warranted before 3 violations occur in a one-year time frame.

17. The resident must provide the name, address and phone number of one or more responsible parties who will care for the pet if the pet owner becomes incapacitated or dies.

18. The resident indemnifies and holds MHB harmless of and from any damage or loss due to the resident's pets, but not exempting any negligence of the MHB, however occasioned, and also against and from all claims, damages, suits and expenses by reason of injury to any party or property owned and managed by the MHB subject to the limitation imposed on exculpating clauses under Federal Regulations and State Laws regarding the acts or omission of the MHB.

SCHEDULE OF ANNUAL FEES AND INITIAL DEPOSIT

FEE AND DEPOSIT SCHEDULE
(An annual fee and deposit is required for each pet)

Type of Pet	Fee	Deposit
Dog	$150.00	$100.00
Cat	$250.00	$150.00
Fish Aquarium	$ 50.00	$100.00
Caged Pets	$100.00	$150.00

Note: The above schedule is applicable for each pet; therefore, if a resident has more than one pet he or she must pay the applicable annual fee and deposit for each pet.

The entire annual fee and deposit (subject to the exception listed below) must be paid prior to the execution of the lease addendum. No pet shall be allowed in the unit prior to the completion of the terms of this pet policy.

The annual fee shall be paid at the time of reexamination each year and all proof of inoculations and other requirements shall be made available to the MHB at such time. The annual fee is not reimbursable. The deposit made shall be utilized to offset damages caused by the pet and/or resident. Any balance, if any, from the deposit will be refunded to the resident at the time of move-out or removal of the pet. THERE SHALL BE NO REFUND OF THE ANNUAL FEE.

It shall be a serious violation of the lease for any resident to have a pet without proper approval and without having complied with the terms of this policy. Such violation shall be considered to be a violation of Paragraph IV (L) of the lease (a serious violation) and the MHB will issue a termination notice. The resident will be entitled to a grievance hearing in accordance with the provisions of Paragraph 5 of this Pet Policy or the Grievance Procedure, as applicable.

ASSISTANCE ANIMAL POLICY

Assistance animals that are needed as a reasonable accommodation for persons with disabilities are not considered pets, and thus, are not subject to MHB pet policies. The resident must register the animal with the MHB. Registration includes the certification from a licensed veterinarian of required pet inoculations, information to identify the pet, and the name and address of the pet owner and the name and address of a responsible party to care for the pet if the owner is unable to. The resident shall furnish the MHB information at each reexamination as to the status of the animal, the continued need for the animal, and the information contained hereinabove.

Assistance animals are animals that work, provide assistance, or perform tasks for the benefit of a person with a disability, or animals that provides emotional support that alleviates one or more identified symptoms or effects of a person's disability. Assistance animals - often referred to as "service animals," "assistant animals," "support animals," or "therapy animals" perform many disability-related functions, including but not limited to the following:

- Guiding individuals who are blind or have low vision;
- Alerting individuals who are deaf or hearing impaired;
- Providing minimal protection or rescue assistance;
- Pulling a wheelchair;
- Fetching items;
- Alerting persons to impending seizures; or
- Providing emotional support to persons with disabilities who have a disability-related need for such support.

The MHB may not refuse to allow a person with a disability to have an assistance animal merely because the animal does not have formal training. Some, but not all, animals that assist persons with disabilities are professionally trained. Other assistance animals are trained by the owners themselves and, in some cases, no special training is required. The question is whether or not the animal performs the assistance or provides the benefit needed by the person with the disability.

The HA's refusal to modify or provide an exception to a "no pets" rule or policy to permit a person with a disability to use and live with an assistance animal would violate Section 504 of the Rehabilitation Act and the Fair Housing Act unless:

- There is reliable objective evidence that the animal poses a direct threat to the health or safety of others that cannot be reduced or eliminated by a reasonable accommodation;
- There is reliable objective evidence that the animal would cause substantial physical damage to the property of others;
- The presence of the assistance animal would pose an undue financial and administrative burden to the provider; or
- The presence of the assistance animal would fundamentally alter the nature of the provider's services.

Assistance animals are a means to provide a reasonable accommodation for an individual with a disability, but a person with a disability is not automatically entitled to have an assistance animal. Reasonable accommodation requires that there is a relationship between the person's disability and his or her need for the animal. The MHB should verify that the individual requesting the assistance animal is a person with a disability and that the animal is needed to assist with the disability. The MHB must also verify that the person is capable of taking care of the animal, or has made suitable arrangements for care of the animal in a sanitary manner that is consistent with the Pet Policy of the MHB. The weight restrictions in the MHB Pet Policy shall also be complied with unless waived by the Executive Director based upon each specific case. As with all other disability-related inquiries, the MHB may not ask about the nature or severity of the resident's disability. The MHB may ask for third party verification.

MOBILE HOUSING BOARD
PET OWNERSHIP LEASE ADDENDUM
RESIDENT ACKNOWLEDGMENT

After reading and/or having read to me this lease addendum I, _____
(Print Name)

agree to the following:

I agree to abide by the requirements outlined in this lease addendum for pet ownership and to keep the pet(s) in accordance with this addendum.

I agree and understand that I am liable for any damage or injury whatsoever caused by pet(s) and shall pay the landlord or applicable party for any damages or injury caused by the pet(s). I also realize that I should obtain liability insurance for pet ownership and that paying for the insurance is my responsibility.

I agree to accept full responsibility and will indemnify and hold harmless the landlord for any claims by or injuries to third parties or their property caused by my pet(s).

I agree to pay a non-refundable annual fee of $_____ to cover some of the additional operating cost incurred by the MHB. I also understand that this fee is due and payable prior to the execution of this lease addendum and each twelve months thereafter.

I agree to pay a refundable pet deposit of $_____ to the MHB. The annual fee and initial deposit must be paid prior to the execution of this lease addendum. The pet deposit may be used by the landlord at the termination of the lease toward payment of any rent or toward payment of any other costs made necessary because of resident's occupancy of the premises. Otherwise, the pet deposit, or any balance remaining after final inspection, will be returned to the resident after the premises are vacated and all keys have been returned.

I AGREE AND UNDERSTAND THAT ALL INFORMATION CONCERNING MY PET(S) MUST BE UPDATED ANNUALLY AND PROVIDED TO THE MHB AT THE ANNUAL REEXAMINATION. ANNUAL FEES SHALL BE PAYABLE IN FULL TWELVE MONTHS FROM THE APPROVAL DATE.

I AGREE AND UNDERSTAND THAT VIOLATING THIS LEASE ADDENDUM MAY RESULT IN THE REMOVAL OF THE PET(S) FROM THE PROPERTY OF THE MHB AND/OR EVICTION. I ALSO UNDERSTAND THAT I MAY NOT BE ALLOWED TO OWN ANY TYPE OF PET IN THE FUTURE WHILE BEING AN OCCUPANT OF THE MHB.

I ALSO UNDERSTAND THAT I MUST OBTAIN PRIOR APPROVAL FROM THE MHB BEFORE MAKING A CHANGE OF A PET FOR WHICH THIS POLICY WAS APPROVED OR ADDING A SECOND PET. ALSO, A PICTURE MAY BE TAKEN BY THE MHB STAFF OF THE PET(S) FOR DOCUMENTATION.

_____ _____
Head of Household Signature Date

_____ _____
MHB Representative Signature Date

form **HUD 50075** (03/2003)

PET POLICY AND AGREEMENT FOR DEVELOPMENTS
EXCLUSIVELY DESIGNED FOR ELDERLY (EMERSON GARDENS,
FRANK BOYKIN TOWER AND CENTRAL PLAZA TOWERS)

The following rules are established to govern the keeping of pets in and on properties owned and operated by the Mobile Housing Board, hereafter called "Management", designed exclusively for the elderly.

All pets must be registered with Management. Residents must receive a written permit to keep any animal on or about the premises. This privilege may be revoked at any time subject to Management's grievance procedure if the animal becomes destructive, a nuisance or safety hazard to other residents, or if the resident fails to comply with the following:

1. A maximum number of two pets are allowed; only one may be a dog or cat.

2. Permitted pets are domesticated dogs, cats, birds, and fish aquariums. The weight of each dog or cat must not exceed 30 pounds (adult size).

3. Dogs and cats are to be licensed yearly with the City of Mobile. Residents must show proof of yearly distemper and rabies boosters for dogs and cats. No vicious or intimidating dogs are allowed.

4. All cats and dogs must be spayed or neutered. If these animals are not spayed and have offspring, resident is in violation of this rule.

5. No pet may be kept in violation of state humane or health laws or local ordinances.

6. Dogs and cats shall remain inside a resident's unit unless they are on a leash and directly controlled by an adult. No animal shall be permitted to be loose in hallways, lobby areas, Laundromats, community room, or other common areas of the building. No dog houses, animal runs, etc., will be permitted.

7. Residents are to provide litter boxes inside the unit for cat waste. Residents are not allowed to let waste accumulate. Residents are responsible for properly disposing of cat waste by placing the waste in a plastic bag with closure and placing the bag in a container provided by Management outside the building.

8. Residents are responsible for promptly cleaning up pet droppings on the grounds by placing them in a plastic bag with closure and properly disposing of said droppings in the container provided by Management outside the building.

9. Residents shall take adequate precautions to eliminate any pet odors within or around their units and shall maintain their units in a sanitary condition at all times.

10. Residents shall not permit any disturbance by their pets which would interfere with the peaceful enjoyment of other residents; whether by loud barking, howling, biting, scratching, chirping, or other such activities.

11. If pets are left unattended for 24 hours or more, Management may enter to remove the pets and transfer them to the proper authorities subject to the provisions of state law or local ordinances. Management accepts no responsibility for the pets under such circumstances.

12. Residents shall not alter their unit, patio, or unit area to create an enclosure for any pet.

13. Residents are responsible for all damages caused by their pets, including cost of cleaning and fumigation.

14. Residents are prohibited from harboring and feeding stray animals. The feeding of stray animals shall constitute having a pet without permission of Management.

15. Residents shall pay a damage deposit of $100.00 for a cat or dog. A damage deposit is not required for fish aquariums or birds. This deposit shall be paid in advance or on the execution of the Pet Permit by Management. This deposit is refundable if no damage is done by or as a result of a pet, as verified by Management, after resident disposes of the pet or moves.

16. Residents who violate these rules are subject to:

    a. Being required to get rid of the pet within 14 days of notice by Management; and/or

    b. Eviction.

17. Residents must identify an alternate custodian for their pets in the event of residents' illness or other reason for absence from their units.

I have read and understand the above regulations regarding pets and agree to conform to same.

_____ _____
Resident Signature Date

_____ _____
Management Staff Signature Date

form **HUD 50075** (03/2003)

MOBILE HOUSING BOARD
PET PERMIT

I have received written permission from Management to keep the following pet in my residence:

Breed: _____ Color: _____ Height: ____

Weight: _____ Name: _____

My alternate pet custodian is:

Name: _____

Address: _____

Phone: _____

I fully understand the rules/regulations in regard to this privilege and will abide by same.

_____ _____
Resident Signature Date

_____ _____
Management Staff Signature Date

Damage deposit of $100.00 paid _____
(Date)

form **HUD 50075** (03/2003)

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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)
Energy Assessment/Utility Audit

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
☒ Attached at Attachment K
☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)
☒ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

☐ Other: (list below)

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

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

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

3. Description of Resident Election Process

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

b. Eligible candidates: (select one)
☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization
☐ Other (list)

c. Eligible voters: (select all that apply)

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

President of each PHA site-based Tenants' Association/Residents' Council Organization.

C. Statement of Consistency with the Consolidated Plan

1. Consolidated Plan jurisdiction: (City of Mobile)

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

☒ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
☒ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
☒ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
☒ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Transportation services for elderly public housing residents provided by City Wide Residents Council and other non-profit subrecipients
- Recreation services for youth residing in public housing
- HOPE VI C.P.T.
- Down Payment Assistance for public housing households under jurisdictions ADDI program
- New affordable housing construction

☐ Other: (list below)

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)
- Construction of affordable housing units for first time home buyers at Zeigler and Middle Ring Roads
- Home ownership training courses and housing counseling
- Provision of housing rehabilitation loans and grants to low and moderate income households
- Job training programs for public housing residents and low and moderate income residents in the community
- Small business development training courses and courses for low and moderate income entrepreneurs
- Recreation programs for underserved youth

- Acquisition of property

D. Other Information Required by HUD

Required Attachments

Attachment A:	Admissions Policy for Deconcentration
Attachment B:	FY 2007 Capital Fund Program Annual Statement
Attachment C:	FY 2005 Resident Satisfaction Survey Follow-up Plans
Attachment D:	Membership of the Resident Advisory Board/s and Resident Councils
Attachment E:	Resident Membership of the PHA Governing Board
Attachment F:	Assessment of Site-Based Waiting List Development Demographic Changes
Attachment G:	Progress Report

Optional Attachments

Attachment H:	PHA Management Organization Chart
Attachment I:	FY 2007 Capital Fund Program 5-Year Action Plan
Attachment J:	Annual Lead-Based Paint (LBP) Activity Report
Attachment K:	Resident Comments

PHA Plan
Table Library

Component 7
Capital Fund Program Annual Statement
Parts I, II, and II

Annual Statement
Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

☐ Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	**Amount of Annual Grant (Sum of lines 2-19)**	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years		

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		**Activity Description**						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III *Component 7a*	Development Activities *Component 7b*	Demolition / disposition *Component 8*	Designated housing *Component 9*	Conversion *Component 10*	Home-ownership *Component 11a*	Other (describe) *Component 17*

ADMISSIONS POLICY FOR DECONCENTRATION

PUBLIC HOUSING DECONCENTRATION RULE

1. Objective: The objective of the Deconcentration Rule for public housing units is to ensure that families are housed in a manner that will prevent a concentration of poverty families and/or a concentration of higher income families in any one development. The specific objective of the Mobile Housing Board (MHB) is to house no less than 40% of its public housing inventory with families that have income at or below 30% of the area median income by public housing development. Also the MHB will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the MHB does not concentrate families with higher income levels, it is the goal of the MHB not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The MHB will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the MHB's computer system.

2. Actions: To accomplish the deconcentration goals, the MHB will take the following actions:

   A. At the beginning of each housing authority fiscal year, MHB will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous housing authority fiscal year.

   B. To accomplish the goals of:

      (1) Housing not less than 40% of its public housing inventory on an annual basis with families that have incomes at or below 30% of area median income, and

      (2) Not housing families with incomes at or below 30% of the area median income in developments that have 60% or more of the total household living in the development with incomes that exceed 30% of the area median income, the housing authority's Tenant Selection and Assignment Plan, which is a part of the Admissions and Continued Occupancy Policy, provides for skipping families on the waiting list to accomplish these goals.

SECTION 8 DECONCENTRATION RULE

The objective of the deconcentration rule for section 8 tenant-based assistance is to admit no less than 75% of its new admissions to the program to families that have income at or below 30% of the area median income. The MHB will track the status of all new admissions monthly by utilizing income reports generated by the MHB's computer system. If the MHB is not reaching its goal, families will be skipped on the waiting list to admit a family that has income at or below 30% of area median income. The practice will continue until the MHB has achieved its goal. The MHB's section 8 applicant selection process, which is contained in the Section 8 Administrative Plan, provides for the skipping of families on the waiting list to accomplish this goal.

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) **Part I: Summary**

PHA Name: MOBILE HOUSING BOARD	**Grant Type and Number** Capital Fund Program Grant No: **AL 09P00250107**	**Federal FY of Grant: 2007**

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

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (May not exceed 20% of Line 21)	1,305,891.00			
3	1408 Management Improvements (May not exceed 20% of Line 21)	1,305,891.00			
4	1410 Administration (May not exceed 10% of Line 21)	652,945.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,258,123.92			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service	2,006,606.08			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	6,529,457.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) **Part I: Summary**

PHA Name: MOBILE HOUSING BOARD	**Grant Type and Number** Capital Fund Program Grant No: **AL 09P00250107**	**Federal FY of Grant:** **2007**

	TRANSACTION DESCRIPTION	AMOUNT	REASON FOR TRANSACTIONS
Note 1	1406 operations	36,000	

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

PHA Name: Mobile Housing Board		**Grant Type and Number** Capital Fund Program Grant No: **AL09P00250107**				**Federal FY of Grant:** 2007		
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	1406 Operations	140601		1,305,891.00				
A.	Provide Technical Assistance Management Consultant	140801		20,000.00				
B.	Staff Training	140802		40,000.00				
C.	Strategic Planning	140803		12,413.00				
D.	Provide Computer upgrades and equipment	140804		120,000.00				
E.	Marketing & Advertisement Campaign	140805		25,000.00				
F.	Provide Summer Youth Employment Program	140807		60,000.00				
G.	Economic Development Program	140811		0.00				
H.	Supportive Salary Prorations of new positions and Unit Marketability Personnel 1.Director of Housing Management –50% 2.Office Assistant I – 50% 3.Director of Rental Housing Program – 50% 4.HVAC Mechanic – 100% 5.Painters – 100% 6.Public Housing Building Maintenance Supervisors – 10% 7.Vehicle Mechanic – 100% 8.Computer Support Coordinator - 5% 9.Director of Administration & Planning – 50% 10. Human Resource Officer – 50%			756,234.00				
I.	Employee Benefits Contribution	140813		272,244.00				
	SUBTOTAL 1408			**1,305,891.00**				

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

PHA Name: Mobile Housing Board		**Grant Type and Number** Capital Fund Program Grant No: **AL09P00250107**				**Federal FY of Grant: 2007**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
PHA-WIDE ADMINISTRATION		1410						
A.	Non – Technical Salaries for One (1) Year: 1 – Office Assistant II 1 – Office Assistant I	141001		103,050.00				
B.	Technical Salaries for One (1) Year: 1 – Director of Mod. & Development 1 - Modernization Coordinator 1- Hope VI Coordinator 1 – Public Service Supervisor 3 – Rehabilitation Specialists 10% - Executive Director 10% - Comptroller 10% - Purchasing Agent 5% - Data Processing Manager 5% - Computer Support Coordinator	141002		349,794.00				
C.	Employee Benefits Contribution	141009		169,601.00				
D.	Travel	141010		0.00				
E.	Publications	141012		0.00				
F.	Telephone and Facsimile	141016		10,500.00				
G.	Sundry	141019		20,000.00				
	SUBTOTAL 1410			**652,945.00**				

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

PHA Name: Mobile Housing Board		**Grant Type and Number** Capital Fund Program Grant No: **AL09P00250107**				**Federal FY of Grant: 2007**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
AL 2-08 JOSEPHINE ALLEN HOMES	Comprehensive Renovation of 27 of 292 remaining dwelling units – work includes new HVAC, Electrical, Plumbing, Kitchens, ceilings and windows	146000		1,258,123.92	0.00	0.00	0.00	0.00
	Sub-total AL 2-08			1,258,123.92	0.00	0.00	0.00	0.00

Annual Statement/Performance and Evaluation Report

Capital Fund Program (CFP) **Part III: Implementation Schedule**

PHA Name: Mobile Housing Board	**Grant Type and Number** Capital Fund Program No: **AL09P00250107**	**Federal FY of Grant:** 2007

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	
1406	Sept –09			Sept-11			
1408	Sept –09			Sept-11			
1410	Sept –09			Sept-11			
AL 2-08	Sept –09			Sept-11			

Annual Statement/Performance and Evaluation Report	US Department of Housing and Urban Development	OMB Approval No. 2577-0157
Capital Fund Program (CFP) **Part I: Summary**	Office of Public and Indian Housing	(exp. 11/30/2008)

PHA Name: MOBILE HOUSING BOARD	**Grant Type and Number** Capital Fund Program Grant No: **AL 09P00250106**	**Federal FY of Grant: 2006**

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

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (May not exceed 20% of Line 21)	1,305,891.00			
3	1408 Management Improvements (May not exceed 20% of Line 21)	1,305,891.00			
4	1410 Administration (May not exceed 10% of Line 21)	652,945.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	1,256,438.59			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service	2,008,291.41			
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	6,529,457.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

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

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250106**	Federal FY of Grant: **2006**

	TRANSACTION DESCRIPTION	AMOUNT	REASON FOR TRANSACTIONS
Note 1	1406 operations	36,000	

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

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

PHA Name: Mobile Housing Board

Grant Type and Number
Capital Fund Program Grant No: AL09P00250106

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	
PHA-Wide	1406 Operations	140601		1,305,891.00				See Page 2, Note 1
A.	Provide Technical Assistance Management Consultant	140801		20,000.00				
B.	Staff Training	140802		40,000.00				
C.	Strategic Planning	140803		12,413.00				
D.	Provide Computer upgrades and equipment	140804		120,000.00				
E.	Marketing & Advertisement Campaign	140805		25,000.00				
F.	Provide Summer Youth Employment Program	140807		60,000.00				
G.	Economic Development Program	140811		0.00				
H.	Supportive Salary Prorations of new positions and Unit Marketability Personnel 1.Director of Housing Management –50% 2.Office Assistant I – 50% 3.Director of Rental Housing Progam – 50% 4.HVAC Mechanic – 100% 5.Painters – 100% 6.Public Housing Building Maintenance Supervisors – 10% 7.Vehicle Mechanic – 100% 8.Computer Support Coordinator - 5% 9.Director of Administration & Planning – 50% 10. Human Resource Officer – 50%			756,234.00				
I.	Employee Benefits Contribution	140813		272,244.00				
	SUBTOTAL 1408			**1,305,891.00**				

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

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

PHA Name: Mobile Housing Board

Grant Type and Number
Capital Fund Program Grant No: AL09P00250106

Federal FY of Grant: 2006

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
PHA-WIDE ADMINISTRATION		1410						
A.	Non – Technical Salaries for One (1) Year: 1 – Office Assistant II 1 – Office Assistant I	141001		103,050.00				
B.	Technical Salaries for One (1) Year: 1 – Director of Mod. & Development 1 - Modernization Coordinator 1- Hope VI Coordinator 1 – Public Service Supervisor 3 – Rehabilitation Specialists 10% - Executive Director 10% - Comptroller 10% - Purchasing Agent 5% - Data Processing Manager 5% - Computer Support Coordinator	141002		349,794.00				
C.	Employee Benefits Contribution	141009		169,601.00				
D.	Travel	141010		0.00				
E.	Publications	141012		0.00				
F.	Telephone and Facsimile	141016		10,500.00				
G.	Sundry	141019		20,000.00				
	SUBTOTAL 1410			**652,945.00**				

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

PHA Name: Mobile Housing Board		Grant Type and Number Capital Fund Program Grant No: AL09P00250106				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
AL 2-01 OAKLAWN HOMES	Install cabinets in 100 dwelling units	146000		100,000.00	0.00	0.00	0.00	0.00
	Sub-total AL 2-01			100,000.00	0.00	0.00	0.00	0.00
AL 2-05 THOMAS JAMES PLACE	Comprehensive Renovation of 10 of 400 remaining dwelling units – work includes new HVAC, Electrical, Plumbing, Kitchens, ceilings and windows	146000		246,210.00	0.00	0.00	0.00	0.00
	Sub-total AL 2-05			246,210.00	0.00	0.00	0.00	0.00
AL 2-08 JOSEPHINE ALLEN HOMES	Comprehensive Renovation of 27 of 292 remaining dwelling units – work includes new HVAC, Electrical, Plumbing, Kitchens, ceilings and windows	146000		553,609.00	0.00	0.00	0.00	0.00
	Sub-total AL 2-08			553,609.00	0.00	0.00	0.00	0.00
AL 2-10 RV TAYLOR HOMES	Comprehensive Renovation of 13 of 181 remaining dwelling units – work includes new HVAC, Electrical, Plumbing, Kitchens, ceilings and windows	146000		356,619.59	0.00	0.00	0.00	0.00
	Sub-total 2-10			356,619.59	0.00	0.00	0.00	0.00

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

PHA Name: Mobile Housing Board	**Grant Type and Number** Capital Fund Program No: **AL09P00250106**	**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	
1406	Sept –08			Sept-10			
1408	Sept –08			Sept-10			
1410	Sept –08			Sept-10			
AL 2-01	Sept –08			Sept-10			
AL 2-05	Sept –08			Sept-10			
AL 2-08	Sept –08			Sept-10			
AL 2-10	Sept –08			Sept-10			

Annual Statement/Performance and Evaluation Report Replacement Housing Factor (RHF) **Part I: Summary**	**US Department of Housing and Urban Development** Office of Public and Indian Housing	OMB Approval No. 2577-0157 (exp. 11/30/2008)
PHA Name: MOBILE HOUSING BOARD	**Grant Type and Number** Capital Fund Program Grant No: **AL09R00250106**	**Federal FY of Grant: 2006**

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

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (May not exceed 10% of Line 21)				
3	1408 Management Improvements (May not exceed 20% of Line 21)				
4	1410 Administration (May not exceed 10% of Line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	260,747.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	260,747.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) **Part II: Supporting Pages**

US Department of Housing and Urban Development
Office of Public and Indian Housing

PHA Name: MOBILE HOUSING BOARD		**Grant Type and Number** Capital Fund Program Grant No: **AL09R00250106**				**Federal FY of Grant:** **RHF2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
PHA WIDE	Dwelling Structures Affordable Homes – Hampton Park	146000	146000	260,747.00				
	Sub-total			260,747.00				

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) **Part III: Implementation Schedule**

US Department of Housing and Urban Development
Office of Public and Indian Housing

PPHA Name: MOBILE HOUSING BOARD	**PHA Name: MOBILE HOUSING BOARD**						**PHA Name: MOBILE HOUSING BOARD**
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	
PHA WIDE	May-08			May-10			

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

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250105**	Federal FY of Grant: 2005

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 4)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (May not exceed 20% of Line 21)	589,500.00	589,500.00	589,500.00	589,500.00
3	1408 Management Improvements (May not exceed 20% of Line 21)	1,106,313.98	1,106,313.98	403,407.74	403,407.74
4	1410 Administration (May not exceed 10% of Line 21)	525,911.00	525,911.00	157,400.09	161,419.08
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	2,642,633.76	2,642,633.76	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	2,010,428.26	2,010,428.26	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	6,874,787.00	6,874,787.00	1,150,307.83	1,154,326.82
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Transaction Detail Pages Grant AL09P00250105

	Transaction description	Amount	Reason for Transaction
Note 1	Increased account 141019 by ===➔	15,000.00	To meet increased sundry costs
Note 2	Decreased account 141002 by ===➔	(15,000.00)	To offset transaction above
Note 3			
Note 4			
Note 5			

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

PHA Name: MOBILE HOUSING BOARD		Grant Type and Number Capital Fund Program Grant No: **AL 09P00250105**				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	1406 Operations	140601		589,500.00	589,500.00	589,500.00	589,500.00	
PHA-Wide	1408 Management Improvements	1408						
A	Provide Technical Assistance Management Consultant	140801		40,000.00	40,000.00	0.00	0.00	
C.	Provide Staff Training	140802		50,000.00	50,000.00	49,404.21	49,404.21	
D.	Strategic Planning	140803		15,000.00	15,000.00	0.00	0.00	
E.	Provide Computer Upgrades and Equipment	140804		101,404.78	101,404.78	0.00	0.00	
F.	Marketing and Advertisement Campaign	140805		35,000.00	35,000.00	2,061.42	2,061.42	
B	Provide Summer Youth Employment Program	140807		80,000.00	80,000.00	24,688.87	24,688.87	
H.	Supportive Salary Prorations of new positions and Unit Marketability Personnel 1.Director of Housing Management –50% 2.Office Assistant I – 50% 3.Director of Rental Housing Progam – 50% 4.HVAC Mechanic – 100% 5.Painters – 100% 6.Public Housing Building Maintenance Supervisors – 10% 7.Vehicle Mechanic – 100% 8.Computer Support Coordinator - 5% 9.Director of Administration & Planning – 50% 10. Human Resource Officer – 50%	140809		512,665.20	512,665.20	290,730.12	290,730.12	
I.	Employee Benefits Contribution	140813		272,244.00	272,244.00	36,523.12	36,523.12	
	SUBTOTAL 1408			**1,106,313.98**	**1,106,313.98**	**403,407.74**	**403,407.74**	

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

PHA Name: MOBILE HOUSING BOARD		Grant Type and Number Capital Fund Program Grant No: **AL 09P00250105**				Federal FY of Grant: **2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
PHA-WIDE ADMINISTRATION		1410						
PHA-Wide	1410 Administrations							
A.	Non – Technical Salaries for One (1) Year: 1 – Office Assistant II 1 – Office Assistant I	141001		123,050.00	123,050.00	25,636.00	25,636.00	
B.	Technical Salaries for One (1) Year: 1 – Director of Mod. & Development 1 - Modernization Coordinator 1- Hope VI Coordinator 1 – Public Service Supervisor 3 – Rehabilitation Specialists 10% - Executive Director 10% - Comptroller 10% - Purchasing Agent 5% - Data Processing Manager 5% - Computer Support Coordinator	141002		184,937.00	**169,937.00**	61,263.20	61,263.20	**See Page 2, Note 2**
C.	Employee Benefits Contribution	141009		177,424.00	177,424.00	37,208.67	37,208.67	
D.	Travel	141010		0.00	0.00	0.00	0.00	
E.	Publications	141012		0.00	0.00	0.00	0.00	
F.	Telephone and Facsimile	141016		10,500.00	10,500.00	3,292.22	3,292.22	
G.	Sundry	141019		30,000.00	**45,000.00**	30,000.00	34,018.99	**See Page 2, Note 1**
	SUBTOTAL 1410			**525,911.00**	**525,911.00**	**157,400.09**	**161,419.08**	

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

PHA Name: MOBILE HOUSING BOARD		Grant Type and Number Capital Fund Program Grant No: **AL 09P00250105**				Federal FY of Grant: **2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
AL 2-8 JOSEPHINE ALLEN HOMES	Comprehensive Renovation of 292 dwelling units	146022		2,642,633.76	2,642,633.76	0.00	0.00	
	SUB TOTAL AL 2-08			2,642,633.76	2,642,633.76	0.00	0.00	
	Total			**2,642,633.76**	**2,642,633.76**	**0.00**	**0.00**	

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP)
Part III: Implementation Pages

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250105**	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	
1406	Nov-05			Jan-06			
1408	Sept –07			Sept-09			
1410	Sept –07			Sept-09			
AL 2-08	Sept –07			Sept-09			

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF)
Part I: Summary

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Capital Fund Program Grant No: **AL09R00250105**	Federal FY of Grant: **RHF2005**

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (May not exceed 10% of Line 21)	0.00	0.00	0.00	0.00
3	1408 Management Improvements (May not exceed 20% of Line 21)	0.00	0.00	0.00	0.00
4	1410 Administration (May not exceed 10% of Line 21)	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	283,596.00	0.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	283,596.00	0.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF)
Part II: Supporting Pages

PHA Name: MOBILE HOUSING BOARD		Grant Type and Number Capital Fund Program Grant No: **AL09R00250105**				Federal FY of Grant: **RHF2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
PHA WIDE	Comprehensive Renovation of 292 dwelling units	146000		**283,596.00**	**0.00**	**0.00**	**0.00**	
	Subtotal			283,596.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF)
Part III: Implementation Pages

PHA Name: MOBILE HOUSING BOARD	**Grant Type and Number** Capital Fund Program Grant No: **AL09R00250105**	**Federal FY of Grant:** **RHF2005**

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	
PHA Wide 1460	Sept –07			Sept-09			

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

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250104**	Federal FY of Grant: **2004**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 6)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (May not exceed 20% of Line 21)	575,000.00	575,000.00	575,000.00	575,000.00
3	1408 Management Improvements (May not exceed 20% of Line 21)	1,153,666.00	1,153,666.00	1,113,666.00	977,773.02
4	1410 Administration (May not exceed 10% of Line 21)	554,491.26	554,491.26	554,491.26	384,424.95
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	**2,536,140.15**	**2,536,140.15**	2,365,908.88	2,294,057.47
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	2,017,166.59	2,017,166.59	2,017,166.59	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	6,836,464.00	6,836,464.00	6,626,232.73	4,231,255.44
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Transaction Details Pages GRANT 104 – 2004

NOTE	TRANSACTION DETAIL	AMOUNT	REASON FOR TRANSACTION
1	Increased AL 2-12 account 1460 by	34,407.10	To meet contract obligations
2	Decreased AL 2-08 account 1460 by	(34,407.10)	To offset transactions above
3			
4			
5			

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

PHA Name: Mobile Housing Board		Grant Type and Number Capital Fund Program Grant No: AL09P00250104 Replacement Housing Factor Grant No:				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-Wide	1406 Operations	140601		575,000.00	575,000.00	575,000.00	575,000.00	
PHA-Wide A	1408 Management Improvements Provide Technical Assistance Management Consultant	140801		40,000.00	40,000.00	0.00	0.00	
B	Staff Training	140802		50,000.00	50,000.00	50,000.00	51,341.08	
C.	Strategic Planning	140803		15,000.00	15,000.00	15,000.00	22.81	
D	Provide Computer Upgrades and Equipment	140804		96,000.00	96,000.00	96,000.00	40,640.58	
E	Marketing and Advertisement Campaign	140805		35,000.00	35,000.00	35,000.00	21,248.09	
F	Provide Summer Youth Employment Program	140807		80,000.00	80,000.00	80,000.00	67,654.40	
G	Supportive Salary Prorations of new positions and Unit Marketability Personnel 1.Director of Housing Management –50% 2.Office Assistant I – 50% 3.Director of Rental Housing Program – 50% 4.HVAC Mechanic – 100% 5.Painters – 100% 6.Public Housing Building Maintenance Supervisors – 10% 7.Vehicle Mechanic – 100% 8.Computer Support Coordinator - 5% 9.Director of Administration & Planning 50% 10. Human Resource Officer – 50%	140809		573,744.00	573,744.00	573,744.00	639,798.75	
I.	Employee Benefits Contribution	140813		263,922.00	263,922.00	263,922.00	157,067.31	

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

PHA Name: Mobile Housing Board		**Grant Type and Number** Capital Fund Program Grant No: AL09P00250104 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	SUBTOTAL 1408			**1,153,666.00**	**1,153,666.00**	**1,113,666.00**	**977,773.02**	

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

PHA Name: Mobile Housing Board		Grant Type and Number Capital Fund Program Grant No: AL09P00250104				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Revised	Total Actual Cost Funds Obligated	Funds Expended	Status of Work
PHA-WIDE ADMINISTRATION		1410						
PHA-Wide A.	1410 Administrations Non – Technical Salaries for One (1) Year: 1 – Office Assistant II 1 – Office Assistant I	141001		47,375.00	47,375.00	47,375.00	89,353.50	
B.	Technical Salaries for One (1) Year: 1 – Director of Mod. & Development 1 – Modernization Coordinator 1- Hope VI Coordinator 1 – Public Service Supervisor 3 – Rehabilitation Specialists 10% - Executive Director 10% - Comptroller 10% - Purchasing Agent 5% - Data Processing Manager 5% - Computer Support Coordinator	141002		323,641.00	323,641.00	323,641.00	125,108.18	
C.	Employee Benefits Contribution	141009		152,975.00	152,975.00	152,975.00	152,274.96	
D.	Travel	141010		0.00	0.00	0.00	0.00	
E.	Publications	141012		0.00	0.00	0.00	0.00	
F.	Telephone and Facsimile	141016		10,500.00	10,500.00	10,500.00	6,999.76	
G.	Sundry	141019		20,000.26	20,000.26	20,000.26	10,688.55	
	SUBTOTAL 1410			554,491.26	554,491.26	554,491.26	384,424.95	

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

PHA Name: Mobile Housing Board		Grant Type and Number Capital Fund Program Grant No: AL09P00250104				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised	Total Actual Cost Funds Obligated	Total Actual Cost Funds Expended	Status of Work
AL 2-01 OAKLAWN HOMES	Hurricane Related Roof repairs 100 Dwelling Units	146036		87,008.00	87,008.00	87,008.00	87,008.00	
	SUB-TOTAL AL 2-01			87,008.00	87,008.00	87,008.00	87,008.00	
AL 2-08 JOSEPHINE ALLEN HOMES	Install HVAC systems, Cabinets and Windows in 292 Dwelling Units	146033		204,638.37	**170,231.27**	0.00	0.00	**Note 2**
	Hurricane Related Roof repairs 292 Dwelling Units	146036		606,812.00	606,812.00	606,812.00	566,392.35	
	SUB-TOTAL AL 2-08			811,450.37	777,043.27	606,812.00	566,392.35	
AL 2-10 RV TAYLOR HOMES	Hurricane Related Roof repairs 448 Dwelling Units	146036		941,675.00	941,675.00	941,675.00	941,675.00	
	SUB-TOTAL AL 2-10			941,675.00	941,675.00	941,675.00	941,675.00	
AL 2-11 THOMAS JAMES PLACE	Hurricane Related Roof repairs 350 Dwelling Units	146036		173,770.78	173,770.78	173,770.78	173,770.78	
	SUB-TOTAL AL 2-11			173,770.78	173,770.78	173,770.78	173,770.78	
AL 2-12 CENTRAL PLAZA TOWERS	Hurricane Related Roof repairs 350 Dwelling Units	146036		337,500.00	**371,907.10**	**371,907.10**	340,475.34	
	SUB-TOTAL AL 2-12			337,500.00	371,907.10	371,907.10	340,475.34	
AL 2-13 EMERSON GARDENS	Hurricane Related Roof repairs 94 Dwelling Units	146036		184,661.00	184,661.00	184,661.00	184,661.00	
	SUB-TOTAL AL 2-13			184,661.00	184,661.00	184,661.00	184,661.00	
	Total 1460			2,536,140.15	2,536,140.15	2,365,908.88	2,294,057.47	

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

PHA Name: Mobile Housing Board	**Grant Type and Number** Capital Fund Program No: **AL09P00250104**	**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	
1406	Sep –06		**Sep-05**	Sep-08		**Sep-05**	
1408	Sep –06			Sep-08			
1410	Sep –05		**Sep-05**	Sep-08		**Sep-05**	
AL 2-01	Sep –05		Mar-05	Sep-08		**Sep-05**	
AL 2-08	Sep –05			Sep-08			
AL 2-10	Sep –05		Mar-05	Sep-08		**Sep-05**	
AL 2-12	Sep –05		Mar-05	Sep-08			
AL 2-13	Sep –05		Mar-05	Sep-08		**Sep-05**	
AL 2-11	Sep –05		Mar-05	Sep-08		**Sep-05**	

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) Part I: Summary

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Capital Fund Program Grant No: **AL 09R00250104**	Federal FY of Grant: **RHF2004**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement (revision no: 3)**
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (May not exceed 10% of Line 21)	0.00	0.00	0.00	0.00
3	1408 Management Improvements (May not exceed 20% of Line 21)	0.00	0.00	0.00	0.00
4	1410 Administration (May not exceed 10% of Line 21)	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	28,589.32	**40,165.00**	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	375,000.00	**275,000.00**	0.00	0.00
10	1460 Dwelling Structures	149,274.68	**237,699.00**	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	0.00	0.00	0.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	552,864.00	552,864.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities	0.00	0.00	0.00	0.00
23	Amount of line 21 Related to Section 504 compliance	0.00	0.00	0.00	0.00
24	Amount of line 21 Related to Security – Soft Costs	0.00	0.00	0.00	0.00
25	Amount of Line 21 Related to Security – Hard Costs	0.00	0.00	0.00	0.00
26	Amount of line 21 Related to Energy Conservation Measures	0.00	0.00	0.00	0.00

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

NOTE	TRANSACTION DESCRIPTION	AMOUNT	REASON FOR TRANSACTION
1	Increased PHA Wide account 1430 by	11,575.68	To align with actual contractual obligations
2	Increased PHA Wide account 1460 by	88,424.32	To align with construction estimate
3	Decreased PHA Wide account 1450 by	(100,000.00)	To offset actions above
4			

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) Part II: Summary

PHA Name: MOBILE HOUSING BOARD		Grant Type and Number Capital Fund Program Grant No: **AL 09R00250104**				Federal FY of Grant: **RHF2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost Original	Total Estimated Cost Revised	Total Actual Cost Funds Obligated	Total Actual Cost Funds Expended	Status of Work
PHA WIDE	A&E Fees for Design Services and Costs Affordable Homes – Josephine Allen	143025		28,589.32	**40,165.00**	0.00	0.00	**Note 1**
	Sub-total			28,589.32	40,165.00	0.00	0.00	
PHA WIDE	Site Improvements Affordable Homes – Hampton Court Site	145008		375,000.00	**275,000.00**	0.00	0.00	**Note 3**
	Dwelling Structures Affordable Homes – Hampton Court Site	146039		149,274.68	**237,699.00**	0.00	0.00	**Note 2**
	Sub-total			524,274.68	512,699.00	0.00	0.00	
PHA WIDE	Development Activities	149900		0.00	0.00	0.00	0.00	
	Sub-total			0.00	0.00	0.00	0.00	

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) Part IiI: Summary

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Capital Fund Program Grant No: **AL 09R00250104**	Federal FY of Grant: **RHF2004**

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	
PHA WIDE 1430	Jun-05	Jun-05	Jun-05	Sep-08	Sep-08		
PHA WIDE 1450	Sep-06	Sep-06		Sep-08	Sep-08		
PHA WIDE 1460	Sep-06	Sep-06		Sep-08	Sep-08		
PHA WIDE 1499	N/A	N/A		N/A	N/A		

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

PHA Name: Mobile Housing Board	Grant Type and Number Capital Fund Program Grant No: AL 09P00250203	Federal FY of Grant: 2003

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☒Revised Annual Statement (revision no: 7)
☐Performance and Evaluation Report for Period Ending: ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds	0.00	0.00		
2	1406 Operations	35,336.00	35,336.00	35,336.00	35,336.00
3	1408 Management Improvements	0.00	0.00	0.00	0.00
4	1410 Administration	0.00	0.00	0.00	0.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	0.00	0.00	0.00	0.00
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	0.00	0.00	0.00	0.00
10	1460 Dwelling Structures	1,110,610.00	1,110,610.00	1,110,610.00	34,117.75
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	0.00	0.00	0.00	0.00
13	1475 Nondwelling Equipment	125,000.00	125,000.00	125,000.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	0.00	0.00	0.00	0.00
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	0.00	0.00	0.00	0.00
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,270,946.00	1,270,946.00	1,270,946.00	69,453.75
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director and Date	Signature of Public Housing Director/Office of native American Programs Administrator and Date

Transaction Details Pages GRANT 203-2003

NOTE	TRANSACTION DESCRIPTION	AMOUNT	REASON FOR TRANSACTION
1	Increased AL 2-08 account 146033 by	24,187.75	To correct error on previous revision (6)
2	Decreased AL 2-02 146003 by	(24,187.75)	To offset transaction above, Note 1
3	Increased AL 2-11 account 1460 by	97,301.25	To meet contract obligations
4	Decreased AL 2-06 account 146003 by	(97,301.25)	To offset transaction above, Note 3

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

PHA Name: Mobile Housing Board		Grant Type and Number Capital Fund Program Grant No: AL09P00250203				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	Vehicles for Capital Improvement Dept.	140601		35,336.00	35,336.00	35,336.00	35,336.00	
	Sub-total			35,336.00	35,336.00	35,336.00	35,336.00	
AL 2-02 ORANGE GROVE HOMES	Comprehensive renovation 191 dwelling units	146003		1,013,308.75	**989,121.00**	**989,121.00**	9,930.00	**Note 2**
	Matching Funds for Neighborhood Networks	147500		125,000.00	125,000.00	125,000.00	0.00	
	Sub-total AL 2-02			1,138,308.75	1,114,121.00	1,114,121.00	9,930.00	
AL 2-03 ROGER WILLIAMS HOMES	Hurricane Related Repairs to the Community Center Roof	146040		0.00	0.00	0.00	0.00	
				0.00	0.00	0.00	0.00	
AL 2-06 GULF VILLAGE HOMES	Comprehensive Interior & Exterior Renovations 200 Dwelling Units	146003		97,301.25	**0.00**	**0.00**	0.00	**Note 4**
	Sub-total AL 2-06			97,301.25	0.00	0.00	0.00	
AL 2-08 JOSEPHINE ALLEN HOMES	Install HVAC Systems, cabinets and windows in 292 Dwelling Units	146033		0.00	**24,187.75**	**24,187.75**	24,187.75	**Note 1**
	Sub-total AL 2-08			0.00	24,187.75	24,187.75	24,187.75	
AL 2-11 THOMAS JAMES PLACE	Termite Damage Repair: Replace Floor Joists, Wall Studs Sheetrock, Ceiling Rafters, and Wood Trim to 20 Units	146000		0.00	**97,301.25**	**97,301.25**	0.00	**Note 3**
	Sub-total AL 2-11			0.00	97,301.25	97,301.25	0.00	

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

PHA Name: Mobile Housing Board		**Grant Type and Number** Capital Fund Program Grant No: AL09P00250203				**Federal FY of Grant:** 2003		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
AL 2-12 CENTRAL PLAZA TOWERS	Bathroom exhaust System	146034		0.00	0.00	0.00	0.00	
	Sub-total AL 2-12			0.00	0.00	0.00	0.00	

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

PHA Name: Mobile Housing Board	**Grant Type and Number** Capital Fund Program No: AL09P00250203	**Federal FY of Grant:** 2003

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	
PHA Wide	May-05			Jun-05			
AL 2-02	Sep-05			Sep-07			
AL 2-03	N/A			N/A			
AL 2-06	Sep-05	**N/A**		Sep-07	**N/A**		
AL 2-08	Nov-04			Jan-05			
AL 2-11	N/A	**Sep-05**		N/A	**Sep-07**		
AL 2-12	N/A			N/A			

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) Part I: Summary

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Replacement Housing Factor Grant No: **AL 09R00250103**	Federal FY of Grant: **RHF2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no:** 2)
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		**224,635.68**	**224,635.68**	
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	225,230.00	**594.32**	**594.32**	594.32
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	225,230.00	225,230.00	225,230.00	594.32
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) Part I: Summary, con't

PHA Name: MOBILE HOUSING BOARD	Grant Type and Number Replacement Housing Factor Grant No: **AL 09R00250103**	Federal FY of Grant: **RHF2003**

NOTE	TRANSACTION DESCRIPTION	AMOUNT	REASON FOR TRANSACTION
1	Reduced PHA Wide account 1499 by	(224,635.68)	To adjust for actual obligations
2	Increased PHA Wide account 1430 by	67,835.68	To align with actual contractual obligations
3	Increased PHA Wide account 1430 by	156,800.00	To align with actual contractual obligations

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) Part II: Supporting Pages

PHA Name: MOBILE HOUSING BOARD		**Grant Type and Number** Replacement Housing Factor Grant No: **AL 09R00250103**				**Federal FY of Grant:** **RHF2003**		
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	Development Activities	149900		225,230.00	**594.32**	**594.32**	594.32	**Note 1**
PHA WIDE	A&E Fees for Design Services and Costs Josephine Allen Affordable Homes	143000		0.00	**67,835.68**	**67,835.68**	0.00	**Note 2**
PHA WIDE	A&E Fees for Design Services and Costs Hampton Park Single Family Residences	143000		0.00	**156,800.00**	**156,800.00**	0.00	**Note 3**

Annual Statement/Performance and Evaluation Report
Replacement Housing Factor (RHF) Part II: Supporting Pages

PHA Name: MOBILE HOUSING BOARD	**Grant Type and Number** Replacement Housing Factor Grant No: **AL 09R00250103**	**Federal FY of Grant:** **RHF2003**

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	
PHA WIDE 1430	Sep-05	**Jun-05**	**Jun-05**	Sep-07	Sep-07		Revised for actual obligation dates
PHA WIDE 1499	Sep-05	**Jun-05**	**Jun-05**	Sep-07		**Jun-05**	Revised for actual obligation and expenditure dates

Annual Statement/Performance and Evaluation Report
Capital Fund Program (CFP) **Part I: Summary**

US Department of Housing and Urban Development
Office of Public and Indian Housing

OMB Approval No. 2577-0157
(exp. 11/30/2008)

PHA Name: Mobile Housing Board

Grant Type and Number
Capital Fund Program Grant No: **AL 09P00250103**

Federal FY of Grant: 2003

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no:** 15)
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds	23,143,538.16	23,143,538.16	23,143,538.16	10,869,781.57
2	1406 Operations	764,846.99	764,846.99	764,846.99	728,846.99
3	1408 Management Improvements	1,147,666.90	1,147,666.90	1,147,666.90	1,072,751.56
4	1410 Administration	563,761.01	563,761.01	563,761.01	563,761.00
5	1411 Audit	0.00	0.00	0.00	0.00
6	1415 Liquidated Damages	0.00	0.00	0.00	0.00
7	1430 Fees and Costs	431,365.63	**431,845.63**	431,365.63	75,750.69
8	1440 Site Acquisition	0.00	0.00	0.00	0.00
9	1450 Site Improvement	8,590.38	**20,569.38**	20,569.38	0.00
10	1460 Dwelling Structures	367,099.90	367,099.90	367,099.90	355,024.20
11	1465.1 Dwelling Equipment—Nonexpendable	0.00	0.00	0.00	0.00
12	1470 Nondwelling Structures	217,108.51	**262,773.51**	262,773.51	217,108.51
13	1475 Nondwelling Equipment	0.00	**32,501.00**	32,501.00	0.00
14	1485 Demolition	0.00	0.00	0.00	0.00
15	1490 Replacement Reserve	0.00	0.00	0.00	0.00
16	1492 Moving to Work Demonstration	0.00	0.00	0.00	0.00
17	1495.1 Relocation Costs	275,678.83	**185,053.83**	185,053.83	40,802.90
18	1499 Development Activities	0.00	0.00	0.00	0.00
19	1501 Collaterization or Debt Service	2,016,118.85	2,016,118.85	2,016,118.85	2,016,118.85
20	1502 Contingency	0.00	0.00	0.00	0.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	5,792,237.00	5,792,237.00	5,792,237.00	5,106,164.70
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Signature of Executive Director and Date

Signature of Public Housing Director/Office of native American Programs Administrator and Date

Transaction Details Pages GRANT 103-2003

Note 1	Increased AL 2-05 account 1450 by ===➔	11,979.00	To meet CFP 2003 expenditure deadline obligations and contract obligations
Note 2	Increased AL 2-15 account 1475 by ===➔	6,895.00	To meet CFP 2003 expenditure deadline obligations and contract obligations
Note 3	Increased AL 2-16 account 1470 by ===➔	10,000.00	To meet CFP 2003 expenditure deadline obligations and contract obligations
Note 4	Increased AL 2-16 account 1475 by ===➔	25,606.00	To meet CFP 2003 expenditure deadline obligations and contract obligations
Note 5	Decreased Al 2-02 account 149500 by ===➔	(54,480.00)	To offset transactions above
Note 6	Increased AL 2-15 account 1430 by ===➔	480.00	To meet CFP 2003 expenditure deadline obligations and contract obligations
Note 7	Increased AL 2-16 account 1470 by ===➔	35,665.00	To meet CFP 2003 expenditure deadline obligations and contract obligations
Note 8	Decreased AL 2-06 account 149500 by ===➔	(36,145.00)	To offset transactions above
Note 9			
Note 10			

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

PHA Name: **Mobile Housing Board**	**Grant Type and Number** Capital Fund Program Grant No: **AL 09P00250103**	**Federal FY of Grant:** **2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	1406 Operations	140601		764,846.99	764,846.99	764,846.99	728,846.99	
A.	Provide Technical Assistance Management Consultant	140801		57,745.00	57,745.00	57,745.00	9,540.42	
B.	Provide Staff Training	140802		73,174.00	73,174.00	73,174.00	73,174.00	
C.	Strategic Planning	140803		25,000.00	25,000.00	25,000.00	890.07	
D.	Provide Computer Upgrades and Equipment	140804		95,000.00	95,000.00	95,000.00	95,000.00	
E.	Marketing and Advertisement Campaign	140805		19,081.00	19,081.00	19,081.00	19,081.00	
F.	Provide Summer Youth Program	140807		40,000.00	40,000.00	40,000.00	37,399.07	
G.	Economic Development Program	140811		0.00	0.00	0.00	0.00	
H.	Supportive Salary Prorations of new positions and Unit Marketability Personnel 1.Director of Housing Management –50% 2.Office Assistant I – 50% 3.Director of Rental Housing Program – 50% 4.HVAC Mechanic – 100% 5.Painters – 100% 6.Public Housing Building Maintenance Supervisors – 10% 7.Vehicle Mechanic – 100% 8.Computer Support Coordinator - 5% 9.Director of Administration & Planning – 50% 10. Human Resource Officer – 50%	140809		640,157.09	640,157.09	640,157.09	640,158.00	
I.	Employee Benefits Contribution	140813		197,509.81	197,509.81	197,509.81	197,509.00	
	SUBTOTAL 1408			1,147,666.90	1,147,666.90	1,147,666.90	1,072,751.56	

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

PHA Name: **Mobile Housing Board**	**Grant Type and Number** Capital Fund Program Grant No: **AL 09P00250103**	**Federal FY of Grant:** **2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
A.	Non-Technical Salaries for One (1) Year: 1- Office Assistant II 1- Office Assistant I	141001		56,815.00	56,815.00	56,815.00	56,815.00	
B.	Technical Salaries for One (1) Year: 1- Director of Mod. & Development 1- Modernization Coordinator 1- Hope VI Coordinator 1- Public Service Supervisor 3- Rehabilitation Specialist 10% - Executive Director 10% - Comptroller 10% - Purchasing Agent 5% - Data Processing Manager 5% - Computer Support Coordinator	141002		276,783.80	276,783.80	276,783.80	276,784.00	
C.	Employee Benefits Contribution	141009		197,662.21	197,662.21	197,662.21	197,662.00	
D.	Travel	141010		0.00	0.00	0.00	0.00	
E.	Publications	141012		0.00	0.00	0.00	0.00	
F.	Telephone and Facsimile	141016		12,500.00	12,500.00	12,500.00	12,500.00	
G.	Sundry	141019		20,000.00	20,000.00	20,000.00	20,000.00	
	SUBTOTAL 1410			563,761.01	563,761.01	563,761.01	563,761.00	

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

PHA Name: Mobile Housing Board	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250103**	Federal FY of Grant: **2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
	CFP FUNDED PROJECTS							
AL 2-01 OAKLAWN HOMES	Installation of additional Playground	145001		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-01			0.00	0.00	0.00	0.00	
AL 2-02 ORANGE GROVE HOMES	A&E Fees for Design Services and Costs, CI02002	143023		81,888.74	81,888.74	81,888.74	35,558.83	**Note 5**
	Relocation	149500		82,358.83	**27,878.83**	**27,878.83**	391.05	
	SUB-TOTAL AL 2-02			164,247.57	109,767.57	109,767.57	35,949.88	
AL 2-03 ROGER WILLIAMS HOMES	Hurricane Related Repairs CC Roof	143000		0.00	0.00	0.00	0.00	
	Installation of 3 additional Playgrounds	145001		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-03			0.00	0.00	0.00	0.00	
AL 2-05 THOMAS JAMES PLACE	A&E Fees Comprehensive Renovations of 243 Dwelling Units	1430		0.00	0.00	0.00	0.00	**Note 1**
	Installation of Fence	145000		0.00	**11,979.00**	**11,979.00**	0.00	
	SUB-TOTAL AL 2-05			0.00	11,979.00	11,979.00	0.00	

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

PHA Name: Mobile Housing Board	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250103**	Federal FY of Grant: **2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
AL 2-06 GULF VILLAGE HOMES	A&E Fees for Design Services and Costs	143019		18,314.50	18,314.50	18,314.50	12,545.00	
	Comprehensive Interior & Exterior Renovations 199 Dwelling Units – Provide HVAC, New Flooring, Doors, Windows, Cabinets and Porches	146032		222,271.65	222,271.65	222,271.65	212,341.65	
	Relocation Costs	149500		193,320.00	**157,175.00**	**157,175.00**	40,411.85	**Note 8**
	SUB-TOTAL AL 2-06			433,906.15	397,761.15	397,761.15	265,298.50	
AL 2-08 JOSEPHINE ALLEN HOMES	A&E Fees for Comprehensive Renovation of 292 Dwelling Units	143020		326,329.39	326,329.39	326,329.39	22,813.86	
	Install Gazebo	145005		8,590.38	8,590.38	8,590.38	0.00	
	Replace Soffits on 292 Dwelling Units	146005		10,256.80	10,256.80	10,256.80	8,111.10	
	Replace Community Center Roof	147009		217,108.51	217,108.51	217,108.51	217,108.51	
	SUB-TOTAL AL 2-08			562,285.08	562,285.08	562,285.08	248,033.47	
AL 2-10 RV TAYLOR PLAZA	A&E Fees for Comprehensive Renovation of Phase VI & V	1430		0.00	0.00	0.00	0.00	
	Hurricane Related Roof Repairs	146036		9,066.00	9,066.00	9,066.00	9,066.00	
	Install Parking Lot at FSS Building	147010		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-10			9,066.00	9,066.00	9,066.00	9,066.00	

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

PHA Name: Mobile Housing Board	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250103**	Federal FY of Grant: **2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
AL 2-11 THOMAS JAMES PLACE HOMES	Comprehensive Renovation Final Phase	146037		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-11			0.00	0.00	0.00	0.00	
AL 2-13 EMERSON GARDENS	A&E Fees for Design Services and Costs	143021		1,334.00	1,334.00	1,334.00	1,334.00	
	Comprehensive Renovation of 92 Dwelling Units	146038		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-13			1,334.00	1,334.00	1,334.00	1,334.00	
AL 2-15 CENTRAL PLAZA TOWERS	A&E Services Hurricane Ivan	143000		0.00	**480.00**	**480.00**	0.00	**Note 6**
	Bathroom Exhaust System	146034		0.00	0.00	0.00	0.00	
	Comprehensive Renovation of 100 Dwelling Units (Matching Funds for HOPE VI Project)	146000		0.00	0.00	0.00	0.00	
	Installation of Fire Alarm System	147500		0.00	**6,895.00**	**6,895.00**	0.00	**Note 2**
	SUB-TOTAL AL 2-15			0.00	7,375.00	7,375.00	0.00	

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

PHA Name: Mobile Housing Board	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250103**	Federal FY of Grant: **2003**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
AL 2-16 BOYKIN TOWER	A&E Services Weatherproof and Seal Building Exterior	143007		3,499.00	3,499.00	3,499.00	3,499.00	
	Weatherproof and Seal Building Exterior, Caulk Brick Control	146031		125,505.45	125,505.45	125,505.45	125,505.45	
	Installation of Automated Exit Doors	147000		0.00	**10,000.00**	**10,000.00**	0.00	**Note 3**
	Repair of Skylights	147000		0.00	**35,665.00**	**35,665.00**	0.00	**Note 7**
	Installation of Fire Alarm System	147500		0.00	**25,606.00**	**25,606.00**	0.00	**Note 4**
	SUB-TOTAL AL 2-16			129,004.45	200,275.45	200,275.45	129,004.45	
AL 2-01 OAKLAWN HOMES	**Bond Pool Funded Projects**							
	Installation of Additional Playground	145001		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-01			0.00	0.00	0.00	0.00	
AL 2-02 ORANGE GROVE HOMES	Comprehensive Renovations of 298 Dwelling Units	146027		8,138,662.23	8,138,662.23	8,138,662.23	3,691,824.93	
	Replace Windows, Doors, Cabinets Porches & provide HVAC							
	SUB-TOTAL AL 2-02			8,138,662.23	8,138,662.23	8,138,662.23	3,691,824.93	

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

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☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
AL 2-03 ROGER WILLIAMS HOMES	Installation of Additional Playground	145001		0.00	0.00	0.00	0.00	
	Hurricane Ivan Related Roof Repair	146036		684,000.00	684,000.00	684,000.00	0.00	
	SUB-TOTAL AL 2-03			684,000.00	684,000.00	684,000.00	0.00	
AL 2-05 THOMAS JAMES PLACE	Comprehensive Renovation of 243 Dwelling Units: Replace Windows, Doors, Cabinets, Porches & provide HVAC	143009		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-05			0.00	0.00	0.00	0.00	
AL 2-06 GULF VILLAGE HOMES	Comprehensive Renovations of 199 Dwelling Units – Provide HVAC, New Flooring, Doors, Windows, Cabinets and Porches	146028		11,650,911.29	11,650,911.29	11,650,911.29	6,079,755.84	
	Relocation Costs	149501		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-06			11,650,911.29	11,650,911.29	11,650,911.29	6,079,755.84	

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

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☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
AL 2-08 JOSEPHINE ALLEN HOMES	Hurricane Katrina related repairs	146000		166,427.00	166,427.00	166,427.00	0.00	
	New HVAC, Doors, Windows, Cabinets, and Porches							
	Replace Soffits on 292 Dwelling Units	146033		0.00	0.00	0.00	0.00	
	Replace Com. Center Roof	147003		0.00	0.00	0.00	0.00	
	Install HVAC Systems, Cabinets, and Windows in 292 Dwelling Units							
	SUB-TOTAL AL 2-08			166,427.00	166,427.00	166,427.00	0.00	
AL 2-10 RV TAYLOR PLAZA	A&E Fees for Comprehensive Renovation of Phase VI and V. Replace Windows, Doors, Modify Porches And new HVAC	143022		0.00	0.00	0.00	0.00	
	Interior Repairs to 450 Ceilings – F/A 450 Dwelling Units	146041		434,403.11	434,403.11	434,403.11	0.00	
	Hurricane Katrina Related Repairs	146036		252,000.00	252,000.00	252,000.00	21,490.00	
	SUB-TOTAL AL 2-10			686,403.11	686,403.11	686,403.11	21,490.00	
AL 2-11 THOMAS JAMES PLACE	Hurricane Ivan Related Roofing Repairs	146036		481,345.25	481,345.25	481,345.25	481,345.45	
	Hurricane Katrina Related Roofing Repairs, CI05001	146043		598,800.00	598,800.00	598,800.00	98,497.53	
	SUB-TOTAL AL 2-11			1,080,145.25	1,080,145.25	1,080,145.25	579,842.78	
AL 2-13 EMERSON GARDENS	Hurricane Related Roofing Repairs, CI01001	146000		22,000.00	22,000.00	22,000.00	0.00	
	SUB-TOTAL AL 2-13			22,000.00	22,000.00	22,000.00	0.00	

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

PHA Name: Mobile Housing Board	Grant Type and Number Capital Fund Program Grant No: **AL 09P00250103**	Federal FY of Grant: **2003**

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

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☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement (revision no: 15)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

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	
AL 2-15 CENTRAL PLAZA TOWERS	HOPE VI A&E Services	143000		44,121.26	44,121.26	44,121.26	0.00	
	Comprehensive Renovation of 100 Dwelling Units (HOPE VI Match)	146003		402,556.77	402,556.77	402,556.77	402,556.77	
	Hurricane Katrina Related Interior Repairs CI12005	146000		174,000.00	174,000.00	174,000.00	0.00	
	Bathroom Exhaust System	146034		0.00	0.00	0.00	0.00	
	Hurricane Katrina Related Roofing Repairs, CI12004	146036		94,311.25	94,311.25	94,311.25	94,311.25	
	SUB-TOTAL AL 2-15			714,989.28	714,989.28	714,989.28	496,868.02	
AL 2-16 BOYKIN TOWER	Hurricane Katrina Related Roof Repairs	146036		0.00	0.00	0.00	0.00	
	SUB-TOTAL AL 2-16			0.00	0.00	0.00	0.00	
	Sub-total Bond Pool Funded Projects			23,143,538.16	23,143,538.16	23,143,538.16	10,869,781.57	

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

PHA Name: Mobile Housing Board	**Grant Type and Number** Capital Fund Program No: AL09P00250103	**Federal FY of Grant:** 2003

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	
CFP Funds							
1406	Sep-05			May-06			
1408	Sep-05			Sep-07			
1410	Sep-05			Dec-05			
AL 2-1	N/A			N/A			
AL 2-2	Sep-05			Sep-07			
AL 2-3	Sep-05			N/A			
AL 2-5	N/A			N/A	**Sep-07**		
AL 2-6	Sep-05			Sep-07			
AL 2-8	Sep-05			Sep-07			
AL 2-10	Sep-05			Sep-05			
AL 2-11	Sep-05			N/A			
AL 2-13	Sep-05			Dec-05			
AL 2-15	N/A			N/A	**Sep-07**		
AL 2-16	Sep-05			Sep-05	**Sep-07**		
Non-CFP Funds							
AL 2-1	N/A			N/A			
AL 2-2	Sep-05			Sep-07			
AL 2-3	Sep-05			Sep-07			
AL 2-5	N/A			N/A			
AL 2-6	Sep-05			Sep-07			
AL 2-8	Sep-05			N/A			
AL 2-10	N/A			Sep-07			
AL 2-11	Sep-05			Sep-07			
AL 2-13	Sep-05			Sep-07			
AL 2-15	Sep-05			Sep-07			
AL 2-16	N/A			N/A			

FISCAL YEAR 2005 RESIDENT SATISFACTION SURVEY FOLLOW-UP PLANS

FOLLOW-UP PLAN FOR SAFETY

The Housing Management Department of the Mobile Housing Board (MHB), in compliance with the directions from HUD, establishes a plan to increase the safety of all residents residing in Mobile public housing. The plan will address the shortcomings in safety and security, as identified by the residents of our communities. Therefore, in response to the Fiscal Year 2005 Resident Satisfaction Survey, in which the MHB received a score of 68.4% in safety, the following actions are planned and will be implemented.

- The Housing Managers will attend resident council meetings to discuss the security/safety issues in each community.

- The Mobile Police Ranger Unit will focus on areas identified by the city's crime mapping system to increase police presence in high crime areas.

- The Mobile Police Department will conduct training in the area schools to educate children on the dangers of gang activity and how to make the right choice.

- The Mobile Housing Board will join with the Mobile Police Department to develop a Community Action Group in any community that seeks one.

- The Mobile Housing Board will maintain a Tip-Line for residents to report criminal activity anonymously, allowing them to become more involved in solving the problems in their communities.

FISCAL YEAR 2005 RESIDENT SATISFACTION SURVEY FOLLOW-UP PLANS

FOLLOW-UP PLAN FOR NEIGHBORHOOD APPEARANCE

The Housing Management and Technical Service Departments of the Mobile Housing Board (MHB) has established a plan to improve the neighborhood appearance of the developments of the MHB. In response to the Fiscal Year 2005 Resident Assessment Survey, in which the MHB received a score of 63.6% in Neighborhood Appearance, the following actions are planned and will be implemented:

- Maintenance Supervisors to assign personnel to address the policing of grounds on a daily basis.
- Utilize the Environmental Officer in addition to the Housing Managers to inspect sites and issue citations for litter violations/debris and illegal parking.
- Contract with resident-owned lawn care business to provide service at 8 sites.
- Schedule sites to receive bi-weekly mowing and weed eating.
- Partner with the City of Mobile to utilize community workers to pick up litter at the sites (when available).
- Hire ‘seasonal’ staff to assist in grounds upkeep.
- Provide bulk service pick-up to all sites on a weekly basis.
- Emergency priority given to address securing vacant units.
- Removal of graffiti within 72 hours of reporting.
- Site Managers and Maintenance Supervisors to make daily assessments of properties and take corrective action to address problems immediately.
- Managers to educate residents on areas of responsibility in the lease pertaining to the upkeep of their yards (via letters, meetings, newsletters and orientation).
- Management and Resident Council to work together to sponsor seasonal promotions to encourage residents to take pride in their community. These promotions could also involve community sponsors who could donate incentive prizes. (For example: semi-annual community clean up campaign, spring yard beautification contests, etc.)
- Develop and implement plan to clean and maintain parking lots and play areas.
- Increase lease-up of units.
- Pest Control/Eradication Program implemented.

FISCAL YEAR 2005 RESIDENT SATISFACTION SURVEY FOLLOW-UP PLANS

FOLLOW-UP PLAN FOR COMMUNICATION

The Housing Management of the Mobile Housing Board (MHB) has established a plan to address the concerns expressed in the Fiscal Year 2005 Resident Assessment Survey in which the MHB received a score of 74.6%. The following actions are planned and will be implemented:

- Housing Managers to publish quarterly newsletters and include maintenance tips and modernization efforts.
- Housing Managers to hold monthly meetings with the development Resident Council President to address issues and concerns of the development.
- Housing Managers to increase ‘visibility’ on site
- Train staff to effectively and politely communicate with residents
- Improve internal PHA communications
- Make sure residents have access to or copies of written policies and procedures
- Identify an effective method of communicating with residents
- Encourage residents to be part of the solution
- Notify residents of improvements being made to the property

Membership of the Resident Advisory Board

City-Wide Residents' Council Executive Board Members

Delphine Byther
Orange Grove Homes

Ann Crawford
Emerson Gardens

Rev. A. T. Days
Frank Boykin Tower

Ruby Lang
Thomas James Place

Rosie McKeel
Central Plaza Towers

Glender Montgomery
Josephine Allen Homes

Mamie Thomas
R. V. Taylor Plaza

LaTonia Pettway
Oaklawn Homes

Robert Edwards
Roger Williams Homes

City Wide Residents' Council, Inc.
Executive Board

Ruby Lang, President
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Glender Montgomery, Vice-President
Josephine Allen Homes
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(251) 452-3069

Sharon Dunagan, Secretary
Josephine Allen Homes
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Mobile, Alabama 36610
(251) 456-6822

Delphine Byther, Chaplain
Orange Grove Homes
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Mobile, Alabama 36603
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Josephine Allen Homes
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Sharon Davis, Vice-President
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(251) 452-5156

Andria Brown, Secretary
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Mobile, Alabama 36610
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Sharon Dunagan, Treasurer
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Mobile, Alabama 36610
(251) 456-6822

James Dennis, Chaplain
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(251) 456-5544

Oaklawn Homes
Tenants' Association Officers

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Samantha Harris, Vice-President
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Mary Packer, Chaplain
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R. V. Taylor Plaza
Tenants' Association Officers

Mamie Thomas, President
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Misty Kelly, Secretary
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Lydia Rowe, Chaplain
1559-A Sumner Drive
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Emerson Gardens
Tenants' Association Officers

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Susie Jackson, Vice-President
803-A Palmetto Street
Mobile, Alabama 36603

Brunetta Smith, Secretary
757-A Palmetto Street
Mobile, Alabama 36603
(251) 433-2304

Louise Perry, Treasurer
806-B Palmetto Street
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Sara Williams, Chaplain
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Mobile, Alabama 36603
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Frank Boykin Tower Tenants' Association Officers

Rev. A. T. Days, President
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Mable Ware, Vice-President
1600 Michigan Avenue # 206
Mobile, AL 36605
(251) 470-1864

Regina Crear, Secretary
1600 Michigan Avenue # 416
Mobile, Alabama 36605

Thomas James Place West Cardinal Place Tenants' Association Officers

Ruby Lang, President
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Ruby Davis, Vice-President
1808 East Cardinal Drive
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Gwendolyn McMeans, Secretary
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Morris Harris, Chaplain
2020 Ibis Drive
Mobile, Alabama 36605

Central Plaza Towers Tenants' Association Officers

Rosie McKeel, President
302 Bayshore Avenue # 614
Mobile, Alabama 36607
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Lucille Overby, Vice-President
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Mobile, Alabama 36607
(251) 479-2784

Ruby Allen, Secretary
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Rose Stewart, Treasurer
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Roger Williams Homes
Tenants' Association Officers

Robert Edwards, Acting President
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Benita Andrews, Chaplain
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Gulf Village Homes
Tenants' Association Officers

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Sharon Washington, Treasurer
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Section 8
Tenant's Association Officer

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Mobile, Alabama 36605
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Resident Member of the PHA Governing Board

On January 18, 2000, Mayor Michael C. Dow swore in Ms. Ruby Lang, resident of Thomas James Homes, as a member of the Board of Commissioners of the Mobile Housing Board. She was sworn in for a five-year term which expired on August 31, 2004. On October 4, 2004 Ms. Lang was re-appointed to the Mobile Housing Board of Commissioners to serve an additional five-year term.

Ms. Lang was nominated for appointment to the Board of Commissioners by the City-Wide Resident Council whose recommendation for submission to the Mayor was approved by the Mobile Housing Board Commissioners.

Assessment of Site-Based Waiting List Development Demographic Changes

A study of the demographics of the Mobile Housing Board's sixteen public housing sites was done using historical and current data. The statistics reflect no marked changes in the racial, ethnic or disability-related tenant composition from the implementation of site-based waiting lists in May 1999.

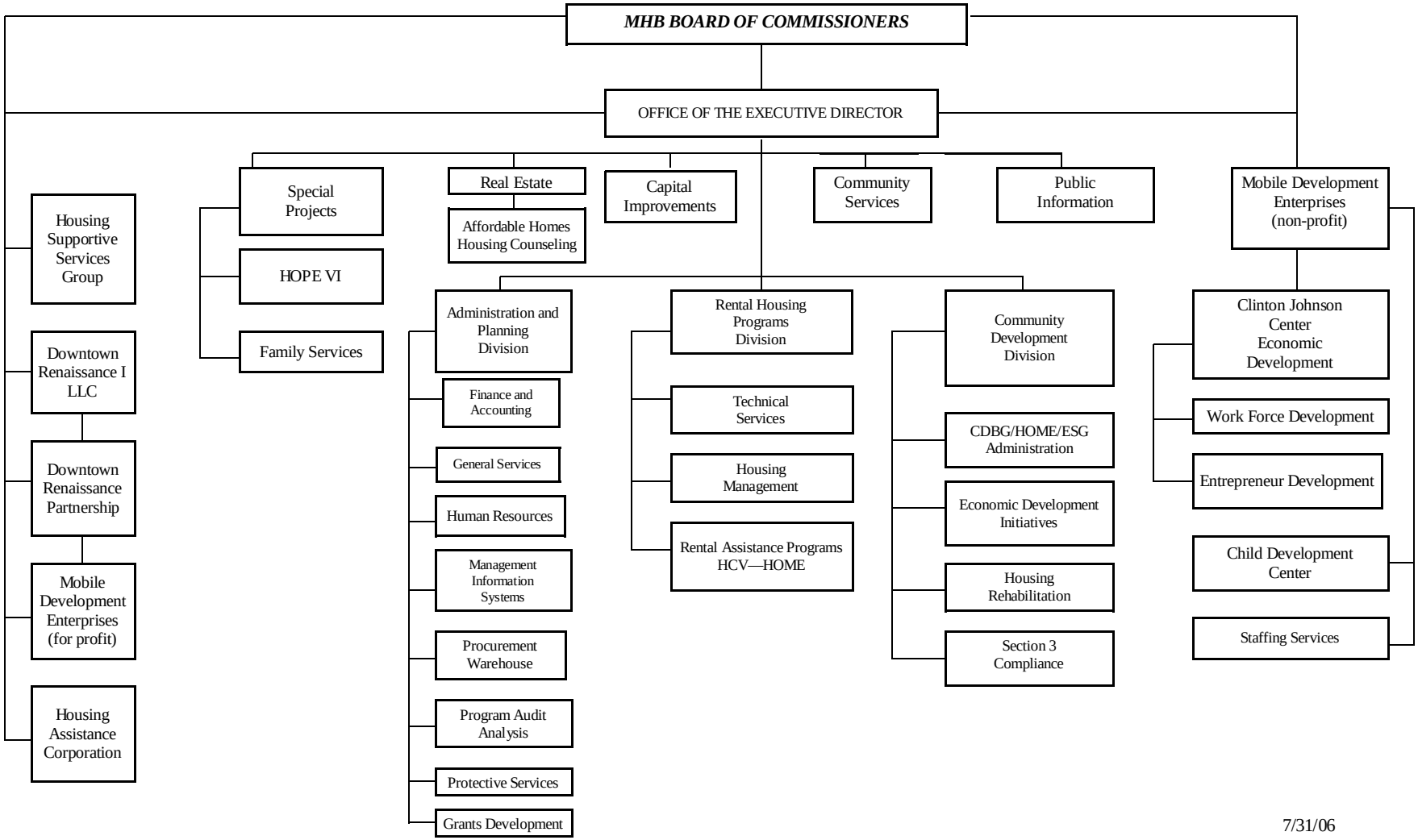
Attachment G

Progress Report

The Mobile Housing Board has implemented various strategies in FY 2005 to accomplish goals and objectives outlined in its 5 Year Plan for the period FY 2005 – 2009.

The following highlights a few accomplishments and actions taken by the Mobile Housing Board to meet goals and objectives of the 5 Year Plan:

- SEMAP Standard Performer for FY 2005 – notification received 2006. Score of 86.
- PHAS Standard Performer for FY 2004 – notification received 2005. Score of 81.
- Renovated/modernized Public Housing units during the Fiscal Year.
- Participated/sponsored Youth Build.
- Continue to assess and update computer hardware and software.
- Secured CDBG and Home Funds.
- Formation of Community Action Groups at various sites.
- Coordinated supportive services which increased independence for our elderly and families with disabilities with Senior Citizens Services, Mobile Area Agency on Aging, United Cerebral Palsy of Mobile and other service oriented organizations.
- Combined resources with external partners to advance common goals. For example: Boys & Girls Scouts, Boys & Girls Clubs, MLK Redevelopment Corporation, Catholic Social Services, etc.
- Our position as the leader in the housing industry in Mobile continues to be established and is evidenced by the referrals we receive from "Apartment Finders", HUD in Birmingham, the Department of Human Resources, Catholic Social Services, Congressmen, Mayor's Office, Salvation Army, Salvation Army Women's and Children's Shelter, Penelope House, Sybil Smith Village, etc.
- The Agency continues to improve the "package" that is offered to our applicants/residents by including services other than housing.
- High degree of resident involvement and input in the planning/development stage of MHB organizations via communication with the City-Wide Resident Council and the individual Resident Associations for each site.
- Completed another very successful Summer Work Experience Training Program (SWEET-P).
- Mobile Housing Board's (MHB) Rental Housing Programs are marketed through participation in numerous local trade shows, conferences, health/wellness fairs and on-site visits. The MHB utilizes a multi-media display including oral presentation, videos, photos, printed materials, and personal contact.
- Preliminary Applications and informational brochures are continuously available at all MHB Public Housing Site Offices, Central Office and in the Leasing & Marketing Department.
- Marketing staff calls on area agencies/businesses and provides them with promotional and application materials for continuous display. These sites include: Department of Human Resources, Food Stamp Office, Health Department Clinics, Health Care for the Homeless, Franklin Primary Health Centers, 15 Place Day Center for the Homeless, Senior Citizens' Services, the Salvation Army, Wings of Life, Interfaith Hospitality Network, area churches, physicians' offices, and other locations.
- New brochures for high vacancy areas were created and distributed.
- Participation in "Cumulus Cares", a group of non-profits who meet to discuss, promote and support the programs and events of fellow members. Cumulus Broadcasting sponsors the group and provides cost-free promotion of events.
- Central Plaza Towers – (regular on-site visits).
- Central Plaza Towers Annual Stroll & Roll and Harvest Fest.
- Mobile County/City Day (over 5,000 attendees) – Display MHB programs and provided pamphlets, applications for housing program, various literature on MHB programs – May 2006.
- Hoop It Up – youth sports.
- Increased marketing efforts via media (radio, TV).
- 14 homes purchased by HSS 1st HOME graduates.
- Voters Registration Drives.


MHB BOARD OF COMMISSIONERS
OFFICE OF THE EXECUTIVE DIRECTOR
Housing Supportive Services Group
Downtown Renaissance I LLC
Downtown Renaissance Partnership
Mobile Development Enterprises (for profit)
Housing Assistance Corporation
Special Projects
HOPE VI
Family Services
Real Estate
Affordable Homes Housing Counseling
Capital Improvements
Community Services
Public Information
Mobile Development Enterprises (non-profit)
Administration and Planning Division
Finance and Accounting
General Services
Human Resources
Management Information Systems
Procurement Warehouse
Program Audit Analysis
Protective Services
Grants Development
Rental Housing Programs Division
Technical Services
Housing Management
Rental Assistance Programs HCV—HOME
Community Development Division
CDBG/HOME/ESG Administration
Economic Development Initiatives
Housing Rehabilitation
Section 3 Compliance
Clinton Johnson Center Economic Development
Work Force Development
Entrepreneur Development
Child Development Center
Staffing Services

7/31/06

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

PHA Name: **Mobile Housing Board**				☒ **Original 5-Year Plan** ☐ **Revision No:**	
Development Number/Name	Year 1 **2007**	Work Statement for Year 2 FFY Grant: **2008**	Work Statement for Year 3 FFY Grant: **2009**	Work Statement for Year 4 FFY Grant: **2010**	Work Statement for Year 5 FFY Grant: **2011**
AL 2-03 Roger Williams Homes	See	1,260,309		450,000	868,692
AL 2-05 Thomas James Place	Annual		779,038		243,000
AL 2-10 RV Taylor Homes	Statement			814,600	
AL 2-11 Thomas James Place			115,413		36,000
AL 2-14 Thomas James Place			368,680		114,000
B. Physical Improvements Subtotal		1,260,308.94	1,263,131.09	1,264,600.34	1,262,691.63
C. Management Improvements		1,305,891.00	1,305,891.00	1,305,891.00	1,305,891.00
D. HA-Wide Non-dwelling Structures					
E. Administration		652,945.00	652,945.00	652,945.00	652,945.00
F. Others - Debt Service		2,004,421.06	2,001,598.91	2,000,129.66	2,002,038.37
G. Operations		1,305,891.00	1,305,891.00	1,305,891.00	1,305,891.00
H. Demolition					
I. Replacement Reserve					
J. Mod. Used for Development					
K. Total CFP Funds		6,529,457.00	6,529,457.00	6,529,457.00	6,529,457.00
L. Total Non-CFP Funds					
M. Grand Total					

Signature of Executive Director and Date	Signature of Public Housing Director/Office of Native American Programs Administrator and Date

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Management Needs Work Statements

Activities for Year 1 2007	Activities for Year: 2 FFY Grant: 2008			Activities for Year: 3 FFY Grant: 2009		
	Development Name/Number	**Quantity**	**Estimated Cost**	**Development Name/Number**	**Quantity**	**Estimated Cost**
See						
	Provide Technical Assistance Management		20,000	Provide technical Assistance Management		20,000
Annual	Consultant			Consultant		
Statement	Provide Staff Training		40,000	Provide Staff Training		40,000
	Strategic Planning		12,413	Strategic Planning		12,413
	Provide Computer Upgrades and equipment		120,000	Provide Computer Upgrades and equipment		120,000
	Marketing and Advertising Campaign		25,000	Marketing and Advertisement Campaign		25,000
	Summer Youth Employment Program		60,000	Summer Youth Employment Program		60,000
	Supportive Salary Prorations of new		756,234	Supportive Salary Prorations of new		756,234
	Positions and Unit Marketability Personnel			Positions and Unit Marketability Personnel		
	Employee Benefits Contribution		272,244	Employee Benefits Contribution		272,244
	Subtotal Estimated Cost		**1,305,891**	**Subtotal Estimated Cost**		**1,305,891**

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Management Needs Work Statements

Activities for Year 1 2007	Activities for Year: 4 FFY Grant: 2010			Activities for Year: 5 FFY Grant: 2011		
	Development Name/Number	**Quantity**	**Estimated Cost**	**Development Name/Number**	**Quantity**	**Estimated Cost**
See						
	Provide Technical Assistance Management		20,000	Provide technical Assistance Management		20,000
Annual	Consultant			Consultant		
Statement	Provide Staff Training		40,000	Provide Staff Training		40,000
	Strategic Planning		12,413	Strategic Planning		12,413
	Provide Computer Upgrades and equipment		120,000	Provide Computer Upgrades and equipment		120,000
	Marketing and Advertisement Campaign		25,000	Marketing and Advertisement Campaign		25,000
	Summer Youth Employment Program		60,000	Summer Youth Employment Program		25,000
	Supportive Salary Prorations of new		756,234	Supportive Salary Prorations of new		756,234
	Positions and Unit Marketability Personnel			Positions and Unit Marketability Personnel		
	Employee Benefits Contribution		272,244	Employee Benefits Contribution		272,244
		Subtotal Estimated Cost	**1,305,891**		**Subtotal Estimated Cost**	**1,305,891**

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Management Needs Work Statements

Activities for Year 1 2007	Activities for Year: 2 FFY Grant: 2008			Activities for Year: 3 FFY Grant: 2009		
	Development Name/Number	**Quantity**	**Estimated Cost**	**Development Name/Number**	**Quantity**	**Estimated Cost**
See						
	AL 2-03 Roger Williams Homes			**AL 2-05 Thomas James Place**		
Annual	Installation of Doors/Windows & ADA			Installation of Doors/Windows & ADA		
	Of 450 Dwelling Units @ 2,801 per unit		1,260,309	Of 243 Dwelling Units @ 3,206 per unit		779,038
Statement						
				AL 2-11 Thomas James Place		
				Installation of Doors/Windows & ADA		
				Of 36 Dwelling Units @ 3,206 per unit		115,413
				AL 2-14 Thomas James Place		
				Installation of Doors/Windows & ADA		
				Of 115 Dwelling Units @ 3,206 per unit		368,680
	Subtotal of Estimated Cost		**1,260,309**	**Subtotal of Estimated Cost**		**1,263,131**

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Management Needs Work Statements

Activities for Year 1 2007	Activities for Year: 4 FFY Grant: 2010			Activities for Year: 5 FFY Grant: 2011		
	Development Name/Number	**Quantity**	**Estimated Cost**	**Development Name/Number**	**Quantity**	**Estimated Cost**
See						
Annual	**AL 2-03 Roger Williams Homes**			**AL 2-03 Roger Williams Homes**		
	Installation of Cabinets			Installation of Flooring		
Statement	Of 450 Dwelling Units @ 1,000 per unit		450,000	Of 450 Dwelling Units @ 1,930 per unit		868,692
	AL 2-10 RV Taylor Homes			**AL 2-05 Thomas James Place**		
	Installation of Doors/Windows & ADA			Installation of Cabinets		
	Of 181 Dwelling Units @ 4,501 per unit		814,600	Of 243 Dwelling Units @ 1,000 per unit		243,000
				AL 2-11 Thomas James Place		
				Installation of Cabinets		
				Of 36 Dwelling Units @ 1,000 per unit		36,000
				AL 2-14 Thomas James Place		
				Installation of Cabinets		
				Of 115 Dwelling Units @ 1,000 per unit		115,000
	Subtotal of Estimated Cost		**1,264,600**	**Subtotal of Estimated Cost**		**1,262,692**

Annual Lead-Based Paint (LBP) Activity Report

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

OMB Approval No. 2577-0090 (Exp. 09/30/2006)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.
The Lead-Based Paint Poisoning Prevention Act, (42 U.S.C. 4821-4846) requires Housing Agencies to randomly sample their pre-1978 developments for the presence of Lead-Based Paint. Congress directed HUD to establish an adequate management information system for measuring and reporting HAs use of funds designated for lead paint testing and abatement. The information will be used by HUD to ensure statutory and regulatory compliance with the Act, to respond to Congressional inquiries and to monitor HAs' LBP activities. Responses to the collection of information are mandatory. The information requested does not lend itself to confidentiality.

Name of Housing Authority	Housing Authority Code
Mobile Housing Board	AL002

(Enter data for up to ten separate developments below – For additional developments, if needed, use the form on the back)
Reporting Period From (mm/dd/yyyy) 1 / 1 / 05 To 12 / 31 / 05

Development Code with Suffix	2-1	2-2	2-3	2-4	2-5
Total number of family units	100	298	452	407	255
EBLs					
(1) Number of children identified with an EBL	0	0	0	0	0
(2) Number of units with EBLs	0	0	0	0	0
(3) Average number of days to perform testing	0	0	0	0	0
(4) Number of times EBL resulted in abatement or relocation	0	0	0	0	0
Testing					
(5) Number of units actually tested		27			
(6) Number of tested units with LBP hazards		27			
(7) Total amount of all funds expended for testing		$35,990.94			
(8) Total amount of MOD funds expended for testing		$35,990.94			
Abatement					
(9) Number of units planned to be abated		27			
(10) Number of units actually abated		27			
(11) Total amount of all funds expended for abatement		$17,726.88			
(12) Total amount of MOD funds expended for abatement		$17,726.88			

Development Code with Suffix	2-6	2-8	2-9	2-10	2-11
Total number of family units	199	292	380	450	412
EBLs					
(1) Number of children identified with an EBL	0	0	0	0	0
(2) Number of units with EBLs	0	0	0	0	0
(3) Average number of days to perform testing	0	0	0	0	0
(4) Number of times EBL resulted in abatement or relocation	0	0	0	0	0
Testing					
(5) Number of units actually tested	32				
(6) Number of tested units with LBP hazards	32				
(7) Total amount of all funds expended for testing	$16,981.76				
(8) Total amount of MOD funds expended for testing	$16,981.76				
Abatement					
(9) Number of units planned to be abated	32				
(10) Number of units actually abated	32				
(11) Total amount of all funds expended for abatement	$1,600.00				
(12) Total amount of MOD funds expended for abatement	$1,600.00				

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (**18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)**

Executive Director of PHA (Signature and Date)

X

Note: If the Housing Authority has performed any LBP activities and incurred any cost related to acquisition under the development program, provide the above information on a separate activity report form. **Previous edition is obsolete**

form HUD-52850 (8/97)
ref. Handbook 7487.1

***Testing performed by the Mobile County Health Department**

Development Code with Suffix	2-14	2-17	2-12	2-13	2-15	2-16
Total number of family units	115	14	350	94	122	122
EBLs						
(1) Number of children identified with an EBL	0	0	0	0	0	0
(2) Number of units with EBLs	0	0	0	0	0	0
(3) Average number of days to perform testing	0	0	0	0	0	0
(4) Number of times EBL resulted in abatement or relocation	0	0	0	0	0	0
Testing						
(5) Number of units actually tested						
(6) Number of tested units with LBP hazards						
(7) Total amount of all funds expended for testing						
(8) Total amount of MOD funds expended for testing						
Abatement						
(9) Number of units planned to be abated						
(10) Number of units actually abated						
(11) Total amount of all funds expended for abatement						
(12) Total amount of MOD funds expended for abatement						

Instructions For Completing The Annual LBP Activity Report

The following requested data should be provided on an **annual basis** based on the HA's Fiscal Year. Reports shall be sent to the local HUD Field Office and are due 30 days after the end of the HA's Fiscal Year.

The following information is to be submitted on **each development** engaged in LBP activities during this reporting period.

Header: Enter the Development Code and Suffix (where applicable) for each development engaged in LBP activities during this reporting
period.

Total Family Units in Development: Enter the total number of family units within each development engaged in LBP activities during this reporting period.

EBLs:

1. Enter the number of children identified by the health community as having an elevated blood lead (EBL) level. If a parent informs the HA that their child has an EBL, the HA should confirm this with the child's physician, nurse, or health care facility.
2. Enter the number of HA units associated with resident children identified as having an EBL.
3. Enter the average number of days to test a unit.
4. Enter the number of times an EBL resulted in relocation of the family or abatement of the unit.

Testing:

5. Enter the number of pre-1978 family units that were actually tested for LBP hazards during this reporting period.
6. Enter the number of units which were tested during this reporting period which were found to contain LBP hazards. This number represents either:

abatement (i.e., there are 100 units in the development, of which 51 were tested, and 51 of those tested contain a LBP hazard; therefore, all 100 units in the development are considered to contain LBP hazards). Therefore, the number to be recorded on line 12 should be 100 units; or

(b) the total number of units randomly sampled is 51 units out of 100; however, 100 units are eventually sampled (tested); of the 100 tested, only 40 are found to contain LBP hazards. Therefore, the number to be recorded on line 12 should be 40 units.

7. Enter the total amount of funds expended for LBP random sampling during this reporting period.
8. Enter the total amount of MOD (CIAP and/or CGP) funds expended for LBP random sampling this reporting period. This amount may be less than or equal to the amount on line 7.

Abatement:

9. Enter the number of units planned to be abated during this reporting period.
10. Enter the number of units actually abated during this reporting period.
11. Enter the total amount of funds expended for abatement this reporting period.
12. Enter to total amount of MOD funds expended during this reporting period. This amount may be less than or equal to the amount on line 11.

Note: If the Housing Authority has performed any LBP activities and incurred any cost related to acquisition under the development program, provide the above information on a separate activity report form. **Previous edition is obsolete**

Annual Lead-Based Paint (LBP) Activity Report

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

OMB Approval No. 2577-0090 (Exp. 09/30/2006)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.
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Name of Housing Authority	Housing Authority Code
Mobile Housing Board	AL002

(Enter data for up to ten separate developments below – For additional developments, if needed, use the form on the back)
Reporting Period From (mm/dd/yyyy) 1 / 1 / 06 To 9 / 30 / 06

Development Code with Suffix	2-1	2-2	2-3	2-4	2-5
Total number of family units	100	298	452	407	255
EBLs					
(1) Number of children identified with an EBL	0	0	0	0	0
(2) Number of units with EBLs	0	0	0	0	0
(3) Average number of days to perform testing	0	0	0	0	0
(4) Number of times EBL resulted in abatement or relocation	0	0	0	0	0
Testing					
(5) Number of units actually tested	0	33	0	0	0
(6) Number of tested units with LBP hazards	0	33	0	0	0
(7) Total amount of all funds expended for testing	0	$36,496.24	0	0	0
(8) Total amount of MOD funds expended for testing	0	$36,496.24	0	0	0
Abatement					
(9) Number of units planned to be abated	0	33	0	0	0
(10) Number of units actually abated	0	33	0	0	0
(11) Total amount of all funds expended for abatement	0	$17,975.76	0	0	0
(12) Total amount of MOD funds expended for abatement	0	$17,975.76	0	0	0

Development Code with Suffix	2-6	2-8	2-9	2-10	2-11
Total number of family units	199	292	380	450	412
EBLs					
(1) Number of children identified with an EBL	0	0	0	0	0
(2) Number of units with EBLs	0	0	0	0	0
(3) Average number of days to perform testing	0	0	0	0	0
(4) Number of times EBL resulted in abatement or relocation	0	0	0	0	0
Testing					
(5) Number of units actually tested	13	0	0	0	0
(6) Number of tested units with LBP hazards	13	0	0	0	0
(7) Total amount of all funds expended for testing	$5,057.16	0	0	0	0
(8) Total amount of MOD funds expended for testing	$5,057.16	0	0	0	0
Abatement					
(9) Number of units planned to be abated	13	0	0	0	0
(10) Number of units actually abated	13	0	0	0	0
(11) Total amount of all funds expended for abatement	$2,490.84	0	0	0	0
(12) Total amount of MOD funds expended for abatement	$2,490.84	0	0	0	0

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
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Executive Director of PHA (Signature and Date)

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form HUD-52850 (8/97)
ref. Handbook 7487.1

***Testing performed by the Mobile County Health Department**

Development Code with Suffix	2-14	2-17	2-12	2-13	2-15	2-16
Total number of family units	115	14	350	94	122	122
EBLs						
(1) Number of children identified with an EBL	0	0	0	0	0	0
(2) Number of units with EBLs	0	0	0	0	0	0
(3) Average number of days to perform testing	0	0	0	0	0	0
(4) Number of times EBL resulted in abatement or relocation	0	0	0	0	0	0
Testing						
(5) Number of units actually tested	0	0	0	0	0	0
(6) Number of tested units with LBP hazards	0	0	0	0	0	0
(7) Total amount of all funds expended for testing	0	0	0	0	0	0
(8) Total amount of MOD funds expended for testing	0	0	0	0	0	0
Abatement						
(9) Number of units planned to be abated	0	0	0	0	0	0
(10) Number of units actually abated	0	0	0	0	0	0
(11) Total amount of all funds expended for abatement	0	0	0	0	0	0
(12) Total amount of MOD funds expended for abatement	0	0	0	0	0	0

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2. Enter the number of HA units associated with resident children identified as having an EBL.
3. Enter the average number of days to test a unit.
4. Enter the number of times an EBL resulted in relocation of the family or abatement of the unit.

Testing:

5. Enter the number of pre-1978 family units that were actually tested for LBP hazards during this reporting period.
6. Enter the number of units which were tested during this reporting period which were found to contain LBP hazards. This number represents either:

(a)the total number of units randomly sampled and found to contain LBP hazards represents the total number of units in the development and therefore all units in the development require abatement (i.e., there are 100 units in the development, of which 51 were tested, and 51 of those tested contain a LBP hazard; therefore, all 100 units in the development are considered to contain LBP hazards). Therefore, the number to be recorded on line 12 should be 100 units; or

(b) the total number of units randomly sampled is 51 units out of 100; however, 100 units are eventually sampled (tested); of the 100 tested, only 40 are found to contain LBP hazards. Therefore, the number to be recorded on line 12 should be 40 units.

7. Enter the total amount of funds expended for LBP random sampling during this reporting period.
8. Enter the total amount of MOD (CIAP and/or CGP) funds expended for LBP random sampling this reporting period. This amount may be less than or equal to the amount on line 7.

Abatement:

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10. Enter the number of units actually abated during this reporting period.
11. Enter the total amount of funds expended for abatement this reporting period.
12. Enter to total amount of MOD funds expended during this reporting period. This amount may be less than or equal to the amount on line 11.

Note: If the Housing Authority has performed any LBP activities and incurred any cost related to acquisition under the development program, provide the above information on a separate activity report form. **Previous edition is obsolete**

MOBILE HOUSING BOARD
FY 2007 ANNUAL PLAN COMMENT SHEET

NAME Glender Montgomery **DATE** September 24, 2006
ADDRESS 608 A Herman Drive
PHONE # (251) 452-3069

PLEASE PRINT ALL COMMENTS

Many of the concerned residents who attended the monthly meeting of the Josephine Allen Tenants' Association on Thursday, September 14, 2006 are long time residents of Josephine Allen Homes.

They may have seemed antagonistic because they have seen the turbulence of the community. Many years of negative stigmatism, which includes drug related crimes, domestic violence (most of these incidents were created by outsiders), and a lack of concern from previous housing administration, city officials, the police department and each other.

So many times plans have been implemented orally and on paper but never came to fruition for the Josephine Allen Homes residents. Therefore, the residents have become very defensive and have developed the mentality that "nothing has happened and nothing will happen".

Our community has grown far beyond expectations. We desire the same amenities that all tenants desire and we hope in the future to be able to have accommodations in our community for individual parking bays, fenced in yards for privacy, garbage disposals and a place for keeping the large garbage containers, tot lots throughout the development, and a major upgrade of our activity area, the "Big Field".

Also, our residents can play a vital role in the changes for the Josephine Allen Homes Community for there are many of them gifted with talents and skills, that can be used doing the rehabilitation and make ready process.

We are sincerely elated to be informed of the major changes scheduled for our homes. It will be the needed uplift to many of our spirits and will encourage us to be better tenants. Pride is a part of everyone's character, so make us prouder of our homes, surroundings and our landlord – the Mobile Housing Board.

We, the residents, are entrusting our faith and our future plans in Mobile Housing Board's hands to create a better tomorrow for us, the residents of Josephine Allen Homes.

MOBILE HOUSING BOARD
FY 2007 ANNUAL PLAN COMMENT SHEET

NAME Rosie McKeel **DATE** September 18, 2006
ADDRESS 302 Bayshore Avenue # 614
PHONE # (251) 478-4024

PLEASE PRINT ALL COMMENTS

302 Building
Would like a washer and dryer installed on either the 6th or 7th floors of the building. Currently washers and dryers on the 5th and 8th floors.

Assisted Living Facility Kitchen
Would like to see that opened ASAP with full meals provided 3 times a day.