

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 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: Lee County Housing Authority

PHA Number: FL-128

PHA Fiscal Year Beginning: 10/2007

PHA Programs Administered:

Public Housing and Section 8
 Section 8 Only
 Public Housing Only
 Number of public housing units: Number of S8 units: Number of public housing units:
 Number of S8 units:

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

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

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

A. Mission

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

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

B. Goals

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

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

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

- PHA Goal: Improve the quality of assisted housing
 - Objectives:
 - Improve public housing management: (PHAS score) 77%
 - Improve voucher management: (SEMAP score) 74%
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)

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

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

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

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

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

Objectives:

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

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

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

Other PHA Goals and Objectives:

STATEMENT OF PROGRESS

LCHA has made the following progress with its Capital Improvements, PHA-Wide within the previous 5-Year Annual Plan submission:

On-Going:

Tub Enclosures
Appliance Replacement
Electrical Upgrades
Plumbing Upgrades
Bath Vanities
Kitchen Cabinets
Exterior Door Replacement
Hurricane Preparedness

Completed:

Exterior Painting
Dwelling Address Numbers
Wood Rot/Soffits/Gutters
Vinyl Siding
Roof Replacement
Street Drainage
Retention Pond Fence
Community Center Upgrade
Generator in Community Center (Hurricane)

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

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

LCHA has successfully received a Section 8 Housing Choice Voucher Grant for an FSS Coordinator. Also, this PHA has applied for a Public Housing FSS Coordinator grant. One of the major initiatives is to provide homeownership opportunities, upward mobility, and self-sufficiency programs for residents of its Public Housing and Section 8 Housing Choice Voucher programs.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration
- FY 2005 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members
- List of Resident Board Member
- Community Service Description of Implementation
- Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

Optional Attachments:

- PHA Management Organizational Chart
- FY 2005 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
Lee County Consolidated Plan, Strategic Plan for Housing (4 Pgs.)
LCHA Organizational Chart

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	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	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.	
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
	Section 8 informal review and hearing procedures	Annual Plan: Grievance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
X	<input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> 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
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

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	5,855	5	3	4	5	4	3
Income >30% but <=50% of AMI	6,719	5	3	4	4	3	3
Income >50% but <80% of AMI	10,626	4	3	3	3	3	3
Elderly	31,557						
Families with Disabilities	43,615						
Race/Ethnicity-W N/H	69,119						
Race/Ethnicity – B	5,400						
Race/Ethnicity - H	3,305						
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: 06
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	262		
Extremely low income <=30% AMI	187	71.90%	
Very low income (>30% but <=50% AMI)	59	22.69%	
Low income (>50% but <80% AMI)	14	5.38%	
Families with children			
Elderly families	32		
Families with Disabilities	52		
Race/ethnicity			
Race/ethnicity			
Race/ethnicity – H	93		
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	92		
2 BR	96		
3 BR	61		
4 BR	14		
5 BR			

Housing Needs of Families on the Waiting List			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	97		
Extremely low income <=30% AMI	60	61.85%	
Very low income (>30% but <=50% AMI)	28	28.86%	
Low income (>50% but <80% AMI)	9	9.27%	
Families with children			
Elderly families	10		
Families with Disabilities	14		
Race/ethnicity			
Race/ethnicity			
Race/ethnicity - H	33		
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 1 Yr. Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	65,228	
b) Public Housing Capital Fund	221,163.00	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	381,685	
4. Other income (list below)		
4. Non-federal sources (list below)		
Total resources	668,076	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit:
- When families are within a certain time of being offered a unit:

- Within 2-weeks
 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?0

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

3. Yes No: May families be on more than one list simultaneously

If yes, how many lists?

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

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

(3) Assignment

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

- One
- Two
- Three or More

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

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

X Date and Time

Former Federal preferences:

- 1 Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
- 1 Victims of domestic violence
- 1 Substandard housing
- 1 Homelessness
- 2 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:

g. Based on the results of the required analysis, in which developments will the PHA make special efforts to assure access for lower-income families? (select all that apply)

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
 - Criminal and drug-related activity, more extensively than required by law or regulation
 - More general screening than criminal and drug-related activity (list factors below)
 - Other (list below)
- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
 - Other (describe below)

(2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
 - Federal public housing
 - Federal moderate rehabilitation
 - Federal project-based certificate program
 - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
 - Other (list below)

(3) Search Time

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

If yes, state circumstances below:

(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.

X Date and Time

Former Federal preferences

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

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member
- For increases in earned income
- Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

- Yes for all developments
- Yes but only for some developments
- No

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

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

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

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

f. Rent re-determinations:

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

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

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

(2) Flat Rents

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

- The section 8 rent reasonableness study of comparable housing

- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

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

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

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

- Annually

Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached.
 A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	140	
Section 8 Vouchers	211	
Section 8 Certificates		

Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

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

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

- Pet Policy
- Maintenance Policy
- Public Housing FSS Policy
- Admissions & Occupancy Policy
- Grievance Policy
- Homeownership Policy
- Hazardous Material Policy
- Deconcentration Policy
- Resident Council Board Policy
- Natural Disaster Policy
- Capital Improvement Policy & Plan
- Compliance w/Civil Rights Requirements
- Pest, Infestation, & Control Policy
- Operations & Management Policy & Plan
- Community Service & Self-Sufficiency Policy
- Safety, Fire, & Crime Prevention Policy

(2) Section 8 Management: (list below)

- Section 8 Admissions & Occupancy Policy
- Family Self-Sufficiency Policy & Plan

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

Grievance Policy: Right to a Hearing
 Procedures Prior to a Hearing
 Procedures to Obtain a Hearing
 Procedures Governing the Hearing
 Decision of a Hearing Officer
 Appeal Process

A. Public Housing

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

If yes, list additions to federal requirements below:

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

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
- Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) FL14P12850107

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name) Five-Year Action Plan, HUD-52834

-or-

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

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

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)

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

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>	
3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>	
5. Number of units affected:	
6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development	
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:	

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

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

10. Conversion of Public Housing to Tenant-Based Assistance

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? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:)

- Units addressed in a pending or approved HOPE VI Revitalization Plan
(date submitted or approved:)
- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. Yes 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: 1b. Development (project) number:
2. Federal Program authority: <input type="checkbox"/> HOPE I <input type="checkbox"/> 5(h) <input type="checkbox"/> Turnkey III <input type="checkbox"/> Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) <input type="checkbox"/> Approved; included in the PHA’s Homeownership Plan/Program <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission:
5. Number of units affected: 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

Yes No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

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

(2) Family Self Sufficiency program/s

a. Participation Description

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

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

Barrett Park
Pine Echo I, II

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)

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

Barrett Park
Pine Echo I, II

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)

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

Barrett Park
Pine Echo I, II

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. 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? N/A
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. Yes No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock, including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan? **NOTE: LCHA SMALL PHA – Not Required.**
2. What types of asset management activities will the PHA undertake? (select all that apply)
 - Not applicable
 - Private management
 - Development-based accounting
 - Comprehensive stock assessment
 - Other: (list below)
3. Yes No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

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

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
 Attached at Attachment (File name)
 Provided below:
Expressed needs for the following:
Physical Improvements
Additional Lighting, fencing
Beautification
Resident & Elderly Programs
Educational, ESOL Programs
Youth Programs

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

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

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

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

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

b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

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

- 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)
 - Educational Programs
 - Family Self-Sufficiency Programs
 - Homeownership Classes
- Other: (list below)

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

Additional Housing
Addressing Barriers to Affordable Housing
Family-Self-Sufficiency & Home Ownership Opportunities

D. Other Information Required by HUD

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

Attachments

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

ATTACHMENTS:	<u>Pg. No.:</u>
1. Lee County SW Florida Consolidated Plan: Need - Strategic Plan for Housing ...	44-49
2. PHA Plan – Table Library, Component 7... Capital Fund Program Annual Statement, Parts I, II and III...	50-58
3. LCHA Admissions Policy for Deconcentration...	59
4. List of Resident Board Member(s)...	60
5. LCHA Pet Policy...	61
6. Five-Year Action Plan, Parts I, II, III - HUD-52834 FFY-2007-20011...	62-65
7. Annual Statement P&E Report, Parts I, II, III – HUD-52837 Comp. Grant No.: FL14P12850107 – FY-2007...	66-68
8. Annual Statement P&E Report, Parts I, II, III – HUD-52837 Comp. Grant No.: FL14P12850106 – FY-2006...	67-69
9. Annual Statement P&E Report, Parts I, II, III – HUD-52837 Comp. Grant No.: FL14P12850105 – FY-2005...	70-72
10. Annual Statement P&E Report, Parts I, II, III – HUD-52837 Comp. Grant No.: FL14P12850104 – FY-2004...	73-75
11. Annual Statement P&E Report, Parts I, II, III – HUD-52837 Comp. Grant No.: FL14P12850103 – FY-2003...	76-78
12. Standard PHA Plan – PHA Certifications of Compliance Board Resolution, HUD-50077...	79-80
13. Lee County Housing Authority – Organizational Chart...	81
14. Lee County – Certification of Consistency w/Consolidated Plan...	82
15. Disclosure of Lobbying Activities – SF-LLL...	83
16. Certification of Payments to Influence Fed. Transactions-HUD-50071...	84
17. Certification for a Drug-Free Workplace – HUD-50070...	85



LEE COUNTY

SOUTHWEST FLORIDA

CONSOLIDATED PLAN

FIVE YEAR STRATEGIC PLAN

HUD FY 2003-2007

Community Development Block Grant (CDBG)
HOME Investment Partnerships Program (HOME)
Emergency Shelter Grant (ESG)

U.S. Department of Housing and Urban Development

Lee County Board of County Commissioners
Department of Human Services

Ray Judah, Chairman, Board of County Commissioners

Donald D. Stilwell, County Manager

Holly Schwartz, Assistant County Manager

Karen B. Hawes, Director, Department of Human Services

Richard Faris, Senior Planner, Department of Human Services

Prepared in conjunction with the:

Lee County Community Action Agency/Neighborhood District Committee

Submitted in conjunction with the

LEE COUNTY ONE YEAR ACTION PLAN • HUD FY 2003

Submission Date - August 5, 2003

hud

5.1.1 Need

ATTACHMENT #1

cost-burdened households are found in all household types...

Figure 32: **Cost-Burdened Households - White (Non Hispanic) Households**

Lee County, FL 2002 CHAS Table 1C – Cost-Burdened White Non-Hispanic Households									
Household by Type, Income	Renters					Owners			Total Households
	Elderly	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly	All Other Owners	Total Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Very Low Income									
0 to 30% MFI	1,508	1,048	241	1,184	3,981	4,276	1,966	6,242	10,223
31 to 50% MFI	2,167	1,580	545	1,262	5,554	7,105	2,451	9,556	15,110
Other Low-Income (51 to 80% MFI)	2,219	3,651	748	3,196	9,814	12,155	6,510	18,665	28,479
Moderate Income (81 to 95% MFI)	920	1,985	406	1,644	4,955	5,997	4,353	10,350	15,305
Total Households**	9,859	18,744	2,907	14,339	45,849	59,297	57,326	116,623	162,472

CHAS. Comprehensive Housing Affordability Survey Tables compiled by HUD from U.S. Census data.
 The change in the number of households in this jurisdiction from 1990 to 2002 is estimated at +26.46%.
 The renter occupied households in 2002 is estimated at 28.22% of all occupied units. The owner occupied households in 2002 is estimated at 71.78% of all occupied units.
 The change in elderly is estimated to be +0.80% from 1990 to 2002.
 ** Includes all income groups -- including those above 95% MFI
 Housing problems and cost burden data is not available for the year 2002
 "MFI": area Median Family Income

5.1.1 Need

Figure 33: **Cost-Burdened Households - Black (Non Hispanic) Households**

Lee County, FL 2002 CHAS Table 1C – Cost-Burdened Black Non-Hispanic Households									
Household by Type, Income	Renters					Owners			Total Households
	Elderly	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly	All Other Owners	Total Owners	
Very Low Income									
0 to 30% MFI	141	425	193	90	849	299	541	840	1,689
31 to 50% MFI	26	193	68	129	416	259	444	703	1,119
Other Low-Income (51 to 80% MFI)	23	240	90	114	467	283	888	1,171	1,638
Moderate Income (81 to 95% MFI)	10	87	25	42	164	114	676	790	954
Total Households**	204	1,197	428	483	2,312	1,247	4,635	5,882	8,194

Figure 34: Cost-Burdened Households - Hispanic Households

Lee County, FL 2002 CHAS Table 1C – Cost-Burdened White Non-Hispanic Households									
Household by Type, Income	Renters					Owners			Total Households
	Elderly	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Renters	Elderly	All Other Owners	Total Owners	
	Households								
Very Low Income									
0 to 30% MFI	37	83	56	36	212	49	311	360	572
31 to 50% MFI	35	207	62	55	359	265	326	591	950
Other Low-Income (51 to 80% MFI)									
	6	173	85	93	357	206	638	844	1201
Moderate Income (81 to 95% MFI)									
	10	56	52	32	150	79	353	432	582
Total Households**	107	740	339	330	1,516	833	3,024	3,857	5,373

ATTACHMENT #1

5.1.1 Need

Figure 35: Cost-Burdened Households - All Lee County Households

Lee County, FL 2002 CHAS Table 1C – Cost-Burdened -All Lee County Households									
Household by Type, Income	Renters					Owners			Total Lee County Households
	Elderly	Small Related (2 to 4)	Large Related (5 or more)	All Other Households	Total Lee County Renters	Elderly	All Other Owners	Total Lee County Owners	
	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
Very Low Income									
0 to 30% MFI	1,738	2,056	730	1,331	5,855	4,646	2,591	7,237	13,092
31 to 50% MFI	2,128	2,277	768	1,546	6,719	7,689	3,053	10,742	17,461
Other Low-Income (51 to 80% MFI)	2,080	4,179	1,031	3,336	10,626	12,888	7,757	20,645	31,271
Moderate Income (81 to 95% MFI)	878	2,126	528	1,658	5,190	6,334	5,173	11,507	16,697
Total Households**	9,636	21,260	4,266	14,816	49,978	62,684	64,439	127,123	177,101

5.1.1 Need

In addition other special needs populations have housing as well as treatment needs....

Figure 30: Need –Special Needs Housing Lee County

Category	Est. Special Needs Population	Est. Housing Assistance Need 2002
Mental Illness	28,504 persons	6,176 households with disability and incomes less than 30% MFI
Substance Abuse	33,255 persons	
Developmental Disability	(1,170 in group homes/care facilities)	
Physical Disability	33,224persons (11,639 not employed)	
SSI Households, 2000	6867 households	
HIV/AIDS	1889 persons	58 households
Elderly	74,334 households	38,381 Cost-burdened hhd
Large families-	13,838 households	4,266Cost-burdened hhd
Farm worker family	2191 single persons+ 931 households	1267 beds/694 family units
Assisted Living Facilities	2,321 beds	na
Nursing Homes	2,041 beds	na

¹ 1990 Disabled households with extremely low income apportioned to 2002 population 4,404/335,113 equals 1.3%. At 2002 population 475,073 equals 6,176 extremely low income households with disability

Clarification note:

No significant housing dedicated solely to individuals with HIV/AIDS

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 FL14P12850107 FFY of Grant Approval: 10/2007

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	\$20,000
3	1408 Management Improvements	15,000
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	44,500
8	1440 Site Acquisition	
9	1450 Site Improvement	20,000
10	1460 Dwelling Structures	99,000
11	1465.1 Dwelling Equipment-Nonexpendable	15,000
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)	\$213,500
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	

ATTACHMENT #2

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table
FY-2006

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA-Wide	Operations – Reserve Account	1406	\$20,000
“	Upgrade Computers, Neighborhood Centers	1408	15,000
“	Architect/Engineer Fees & Costs	1430	44,500
“	Resurface roadway, replace concrete sidewalks, parking bumpers, irrigation, grading, fencing, tree removal, sod, etc.	1450	20,000
“	Upgrade ADA Compliance, Upgrade Clubhouse Bathrooms, Repl. Ceramic Tile, 2-Story Air Flow Evaluation to include Mold, Cont’d. Electrical Upgrades, Interior Painting, Plumbing, Windows, etc.	1460	99,000
“	Purchase & Repair Refrigerators/Stoves	1465	15,000

ATTACHMENT #2

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)

ATTACHMENT #2

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	
FL003-004	PHA-Wide	0	0%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date FY-2006
Acct. #1406 – LCHA Reserve Acct.			\$24,500	
Acct. #1408 – Cont'd. Office Equipt. Upgrades, Neighborhood Centers			\$15,000	
Acct. #1430 – Cont'd. Engineering Contract Fees			\$40,000	
Acct. #1450 – Site Improvements – Hurricane Preparedness			\$20,000	
Acct. #1460 – Dwelling Structures – Vinyl Siding, Replace Ext. Doors, etc.			\$99,000	
Acct. #1465 – Dwelling Equipment – Stoves, Refrigerators			\$15,000	
Total estimated cost over next 5 years			\$213,500	

ATTACHMENT #2

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL003-004	PHA-Wide	0	0%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date FY-2005
Acct. #1406 – LCHA Reserve Acct.		\$50,000	
Acct. #1408 – Cont'd. Office Equipt. Upgrades, Neighborhood Centers		\$12,000	
Acct. #1430 – Cont'd. Engineering Contract Fees		\$40,000	
Acct. #1450 – Site Improvements – Hurricane Preparedness		\$25,000	
Acct. #1460 – Dwelling Structures – Vinyl Siding, Replace Ext. Doors, etc.		\$79,163	
Acct. #1465 – Dwelling Equipment – Stoves, Refrigerators		\$15,000	
Total estimated cost over next 5 years		\$221,163	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL003-004	PHA-Wide	0	0%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date FY-2004
Acct. #1406 – LCHA Reserve Acct.		\$50,000	
Acct. #1408 – Cont'd. Office Equipt. Upgrades, Neighborhood Centers		\$15,000	
Acct. #1430 – Cont'd. Engineering Contract Fees		\$40,000	
Acct. #1450 – Site Improvements – Street Signage, Wetland Improvements, Grading, French Drain Improvements, etc.		\$20,000	
Acct. #1460 – Dwelling Structures – Repl. Tubs, Vanities, Kitchen Cabinets		\$90,000	
Acct. #1465 – Dwelling Equipment – Stoves, Refrigerators		\$92,140	
Total estimated cost over next 5 years		\$232,140	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL003-004	PHA-Wide	0	0%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date FY-2004
Acct. #1459 – Dwelling Structures – Cont’d. Roof Replacement, Wood Rot		\$41,900	
Total estimated cost over next 5 years		\$41,900	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
FL003-004	PHA-Wide	0	0%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date FY-2003
Acct. #1406 – LCHA Reserve Acct.		\$20,000	
Acct. #1408 – Cont’d. Office Equipt. Upgrades, Neighborhood Centers		\$10,000	
Acct. #1430 – Cont’d. Engineering Contract Fees		\$25,000	
Acct. #1450 – Site Improvements – Hurricane Preparedness		\$38,380	
Acct. #1460 – Dwelling Structures – Vinyl Siding, Replace Ext. Doors, etc.		\$90,000	
Acct. #1465 – Dwelling Equipment – Stoves, Refrigerators		\$15,000	
Total estimated cost over next 5 years		\$198,380	

ATTACHMENT #2

LCHA Admissions Policy for Deconcentration
FOR
LEE COUNTY HOUSING AUTHORITY

Lee County Housing Authority (LCHA) establishes a policy of deconcentration wherein Public Housing and Section 8 Housing Choice Voucher Program families are provided opportunities to become income diverse. LCHA provides its Public Housing and Section 8 Voucher family's opportunities of deconcentration through collaborative, community-wide efforts reflecting a unified vision for deconcentration of poverty and income mixing. LCHA continues to strive to bring higher income tenants into public housing and encourage lower income residents to relocate into higher income communities. This Deconcentration Policy is consistent with Lee County's Consolidated Plan.

LCHA's Public Housing inventory consists of three existing sites within the township of North Fort Myers, Florida. This township is higher than 30 percent of the medium income of the State of Florida. LCHA's Section 8 Housing Choice Voucher Program families are encouraged to utilize their tenant-based housing vouchers for relocation in neighborhoods that will improve the life opportunities of all family members. Neighborhood data is derived from Census tracts, demographic characteristics, by rents, housing prices, and other opportunities. The neighborhoods higher than 30 percent of the medium income limits (as defined by HUD) are: Cape Coral, North Cape Coral, certain areas of Fort Myers, North Fort Myers, Fort Myers Beach, and Lehigh Acres. Some of the neighborhood characteristics are accessible to superior services, excellent academic schools, presence of adults who can serve as role models, absence of negative influence from peers (including teenagers), social services, public transportation, employment opportunities, and low levels of crime and violence.

LCHA will achieve deconcentration through proven methods of marketing strategies, incentives, mobility counseling programs to Section 8 Voucher families (with more than 1 year participation), mixed-income housing for Public Housing residents, ceiling rents, self-sufficiency programs, job training/education, and Capital Fund Improvements. LCHA's Admissions Policy includes the provisions as mandated by the Quality Housing Work Responsibility Act based on our circumstances and taking into account current tenant population, applicant populations and housing resources. Through these guidelines, LCHA continues to strive to "bring higher income tenants into lower income developments and low income tenants into higher income developments.

"Adopted: July 18, 1999 Revised: June, 2006

ATTACHMENT #3

List of Resident Board Member:

Tracy Kuchman
14120 Warner Circle
North Fort Myers, FL 33903

ATTACHMENT #4

LEE COUNTY HOUSING AUTHORITY

Pet Policy:

It is the policy of Lee County Housing Authority to allow dogs and cats only to be housed in the units of Pine Echo I, Pine Echo II and Barrett Park developments may not house dogs or cats.

The Rules and Regulations of this Pet Policy do not apply to service animals that assist persons with disabilities. The Lee County Housing Authority (LCHA) does not discriminate against pet owners or the potential pet owners in connection with administering Public Housing. The LCHA shall create a Pet Committee consisting of residents within Pine Echo I Development who have a common household pet and those residents not having a common household pet. The Pet Committee shall not be limited to a certain number of members. New members will be selected only when an existing member resigns. LCHA representatives serving on the Pet Committee will be the Executive Director, Assistant Director, and Project Manager.

Definition of a Common Household Pet: For purposes of these rules, a "common household pet" means a domesticated animal, such as a dog, cat, bird, rodent (including a rabbit), or fish, that is traditionally recognized as a companion animal and is kept in the home for pleasure rather than commercial purposes. "Common household pet" does not include reptiles, nor does it include service animals used to assist persons with disabilities.

ATTACHMENT #5

Five-Year Action Plan
Part I: Summary

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

OMB Approval No. 2577-0157
 (exp. 3/31/2010)

Comprehensive Grant Program (CGP)

HA Name Lee County Housing Authority	Locality (City/County & State) N. Fort Myers, Lee, Florida	<input checked="" type="checkbox"/> Original	<input type="checkbox"/> Revision No. _____
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A. Development Number/Name	Work Stmt. for Year 1 FFY <u>2007</u>	Work Statement for Year 2 FFY <u>2008</u>	Work Statement for Year 3 FFY <u>2009</u>	Work Statement for Year 4 FFY <u>2010</u>	Work Statement for Year 5 FFY <u>2011</u>
FL003-004	See Annual Statement	145,317	174,683	206,151	258,497
B. Physical Improvements Subtotal					
C. Management Improvements		25,000	25,000	25,000	25,000
D. HA-Wide Nondwelling Structures and Equipment					
E. Administration					
F. Other Fees & Costs		50,000	55,000	55,000	55,000
G. Operations		55,000	60,000	60,000	60,000
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds					
L. Total Non-CGP Funds					
M. Grand Total		275,317	314,683	346,151	398,497

Signature of Executive Director
Janice Sheppard
 Date: 09-11-07

Signature of Public Housing Director
 Date

Five-Year Action Plan
Part I: Summary (Continuation)
 Comprehensive Grant Program (CGP)

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

A. Development Number/Name	Work Stmt. for Year 1 FFY <u>2007</u>	Work Statement for Year 2 FFY <u>2008</u>	Work Statement for Year 3 FFY <u>2009</u>	Work Statement for Year 4 FFY <u>2010</u>	Work Statement for Year 5 FFY <u>2011</u>
FL003/004 HA-wide		LCHA Reserve Account	LCHA Reserve Account	LCHA Reserve Account	LCHA Reserve Account
" "	See Annual Statement	Upgrade Computers Office Equipment	Upgrade Computers Office Equipment	Upgrade Computers Office Equipment	Upgrade Computer Office Equipment
" "		Architect/Engineer Fees & Costs	Architec/Engineer Fees & Costs	Architect/Engineer Fees & Costs	Architec/Engineer Fees & Costs
" "		Tree Trimming, Cont. Seal 1"-2"	Tree Trimming, Cont. Seal 1"-2"	Tree Trimming, Cont. Seal 1"-2"	Tree Trimming, Cont. Seal 1"-2"
" "		A/C Handlers	A/C Handlers	A/C Handlers	A/C Handlers
" "		Cont.Hurricane Prep. Replace 2nd Floor Deck damage Rept.Int.Flooring	Cont. Hurricane Prep. Handicap Parking Porch Extensions	Cont.Hurricane Prep. Repaint Exterior New & Repair Stoves & Refrig.	Cont. Hurricane Prepar. Asphalt Overlay New & Repair Stove & Refrig.
" "		Increase 503 Complia. by 20% of Units Mold Remediation French Drain	Replumbing & Electric Cont. Mold Remediation Window replacement/ Hurricane Proof Glass Insulation	Cont.Repl. & Electr. Irrigation Syst. Cont. Wind.Replac. Cont. Insulation	Upgrade exterior Light/ Security
" "		Cont.Bath Tubs and Vanities			Administration Office Addition/Remodeling

Five-Year Action Plan
Part II: Supporting Pages
Physical Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY <u>2007</u>	Work Statement for Year <u>2008</u> FFY <u>2009</u>			Work Statement for Year <u>2010</u> FFY <u>2011</u>		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	FL003-004			FL003-004		
	503 Compliance	20%	20,000	Repl.Bath Tub and vanities as needed	80%	20,000
	A/C Handlers	100%	15,000	Cont. A/C Upgrades	75%	25,000
	Windows/Replc.with Hurricane Proof Glass	100%	105,000	Cont. Plumbing & Electric	70%	75,000
	Replumbing & Electric Upgrades	100%	20,000	Repaint Exterior	60%	94,648
	Mold Remediation	100%	20,000	Install Irrigation System	50%	60,000
	Cont. Asphalt Overlay	100%	110,000	Upgrade Exterior Light/Security	100%	20,000
	Handicap Parking	20%	10,000	Administration Office/Addit. & Remodeling		150,000
	Replace & Repair Refr.& Stoves	60%	20,000	Replace & Repair Refr. & Stoves	60%	20,000
Subtotal of Estimated Cost			320,000	Subtotal of Estimated Cost		
				464,648		

Five-Year Action Plan
Part III: Supporting Pages
Management Needs Work Statement(s)
 Comprehensive Grant Program (CGP)

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

Work Statement for Year 1 FFY <u>2007</u>	Work Statement for Year <u>2008</u> FFY <u>2009</u>			Work Statement for Year <u>2010</u> FFY <u>2011</u>		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	FL003-004			FL003-004		
	Upgrade Computers, Office Equip.		20,000	Upgrade Computers, Office Equipm.		25,000
	Architect/Engineer Fees & Costs.		110,000	Architect/Engineer Fees & Costs		110,000
	LCHA Reserve Account		110,000	LCHA Reserse Account		110,000
	Staff Training/to Improv.SEMAP	80%	20,000	Staff Training	80%	22,000
Resident Training	30%	10,000	Resident Training	30%	13,000	
	Subtotal of Estimated Cost		270,000	Subtotal of Estimated Cost		280,000

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157
 (exp. 3/31/2010)

HA Name LEE COUNTY HOUSING AUTHORITY	Comprehensive Grant Number FL14P12850107	FFY of Grant Approval FY-2007
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost ²	
		Original	Revised ¹		Expended	
1	Total Non-CGP Funds					
2	1406 Operations (May not exceed 10% of line 20)	24,500		24,500		-0-
3	1408 Management Improvements	15,000		15,000		-0-
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	40,000		40,000		-0-
8	1440 Site Acquisition					
9	1450 Site Improvement	20,000		20,000		-0-
10	1460 Dwelling Structures	104,039		104,039		-0-
11	1465.1 Dwelling Equipment—Non-expendable	15,000		15,000		-0-
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)					
20	Amount of Annual Grant (Sum of lines 2-19)	218,539		218,539		-0-
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					

Signature of Executive Director <i>[Signature]</i>	Date 09/11/2007	Signature of Public Housing Director	Date
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
FL003-004	LCHA Reserve Account	1406		24,500		24,500	-0-	
FL003-004	Upgrade Computers, Office Equipment	1408		15,000		15,000	-0-	
FL003-004	Architect/Engineer Fees & Costs	1430		40,000		40,000	-0-	
FL003-004	Tree Trimming, Cont'd. Seal 1"-2"	1450		20,000		20,000	-0-	
	Asphalt & 1" Asphalt Overlay, Cont'd.							
	Hurricane Preparedness - On-site							
FL003-004	Repl. ceramic/vinyl tile in baths & Household, Repl./Relocate air handlers	1460		104,039		104,039	-0-	
FL003-004	Purchase & Repair refrigerators, stoves	1465		15,000		15,000	-0-	

Signature of Executive Director  Date 09/11/2007

Signature of Public Housing Director _____ Date _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	

Signature of Executive Director

Date

Signature of Public Housing Director

Date

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157
 (exp. 3/31/2010)

HA Name LEE COUNTY HOUSING AUTHORITY	Comprehensive Grant Number FL14P12850106	FFY of Grant Approval FY-2006
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost ² Expended
		Original	Revised ¹		
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	24,500		24,500	
3	1408 Management Improvements	15,000		15,000	
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000		40,000	
8	1440 Site Acquisition				
9	1450 Site Improvement	20,000		20,000	
10	1460 Dwelling Structures	99,000		99,000	
11	1465.1 Dwelling Equipment—Non-expendable	15,000		15,000	
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	213,500		213,500	
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				

Signature of Executive Director _____ Date **09/10/2007**

Signature of Public Housing Director _____ Date _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-wide	LCHA Reserve Account	1406		24,500		24,500		No complete
HA-wide	Upgrade Computers, Office Equipment	1408		15,000		15,000		" "
HA-wide	Architect/Engineer Fees & Costs	1430		40,000		40,000		" "
HA-wide	Tree Trimming, Cont'd. Seal 1"-2"	1450		20,000		20,000		Complete
	Asphalt & 1" Asphalt Overlay, Cont'd.							
	Cont'd. Hurricane Preparedness							
HA-wide	Cont'd. Screen Enclosures	1460		99,000		99,000		Not complete
	Cont'd. bath tub/vanities as needed							
HA-wide	Porch Extensions -Cloths Line Cement							
	Pads, Windows/Insulation & A/C							
	Upgrades							
HA-wide	Purchase & Repair Refrig., Stoves	1465		15,000		15,000		Not complete

Signature of Executive Director

Date

Connie Shipp

09/10/2007

Signature of Public Housing Director

Date

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
HA-wide	Qtr. 1		Qtr. 1	Qtr. 4			

Signature of Executive Director

Date

Signature of Public Housing Director

Date

09/10/2007

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157
 (exp. 3/31/2010)

HA Name	Comprehensive Grant Number FL14P12850105	FFY of Grant Approval FY-2005
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- Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Obligated	Total Actual Cost ²	
		Original	Revised ¹		Expended	
1	Total Non-CGP Funds					
2	1406 Operations (May not exceed 10% of line 20)	50,000		50,000		0
3	1408 Management Improvements	12,000		12,000		0
4	1410 Administration					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs	40,000		40,000		0
8	1440 Site Acquisition					
9	1450 Site Improvement	25,000		25,000		25,000
10	1460 Dwelling Structures	79,163		79,163		63,015.57
11	1465.1 Dwelling Equipment—Non-expendable	15,000		15,000		5,792.74
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)					
20	Amount of Annual Grant (Sum of lines 2-19)	221,163		221,163		93,808.31
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					

Signature of Executive Director <i>Concepcion</i>	Date 9/10/07	Signature of Public Housing Director	Date
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¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-wide	LCHA Reserve Account	1406		50,000		50,000	-0-	No complete
HA-wide	Upgrade Computers, Office Equipment	1408		12,000		12,000	-0-	" "
HA-wide	Architect/Engineer Fees & Costs	1430		40,000		40,000	-0-	" "
HA-wide	Tree Trimming, Cont'd. Seal 1"-2"	1450		25,000		25,000	25,000	Complete
	Asphalt & 1" Asphalt Overlay, Cont'd.							
	Curb/Pavement Installation-Seal							
HA-wide	Overly, Re-line Handicap Parking	1460		79,163		79,163	63,015.57	Not complete
	Install Screen Enclosures, Rear Cemen							
HA-wide	Porch Extensions -Cloths Line Cement							
	Pads, Windows/Insulation & A/C							
	Upgrades							
HA-wide	Purchase & Repair Refrig., Stoves	1465		15,000		15,000	5,792.74	Not complete

Signature of Executive Director *Carrie Steppa* Date 09/10/2007

Signature of Public Housing Director _____ Date _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
HA-wide	Qtr. 1		Qtr. 1	Qtr. 4			

Signature of Executive Director: *Cornie Sheppard* Date: 09/10/2007

Signature of Public Housing Director: _____ Date: _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157
 (exp. 3/31/2010)

HA Name	Comprehensive Grant Number FL14P12850104	FFY of Grant Approval FY-2004
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Original Annual Statement
 Reserve for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Program Year Ending _____
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²
		Original	Revised ¹	
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)	32,140		15,816.54
3	1408 Management Improvements	25,000		9,613.85
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs	50,000		27,535.00
8	1440 Site Acquisition			
9	1450 Site Improvement	20,000		19,653.50
10	1460 Dwelling Structures	90,000		90,000.00
11	1465.1 Dwelling Equipment—Non-expendable	15,000		15,819.00
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)			
20	Amount of Annual Grant (Sum of lines 2-19)	232,140		178,437.89
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			

Signature of Executive Director: *Cornie Sheppard* Date: *9/10/07*

Signature of Public Housing Director: _____ Date: _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement;
² To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part II: Supporting Pages**

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HA-wide	LCHA Reserve Account	1406		32,140		32,140	15,816.54	Not complete
HA-wide	Upgrade Computers, Office Equipment	1408		25,000		25,000	9,613.85	Not complete
HA-wide	Architect/Engineer Fees & Costs	1430		50,000		50,000	27,535.00	Not complete
HA-wide	Tree Trimming, Cont'd. Seal 1"-2"	1450		20,000		20,000	19653.50	Not Complete
	Asphalt & 1" Asphalt Overlay, Cont'd.							
	Cont'd.Hurricane Preparedness							
HA-wide	Roof Repair Cont'd. Interior Flooring	1460		90,000		90,000	90,000.00	Complete
	Cont'd. bath tub/vanities as needed							
	French Drain Improvement, Plumbing							
HA-wide	Purchase & Repair Refrig., Stoves	1465		15,000		15,000	15,819.00	Complete

Signature of Executive Director: *Cynthia Sheppard* Date: *9/10/07*

Signature of Public Housing Director: _____ Date: _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement /
² To be completed for the Performance and Evaluation Report .

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	

Signature of Executive Director _____ Date 9/10/07

Signature of Public Housing Director _____ Date _____

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part I: Summary**

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

OMB Approval No. 2577-0157
 (exp. 06/30/2005)

HA Name

Lee County Housing Authority

Comprehensive Grant Number

FFY of Grant Approval

FL14P12850103

FY-2003

Original Annual Statement Reserve for Disasters/Emergencies

Revised Annual Statement/Revision Number 4

Performance and Evaluation Report for Program Year Ending _____

Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost ²	
		Original	Revised ¹	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	20,000.00	26,165.68	26,165.68	
3	1408 Management Improvements	10,000.00	5,519.12	5,519.12	19,474.00
4	1410 Administration				5,519.12
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition	25,000.00	23,781.00	23,781.00	23,781.00
9	1450 Site Improvement				
10	1460 Dwelling Structures	38,380.00	37,979.20	37,979.20	37,979.20
11	1465.1 Dwelling Equipment—Non-expendable	90,000.00	90,736.00	90,736.00	90,736.00
12	1470 Non-dwelling Structures	15,000.00	14,199.00	14,199.00	14,199.00
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	198,380.00	198,380.00	198,380.00	191,688.32
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				

Signature of Executive Director

Cornia Sheppard

Date
08-02-07

Signature of Public Housing Director

Date
08-02-07

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
² To be completed for the Performance and Evaluation Report

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) Part II: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work ²
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
FL003/004	Cont'd. Repair Dwelling Equipment & Appliance Replacement in Units as needed.	1485		15,000	14,199	14,199	14,199	

Signature of Executive Director

Cornel Sheppard

Date

05/30/2006

Signature of Public Housing Director

Date

To be completed for the Performance and Evaluation Report or a Revised Annual Statement

Annual Statement / Performance and Evaluation Report
 Comprehensive Grant Program (CGP) **Part III: Implementation Schedule**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates ²
	Original	Revised ¹	Actual ²	Original	Revised ¹	Actual ²	
HA-wide	Qtr. 1		Qtr. 1	Qtr. 4			

Signature of Executive Director

Date

09/10/2007

Signature of Public Housing Director

Date

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report

Standard PHA Plan PHA Certifications of Compliance

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

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard 5-Year/Annual, and Streamlined 5-Year/Annual PHA Plans

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ standard Annual, ___ standard 5-Year/Annual or ___ streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning ____, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 135.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

Lee County Housing Authority FL1128
 PHA Name PHA Number/HA Code

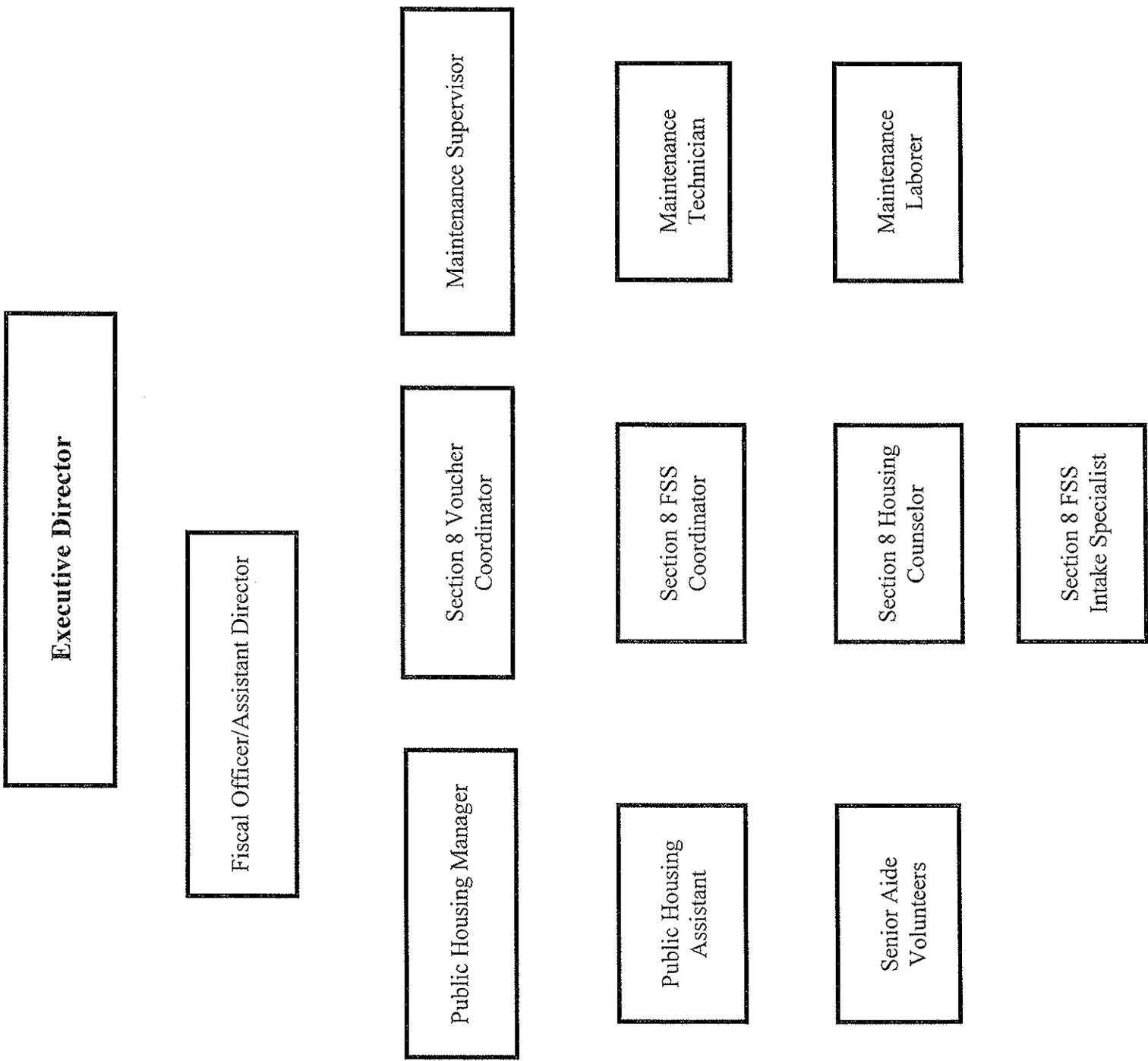
- Standard PHA Plan for Fiscal Year: 20
- Standard Five-Year PHA Plan for Fiscal Years 2005 - 20 09 including Annual Plan for FY 20 07
- Streamlined Five-Year PHA Plan for Fiscal Years 20 - 20, including Annual Plan for FY 20

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)

Name of Authorized Official	Title
Edward L. Geist Signature 	Chairman of the Board of Commissioners Date July 25, 2007

LEE COUNTY HOUSING AUTHORITY

Organizational Chart



Certification of Consistency with the Consolidated Plan

U.S. Department of Housing
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.
(Type or clearly print the following information.)

Applicant Name: Lee County Housing Authority

Project Name: Annual Plan and Five Year Plan

Location of the Project: 14170 Warner Circle

North Fort Myers, Florida 33903

Name of the Federal
Program to which the
applicant is applying: U.S. Dept of Housing and Urban Development, Office of Public and Indian Housing

Name of
Certifying Jurisdiction: Lee County

Certifying Official
of the Jurisdiction
Name: Karen B. Hawes

Title: Director, Department of Human Services, Lee County

Signature: 

Date: 8/20/07

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award c. post-award	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: n/ a	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:	
6. Federal Department/Agency: Congressional District, if known: 4c	7. Federal Program Name/Description: CFDA Number, if applicable: _____	
8. Federal Action Number, if known:	9. Award Amount, if known: \$ _____	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u>Connie Sheppard</u> Print Name: <u>Connie Sheppard</u> Title: <u>Executive Director</u> Telephone No.: <u>239-997-6688</u> Date: <u>07/10/2007</u>	
Federal Use Only:		
Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)		

Certification of Payments to Influence Federal Transactions

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

Applicant Name

LEE COUNTY HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

5-Year Annual Plan - 2007

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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)

Name of Authorized Official

Connie Sheppard

Title

Executive Director

Signature



Date (mm/dd/yyyy)

07/10/2007

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification for a Drug-Free Workplace

U.S. Department of Housing
and Urban Development

Applicant Name

LEE COUNTY HOUSING AUTHORITY

Program/Activity Receiving Federal Grant Funding

5-Year Annual Plan - 2007

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

- (1) Abide by the terms of the statement; and
 - (2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
- e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here if there are workplaces on file that are not identified on the attached sheets.

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)

Name of Authorized Official

Connie Sheppard

Signature

Connie Sheppard

Title

Executive Director

Date

7/10/2007