OMB Approval No: 2577-0226
Expires: 08/31/2009

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: Medford Housing Authority **PHA Number:** MA015

PHA Fiscal Year Beginning: (mm/yyyy) 10/01/2007

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: (state mission here)

B. Goals

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

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

☐ 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) 83
- ☐ Improve voucher management: (SEMAP score) 62
- ☒ Increase customer satisfaction:
- ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - **Improve aesthetic quality of living environment,**
  - **Strengthen financial position and reserves, and**
  - **Improve development safety and security.**

☒ Renovate or modernize public housing units:
☐ Demolish or dispose of obsolete public housing:
☐ Provide replacement public housing:
☐ Provide replacement vouchers:
☒ Other: (list below)
- **Improve aesthetic quality of living environment,**
- **Strengthen financial position and reserves, and**
- **Improve development safety and security.**

☒ 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)
- **Review voucher payment standards**
- **Apply for additional housing voucher, if practical.**

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

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

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

☐ PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
☐ Increase the number and percentage of employed persons in assisted families:

- ☐ Provide or attract supportive services to improve assistance recipients' employability:
- ☐ Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- ☐ Other: (list below)

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

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

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

Other PHA Goals and Objectives: (list below)

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.

Executive Summary

The Medford Housing Authority is submitting this Agency Plan pursuant to the requirements of Section 511 of the Quality Housing and Work Responsibility Act of 1998.

We have attempted to establish realistic goals in relation to the needs and objectives of our community, as well as the available financial and staffing resources of the Authority, both at the present time and in the reasonably foreseeable future. Our most immediate objective is to maintain, protect, and improve the quality of the living environment for our current residents, and to provide a physical plant, financial policies, and management structure which will enable the Authority to continue to offer quality housing to its residents. We shall endeavor to promote adequate and affordable housing, and a suitable living environment free from discrimination, in a manner that will be economically and socially viable for our residents.

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:

☒ (1) Flat Rents, (2) Definition of Substantial Deviation and Significant Amendment or Modification, (3) MHA participation in Section 8 Centralized Waiting List, and (4) determination of changes to Medford Housing Authority Section 8 Program. **(Attachment A to Plan)**

☒ Admissions Policy for Deconcentration **ma015a04**

☒ Voluntary Conversion **ma015b04**

☒ Capital Fund Program Annual Statement **ma015c04**

☒ Information on Pet Policy **ma015d04**

☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
☒ List of Resident Board Member **ma015f04**
☒ List of Resident Advisory Board Members **ma015g04**
☒ Community Service Description of Implementation **ma015h04**
☐ Section 8 Homeownership Capacity Statement, if applicable
☒ Description of Homeownership Programs, if applicable **ma015i04**
☒ Resident Assessment Follow-up Plan **ma015j04**
☒ Violence Against Women Act **ma015k04**

Optional Attachments:
☐ PHA Management Organizational Chart
☒ FY 2007 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) **(Attachment A to Plan)**
☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	Assignment Plan [TSAP]	Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	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	Annual Plan: Demolition

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	disposition of public housing	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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program ☒ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	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
	Oher 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	**2,041**	**5**	**5**	**2**	**2**	**2**	**2**
Income >30% but <=50% of AMI	**1,313**	**5**	**5**	**2**	**2**	**2**	**2**
Income >50% but <80% of AMI	**1,336**	**5**	**5**	**2**	**2**	**2**	**2**
Elderly	**2,188**	**5**	**5**	**2**	**2**	**2**	**2**
Families with Disabilities	**1,486**	**5**	**5**	**2**	**5**	**2**	**2**
Race/Ethnicity (W)	**7,642**	**5**	**5**	**2**	**2**	**2**	**2**
Race/Ethnicity (B)	**627**	**5**	**5**	**2**	**2**	**2**	**2**
Race/Ethnicity (H)	**178**	**5**	**5**	**2**	**2**	**2**	**2**
Race/Ethnicity	**72**	**5**	**5**	**2**	**2**	**2**	**2**
Race/Native Am.	**19**	**5**	**5**	**2**	**2**	**2**	**2**

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

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

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

☐ American Housing Survey data
Indicate year:

☐ Other housing market study
Indicate year:

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

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	**1,131**		
Extremely low income <=30% AMI	**921**	**81%**	
Very low income (>30% but <=50% AMI)	**177**	**16%**	
Low income (>50% but <80% AMI)	**33**	**5%**	
Families with children	**849**	**75%**	
Elderly families	**282**	**25%**	
Families with Disabilities	**19**	**2%**	
Race/ethnicity (W)	**546**	**48%**	
Race/ethnicity (H)	**186**	**16%**	
Race/ethnicity (B)	**314**	**28%**	
Race/ethnicity (AS)	**65**	**6%**	
Race/ethnicity (Other)	**20**	**2%**	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	**359**	**32%**	
2 BR	**518**	**46%**	
3 BR	**246**	**22%**	
4 BR	**8**	**1%**	

Housing Needs of Families on the Waiting List			
5 BR			
5+ BR			

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

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☒ Section 8 tenant-based assistance

☐ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	**44,421**		
Extremely low income <=30% AMI	**40,253**	**91%**	
Very low income (>30% but <=50% AMI)	**5,317**	**12%**	
Low income (>50% but <80% AMI)	**558**	**1%**	
Families with children	**28,013**	**63%**	
Elderly families	**2,538**	**6%**	
Families with Disabilities	**14,670**	**33%**	
Race/ethnicity (W)	**21,029**	**47%**	
Race/ethnicity (H)	**13,469**	**30%**	
Race/ethnicity (B)	**8,410**	**19%**	
Race/ethnicity (AS)	**1,438**	**3%**	
Other	**909**	**2%**	
Single Persons			

Characteristics by Bedroom Size (Public Housing Only)	**N/A**		
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

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

If yes:

How long has it been closed (# of months)

Does the PHA expect to reopen the list in the PHA Plan year? ☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? ☐ No ☐ Yes

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

☒ Employ effective maintenance and management policies to minimize the number of public housing units off-line

☒ Reduce turnover time for vacated public housing units

☒ Reduce time to renovate public housing units

☐ Seek replacement of public housing units lost to the inventory through mixed finance development

☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources

☒ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

☒ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
☐ Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
☐ 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 (FYB 2007 grants)**		
a) Public Housing Operating Fund	1,551,859.	
b) Public Housing Capital Fund	797,116.	
c) HOPE VI Revitalization	-0-	
d) HOPE VI Demolition	-0-	
e) Annual Contributions for Section 8 Tenant-Based Assistance	11,153,987.	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	-0-	
g) Resident Opportunity and Self-Sufficiency Grants	-0-	
h) Community Development Block Grant	-0-	
i) HOME	-0-	
Other Federal Grants (list below)	-0-	
2. Prior Year Federal Grants (unobligated funds only) (list below)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
Capital Fund 2004	-0-	
Capital Fund 2005	-0-	
Capital Fund 2006	-0-	
3. Public Housing Dwelling Rental Income	2,080,992.	PH Operations
4. Other income (list below)		
Excess Utility	8,600.	PH Operations
Miscellaneous	15,000.	PH Operations
Investment	273,600.	PH Operations
4. Non-federal sources (list below)		
Total resources	15,881,154.	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

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

☒ When families are within a certain time of being offered a unit: (state time)
60 days

☐ 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) Not this time, but probably in the future depending on practicality and ease of access.

(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?

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.

Date and Time

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

Other preferences (select all that apply)
☐ Working families and those unable to work because of age or disability
☒ Veterans and veterans' families- **2nd preference (Family Housing Only)**
☒ Residents who live and/or work in the jurisdiction- **1st Preference**
☐ 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) – **Any time there is a change in income**.

(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)
Credit References and Landlord References

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) **Not at this time, but probably in the future depending on practicality and ease of access.**

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)
Any of the Authorities participating in the NAHRO Section 8 centralized waiting list.

(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:
If applicant can demonstrate diligent search efforts.

(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)

Medford Residents head or spouse in active duty in Persian Gulf Region.

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

Date and Time

Former Federal preferences

Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)
Victims of domestic violence

Substandard housing
Homelessness
High rent burden

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☒ Residents who live and/or work in your jurisdiction – **1st preference**
☐ 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)

Medford Residents head or spouse in active duty in Persian Gulf Region.

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 – **Medford Housing Authority minimum rent is $50.00**

2. ☒ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? **See Flat Rents as required by HUD Regulation.**

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 below100% of FMR
☐ 100% of FMR
☒ Above 100% but at or below 110% of FMR

☐ Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

☐ Annually
☒ Other (list below)
If necessary and appropriate, as needed and available.

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 **The Medford Housing Authority minimum rent is $50.00**

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:

The Board of Commissioners establishes policies for the Medford Housing Authority.

The Executive Director who is responsible for all administrative functions of the Authority supervises various Department Heads including the Director of Modernization and Planning, the Maintenance Work Order Manager, the Director of Leased Housing, the Tenant Selector for Elderly Housing, the Tenant Selector for Family Housing, and the Manager of GAAP Accounting.

A Housing Inspector works for, and with, all of the above departments except for the Manager of GAAP Accounting. The Manager of GAAP Accounting supervises an Accounts Receivable Clerk an, Accounts Payable Clerk, and, when needed, a Data Processing Specialist.

The Director of Leased Housing supervises three and sometimes four Section 8 Clerks.

Each Tenant Selector supervises one clerk and sometimes two clerks, if needed on a temporary basis.

The Director of Modernization and Planning supervises one clerk, and sometime two clerks if needed.

The Work Order Manager supervises one or two clerks and eight to twelve Laborer/Mechanics or Groundskeepers.

The Executive Director is assisted by an Executive Secretary/Administrative Assistant and a Research Assistant, if needed, as well as a Coordinator of Tenant Services.

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	481	87
Section 8 Vouchers	646	70
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	146	30
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
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)

- Master Management Resolution (includes Eligibility and Admissions Policy, Procurement Policy, and Personnel Policy)
- Resident Handbook (including schedule of Maintenance Charges)
- Maintenance Plan and Preventative Maintenance Schedule (including measures for prevention or eradication of pest infestation.)
- Capital Fund Program Five Year Action Plan
- Grievance/Hearing Procedure
- Pet Policy
- State Sanitary Code
- Community Service Policy
- Violence Against Women Act
- Fraud Policy
- Ethics Policy

(2) Section 8 Management: (list below)

- Section 8 Administrative Plan
- Grievance/Hearing Procedure
- State Sanitary Code
- Violence Against Women Act
- Fraud Policy
- Ethics Policy

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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) ma015c04

-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 namema015c04

-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 ☐ Disposition ☐
3. Application status (select one) Approved ☐

Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

☐ 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: Tempone Manor 1b. Development (project) number: 015-006
2. Designation type: Occupancy by only the elderly ☒ Except for modified handicapped units. Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐

3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☒
4. Date this designation approved, submitted, or planned for submission: (12/01/2007)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 100 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

Designation of Public Housing Activity Description
1a. Development name: 15 Canal Street and 92-94 Fellsway West 1b. Development (project) number: 015-004
2. Designation type: Occupancy by only the elderly ☐ Except for modified handicapped units. Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☒
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☒
4. Date this designation approved, submitted, or planned for submission: (12/01/2007)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 32 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

Designation of Public Housing Activity Description
1a. Development name: Saltonstall Building 1b. Development (project) number: 015-002
2. Designation type: Occupancy by only the elderly ☒ Except for modified handicapped units. Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☒

4. Date this designation approved, submitted, or planned for submission: (12/01/2007)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 199 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status)

☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) ☐ Units addressed in a pending or approved demolition application (date submitted or approved: ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) ☐ Requirements no longer applicable: vacancy rates are less than 10 percent ☐ Requirements no longer applicable: site now has less than 300 units ☐ Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. ☐ Yes ☒ 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: ☐ HOPE I ☐ 5(h) ☐ Turnkey III ☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) ☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (DD/MM/YYYY)
5. Number of units affected: 6. Coverage of action: (select one) ☐ Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description: Because we are working in conjunction with the Lynn Housing Authority who will administer our Section 8 Home Ownership Program, we will utilize the criteria set forth in their program except for Medford Housing Authority Section 8 Housing Voucher Holders will be allowed in any community within a 25 mile radius of Medford. We shall continue our Section 8 Homeownership Program as long as the Lynn Housing Authority is available to administer for us, and as long as we determine that funding is sufficient.

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:

Home purchased must be within 25 mile radius of City of Medford.
Please see attachment ma015j04

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 03/12/2003

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)
YMCA After School Enrichment Program	**30-40**	**All Residents**	**Community Center**	**Public Housing**
FSS Homeownership Program	**1**	**All Interested**	**Administrative Office**	**Section 8**

form **HUD 50075** (03/2006)

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2007 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8	5	15

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)

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

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)

☒ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
☐ Crime Prevention Through Environmental Design
☐ Activities targeted to at-risk youth, adults, or seniors
☐ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

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

C. Coordination between PHA and the police

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

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

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

D. Additional information as required by PHDEP/PHDEP Plan

PHAs eligible for FY 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?
☐ Yes ☐ No: This PHDEP Plan is an Attachment. (Attachment Filename: ___)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

Please see Attachment (ma015d04)

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

1. ☒ Yes ☐ No: Is the PHA required to have an audit conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U S.C. 1437c(h))? (If no, skip to component 17.)
2. ☒ Yes ☐ No: Was the most recent fiscal audit submitted to HUD?
3. ☐ Yes ☒ No: Were there any findings as the result of that audit?
4. ☐ Yes ☐ No: If there were any findings, do any remain unresolved? If yes, how many unresolved findings remain?____

5. ☐ Yes ☐ No: Have responses to any unresolved findings been submitted to HUD?
If not, when are they due (state below)?

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

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

☐ Not applicable
☐ Private management
☒ Development-based accounting when required by HUD
☐ 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:

The RAB recommended that Flat Rents be increased. THE PHA adopted the RAB's recommendation. See Flat Rents in Attachment A.

Refer to Attachment A, Paragraph 8 regarding Section 8 Project Based Vouchers.

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: **New Monthly Flat Rents**

1 Bedroom = $ 979.00
2 Bedroom = $1,128.00
3 Bedroom = $1,264.00
4 Bedroom = $1,479.00

Previous Monthly Flat Rents

1 Bedroom = $ 969.00
2 Bedroom = $1,117.00
3 Bedroom = $1,239.00
4 Bedroom = $1,464.00

☐ 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)

☐ Other: (list below)

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

D. Other Information Required by HUD

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

See Attachment A for definition of Substantial Deviation and Significant Amendment or Modification.

Attachment A

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

(1) Flat Rents

The Medford Housing Authority has adopted monthly flat rents as follows:

1 Bedroom = $ 979.00
2 Bedroom = $1,128.00
3 Bedroom = $1,264.00
4 Bedroom = $1,479.00

(2) Definition of Substantial Deviation and Significant Amendment or Modification
(Component 18 Part D)

The Medford Housing Authority hereby defines substantial deviation and significant amendment or modification as any change in policy which significantly and substantially alters the Authority's stated mission and the persons the Authority serves. This would include admissions preferences, demolition or disposition activities, and homeownership or conversion programs. Discretionary or administrative amendments consonant with the Authority's stated overall mission and basic objectives will not be considered substantial deviations or significant modifications.

(3) The Medford Housing Authority is participating in the Section 8 Centralized Waiting List through Massachusetts NAHRO.

(4) Due to the uncertainty, as of this time, of HUD funding for the Section 8 Program, it is the consensus of the RAB, and it is agreed, that the Medford Housing Authority will determine, at some later time, all of the following:

a. Whether or not to continue or to suspend all unused vouchers.
b. Whether or not to issue or cease to issue, for an indefinite period of time, any new vouchers.
c. Whether or not to execute any new leases.
d. Whether or not to reduce landlord rents for existing leases by any stated percentage.
e. Whether or not to continue the Section 8 Homeownership Program.
f. Whether or not to continue the Section 8 FSS Program.
g. Whether or not to refuse to host any portability vouchers from other housing authorities.
h. Whether or not to reduce, by any particular percentage, the administrative fees paid to other housing authorities administering MHA vouchers.

i. Whether or not to reduce the Section 8 Payment Standard by a particular percentage.
j. Whether or not the federal and/or state public housing waiting list should be closed and on what date and for what length of time.
k. Whether or not the use of living/sleeping area and allocation of bedroom sizes based on age and sex of children should be continued pursuant to MHA Board vote.

All of the above considerations shall be decided at a subsequent time by the Medford Housing Authority, and such decision will be deemed incorporated in and adopted as, part of this plan, and shall not be deemed a substantial deviation and/or significant amendment or modification of this plan, even though determined at a later date.

(5) The following are changes to be made to the Section 8 Administrative Plan and Tenant Selection and Continued Occupancy Policy:

Foster Child
Notwithstanding any law, rule, regulation or policy to the contrary, consent may be given concerning residence for a foster child provided:

a) The existing unit size is adequate for all household members including the foster child or children without seeking any change of household unit, bedroom size, allowance, or other accommodation, and without violating any of the federal, state or Medford Housing Authority occupancy requirements or guidelines, and

b) The foster child has been permanently placed or assigned, under the guardianship of the head of household, by a Court or duly authorized State agency, and

c) The Medford Housing Authority shall not be responsible for any costs in connection therewith, and

d) In the discretion of the Medford Housing Authority, the residence of the foster child shall not serve to interfere with the rights, health, or safety of any other resident.

Live-In Aide
Notwithstanding any law, rule, regulation or policy to the contrary, consent may be given concerning residence for a live-in aide provided:

a) The existing unit is adequate for all household members including the live-in aide without seeking any change of household unit, bedroom size allowance, or other accommodations, and without

violating any of the federal, state of Medford Housing Authority occupancy requirements or guidelines, and

b) The live-in aide would not ordinarily be living in the unit or with the household, and would not be considered and has never been considered a member of the household, and has no responsibility for the support of any member of the household, and

c) Can document, to the satisfaction of the Medford Housing Authority, that said live-in aide has the training, and experience, and qualifications, including certifications, to assist the household member or members for whom the aid is intended, and

d) It can be documented, to the satisfaction of the Medford Housing Authority, that assistance is necessary for one or more members of the household, and that said live-in-aide assistance is the only assistance and/or the most appropriate assistance for one or more household members, and

e) The Medford Housing Authority shall not be responsible for any costs in connection therewith, and

f) In the discretion of the Medford Housing Authority, the residence of the live-in aide shall not serve to interfere with the rights, health, or safety of any other resident. The Medford Housing Authority shall request and utilize CORI information, Credit checks, and other references as part of this determination process.

Nothing in the above policies concerning residence of a foster child or live-in aide shall be utilized in violation of any of the Authority's legal obligations or responsibilities under any federal or state law, rule, or regulation.

The Medford Housing Authority's Tenant Selection Policies, Admission and Continue Occupancy Policies and Section 8 Administrative Plan shall be hereby amended to reflect the adoption and immediate implementation of the above policies concerning residence of a foster child and live-in aide.

(6) The following was agreed by the RAB at it's meeting of April 11, 2006:

The Medford Housing Authority intends to submit to HUD, a request that the Medford Housing Authority designate all Medford Housing Authority federal developments under the Asset Management Project (AMP) system as one project, thereby combining all developments into one AMP number. The

RAB agrees with the Medford Housing Authority request to do so as this methodology will improve the operational efficiency and effectiveness of managing public housing and better preserve and protect each asset or development.

(7) The following was agreed by the RAB at it's meeting of April 24, 2007:

Change flat rents by an increase of 1%.

(8) The following was agreed by the RAB at it's meeting of September 5, 2007:

To place up to 100 Section 8 Vouchers into a Project Based Voucher program in buildings or developments owned, managed, or operated by various other housing authorities, non-profit agencies, or state-aided housing programs, pursuant to applicable federal and state statues, laws, and regulations, and/or in such appropriate situations as allowed by federal and state statures, laws or regulations so as to maximize appropriate utilization of these resources and/or expand housing opportunities.

MEDFORD HOUSING AUTHORITY
DECONCENTRATION AND INCOME MIXING
ATTACHMENT NO. ma015a04

Component 3, (6) Deconcentration and Income Mixing

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

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

If yes, list these developments as follows:

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

MEDFORD HOUSING AUTHORITY
VOLUNTARY CONVERSION
ATTACHMENT NO ma015b04

Voluntary Conversion

The Medford Housing Authority hereby certifies that is has reviewed each development's options as public housing, considered the implications of converting the public housing to tenant-based assistance, and concluded that conversion of the development may be inappropriate because removal of the development would not meet the necessary conditions for voluntary conversion described at § 972.200 (c).

MEDFORD HOUSING AUTHORITY
CAPITAL FUND PROGRAM TABLES
ma015c04

CAPITAL FUND PROGRAM TABLES START HERE

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP Replacement Housing Factor Grant No: MA06-P015-501-07	**Federal FY of Grant: 2007**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement** (Revision No. One)
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations	127,500.	127,500.		
3	1408 Management Improvements				
4	1410 Administration	63,760.	63,760.		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	25,000.	85,000.		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	421,433.	521,433.		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency		18,238.		
21	Amount of Annual Grant: (sum of lines 2 – 20)	637,693.	815,931.		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP Replacement Housing Factor Grant No: MA06-P015-501-07	**Federal FY of Grant: 2007**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement** (Revision No. One)
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
24	Amount of line 21 Related to Security – Soft Costs	.			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages Revision No. One

PHA Name: Medford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CFP Replacement Housing Factor Grant No: MA06-P015-501-07				**Federal FY of Grant: 2007**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-2 Saltonstall	Bath Mod (1460)			421,433.	421,433.			
	Bath Mod A/E (1430)			25,000.	25,000.			
15-6 Tempone	Bath Mod (1430)				60,000.			
	Bath Mod (1460)				100,000.			
PHA WIDE	OPERATIONS			127,500..	127,500.			
	Administration			63,760..	63,760.			
	Contingency				18,238.			
TOTAL CFP ESTIMATED COST				637,693.	815,931.			

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 2 FFY Grant: 2008 PHA FY:			Activities for Year: 3 FFY Grant: 2009 PHA FY:		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
15-1 Willis	Water & Sewer	155,500.	15-1 Willis	Water Heater Replacement	47,000.
	Landscape	5,000.			
15-2 Saltonstall	Util/Mech.infra	90,000.	15-2 Saltonstall	Elevator Controls	125,000.
	VCT Replacement	20,000.		VCT Replacement	15,000.
	Landscape	5,000.			
15-4 Fellsway	Paint Ext.	5,000.	15-4 Fellsway	Ext. Waterproof	10,000.
	Landscape	5,000.		C/A Carpet	10,000.
Canal	Paint Ext.	2,000.	Canal	Water Heater Replace	10,000.
	Kitchen Mod -Vac	30,000.			
	Landscape	2,000.			
15-6 Tempone	Bath Mod Phase 1	300,000.	15-6 Tempone	Bath Mod Phase 2	210,000.
				C/A Exhaust P-1	105,000.
				Water Heater Replace	18,000.
				Elevator Controls	40,000.
PHA Wide			PHA WIDE		
	Administration	163,185.		Administration	163,185.
	Truck w/plow	35,000.			
	Contignency	10,099.		Contingency	14,972.
Total CFP Estimated Cost		815,931			815,931

Capital Fund Program Five-Year Action Plan

Part II: Supporting Pages—Work Activities

Activities for Year 4 FFY Grant: 2010 PHA FY:			Activities for Year: 5 FFY Grant: 2011 PHA FY:		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
15-1 Willis	Storm Doors	110,000.	15-1 Willis	Appliance Upgrade	90,000.
	Pave Roadways/Pk	100,000.		Playground Mod	80,000.
15-2 Saltonstall	Entry Doors	40,000.	15-2 Saltonstall	Appliance Upgrade	110,000.
	Lobby Close-Out	100,000.		C/A Painting	40,000.
	Plaza Close-Out	70,000.		Cmty Area Furniture	30,000.
	Compactor	25,000.		Paint Balconies	50,000.
15 -4 Fellwsay	Concrete Walks	5,000.	15-4 Fellsway	Appliance Upgrade	17,600.
	Main Entry Doors	15,000.			
Canal	Concrete Walks	5,000.	Canal	C/A Painting	10,000.
	Main Entry Doors	15,000.		Ceiling Fan Upgrade	13,200.
	Entry Steps	5,000.			
15-6 Tempone	Main Entry Doors	40,000/	15-6 Tempone	Appliance Upgrade	60,000.
	Compactor	20,000.		C/A Painting	25,000.
	Concrete Walks	10,000.		Gazebo & Bench Mod	20,000.
				Ceiling Fan Upgrade	20,000.
				Comm. Room Furniture	20,000.
				Paint Exterior Balcony	25,000.
PHA Wide			PHA WIDE		
	Administration	163,185.		Administration	163,185.
	Truck w/Plow	35,000.		Truck w/Plow	35,000.
	Contingency	12,746.		Contingency	11,946.
	A&E	45,000.			
Total CFP Estimated Cost		815,931.			815,931.

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-06 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2006**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement** Revision. No. Two
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,000.	27,135.		
4	1410 Administration	60,299.	54,649.		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,900.	7,905.		
8	1440 Site Acquisition				
9	1450 Site Improvement		.		
10	1460 Dwelling Structures	681,917.	707,427.		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	797,116.	797,116.		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs	35,000.	35.000.		

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-06 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2006**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement** Revision. No. Two
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	60,000.	60,000.		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages Revision No. Two

PHA Name: Medford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CFP MA06-P015-501-06 Replacement Housing Factor Grant No:				**Federal FY of Grant:** **2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-1 Willis	Site Infrastructure	1450						
15-1 Willis	Window	1460		70,116.	227,165.			
15-2 Saltonstall	Bath Mod Phase 2	1460		250,000.	475,106.			
	VCT Replacement	1460						
	Landscape	1450		2,000.				
	Gear Settlement	1460			5,156.			
15-4 Fellsway	Fire Escape	1460		10,000.				
	Heat Mod	1460		30,000.				
	Windows	1460						
	Bath Mod	1460		80,000.				
Canal	Bath Mod	1460		95,000.				
	Heat Mod	1460		30,000.				
	Kitchen Mod Vacant	1460		5,000.				
15-6 Tempone	Bath Mod A/E	1430		50,000.				
	Ext. Waterproof	1460		60,000.				
PHA WIDE	Mod Consultant	1408		45,000.				
	Administration	1410		70,000.				
	A&E Fees and Costs	1430			7,905.			
TOTAL CFP ESTIMATED COST				797,116.	715,332.			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule Revision No. Two

PHA Name: Medford Housing Authority	**Grant Type and Number** Capital Fund Program No: CFP MA06-P015-501-06 Replacement Housing Factor No:	**Federal FY of Grant:** **2006**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
15-1 Willis	9/30/2008		7/31/2006	09/30/2010		7/31/2007	
5-2 Saltonstall	9/30/2008		7/31/2006	09/30/2010		7/31/2007	
15-4 Fellsway/Canal	9/30/2008		7/31/2006	09/30/2010		7/31/2007	
15-6 Tempone	9/30/2008		7/31/2006	09/30/2010		7/31/2007	
PHA WIDE	9/30/2008		7/31/2006	09/30/2010		7/31/2007	

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-06 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2006**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement**
☐**Performance and Evaluation Report for Period Ending:** ☒**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,000.	27,135.	27,135.00	161,473.70
4	1410 Administration	60,299.	54,649.	54,649.00	78,908.23
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,900.	7,905.	7,905.00	2,250.00
8	1440 Site Acquisition				
9	1450 Site Improvement		.		
10	1460 Dwelling Structures	681,917.	707,427.	707,427.00	554,484.07
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	.			
21	Amount of Annual Grant: (sum of lines 2 – 20)	797,116.	797,116.	797,116.00	797,116.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft	35,000.	35,000.		

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-06 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2006**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement**
☐**Performance and Evaluation Report for Period Ending:** ☒**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
	Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	60,000.	60,000.		

2006 needs 2 pages

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

PHA Name: Medford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CFP MA06-P015-501-06 Replacement Housing Factor Grant No:				**Federal FY of Grant:** **2006**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-1 Willis	Site Infrastructure	1450						
15-1 Willis	Window	1460		70,116.	227,165.	227,165.00	227,165.00	Done
15-2 Saltonstall	Bath Mod Phase 2	1460		250,000.	475,106.	475,106.00	322,163.07	Done
	VCT Replacement	1460						
	Landscape	1450		2,000.				
		1460			5,156.	5,156.00	5,156.00	Done
15-4 Fellsway	Fire Escape	1460		10,000.				
	Heat Mod	1460		30,000.				
	Windows	1460						
	Bath Mod	1460		80,000.				
Canal	Bath Mod	1460		95,000.				
	Heat Mod	1460		30,000.				
	Kitchen Mod Vacant	1460		5,000.				
15-6 Tempone	Bath Mod A/E	1430		50,000.				
	Ext. Waterproof	1460		60,000.				
PHA WIDE	Mod Consultant	1408		45,000.	27,135.	27,135.00	161,473.70	Done
	Administration	1410		70,000.	54,649.	54,649.00	78,908.23	Done
	A&E Fees and Costs	1430			7,905.	7,905.00	2,250.00	Done
	Contingency	1430						
TOTAL CFP ESTIMATED COST				797,116.	797,116.	797.116.00	797,116.	

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

PHA Name: Medford Housing Authority	**Grant Type and Number** Capital Fund Program No: CFP MA06-P015-501-06 Replacement Housing Factor No:	**Federal FY of Grant:** **2006**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
15-1 Willis	9/30/2008		7/31/2006	09/30/2010		7/31/2007	Completed
5-2 Saltonstall	9/30/2008		7/31/2006	09/30/2010		7/31/2007	Completed
15-4 Fellsway/Canal	9/30/2008		7/31/2006	09/30/2010		7/31/2007	Completed
15-6 Tempone	9/30/2008		7/31/2006	09/30/2010		7/31/2007	Completed
PHA WIDE	9/30/2008		7/31/2006	09/30/2010		7/31/2007	Completed

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-05 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2005**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement** Revision No. One
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,000.	39,307.		
4	1410 Administration	51,127.	57,330.		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	-	33,167.		
10	1460 Dwelling Structures	693,600.	695,923.		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	35,000..			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	1,000.			
21	Amount of Annual Grant: (sum of lines 2 – 20)	825,727.	825,727.		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft				

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-05 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2005**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement** Revision No. One
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
	Costs	35,000.	35,000.		
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	60,000.	60,000.		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages Revision No. One

PHA Name: Medford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CFP MA06-P015-501-05 Replacement Housing Factor Grant No:				**Federal FY of Grant:** **2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-1 Willis	Site Infrastructure	1450						
	Windows	1460		210,000.	314,084.			
15-2 Saltonstall	Bath Mod P-2	1460		300,000.	368,330.			
	VCT Replacement	1460		20,000.	855.			
	Plaza Settlement	1450			5,694.			
	Card Entry Access	1460		25,000.				
	Locks	1460		60,000.				
15-4 Fellsway	Card Entry Access	1460		5,000.				
	Locks	1460		4,500.				
	Apartment Doors	1460		9,000.				
Canal	Kitchen Mod Vacant	1460		5,000.				
	Card Entry Access	1460		5,000.				
	Locks	1460		5,100.				
15-6 Tempone	Card Entry System	1460		15,000.				
	Heat Vent	1460		30,000.	6,960.			
PHA WIDE	Mod Consultant	1408		45,000.	57,330.			
	Administration	1410		51,127.	39,307.			
	Contingency	1502		1,000.				
	A&E	1430			33,167.			
	Truck w/plow	1475		35,000.				
TOTAL CFP ESTIMATED COST				825,727.	825,727.00			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule Revision No. One

PHA Name: Medford Housing Authority	**Grant Type and Number** Capital Fund Program No: CFP MA06-P015-501-05 Replacement Housing Factor No:	**Federal FY of Grant:** **2005**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
15-1 Willis	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
5-2 Saltonstall	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
15-4 Fellsway/Canal	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
15-6 Tempone	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
PHA WIDE	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-05 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2005**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement**
☐ **Performance and Evaluation Report for Period Ending:** ☒ **Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,000.	39,307.	39,307.00	45,000.00
4	1410 Administration	51,127.	57,330.	57,330.00	51,127.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		33,167.	33,167.00	
10	1460 Dwelling Structures	693,600.	695,923.	695,923.00	693,600.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	35,000.			35,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	1,000.			1,000.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	825,727.	825,727.	825,727.00	825,727.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-05 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2005**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement**
☐**Performance and Evaluation Report for Period Ending:** ☒**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	60,000.	60,000.	60,000.	60,000.

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

PHA Name: Medford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CFP MA06-P015-501-05 Replacement Housing Factor Grant No:				**Federal FY of Grant:** **2005**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-1 Willis	Site Infrastructure	1450						
	Windows	1460		210,000.	314,084.	314,084.00	314,084.00	Done
15-2 Saltonstall	Bath Mod P-2	1460		300,000.	368,330.	368,330.00	368,330.00	Done
	VCT Replacement	1460		20,000.	855.	855.00	855.00	Done
	Plaza Settlement	1450			5,694.	5,694.00	3,371.00	Done
	Card Entry Access	1460		25,000.				
	Locks	1460		60,000.				
15-4 Fellsway	Card Entry Access	1460		5,000.				
	Locks	1460		4,500.				
	Apartment Doors	1460		9,000.				
Canal	Kitchen Mod Vacant	1460		5,000.				
	Card Entry Access	1460		5,000.				
	Locks	1460		5,100.				
15-6 Tempone	Card Entry System	1460		15,000.				
	Heat Vent	1460		30,000.	6,960.	6,960.00	6,960.00	Done
PHA WIDE	Mod Consultant	1408		45,000.	57,330.	57,330.00	45,000.00	Done
	Administration	1410		51,127.	39,307.	39,307.00	51,127.00	Done
	Contingency	1502		1,000.			1,000.00	
	A&E 1430	1430			33,167.	33,167.00		
	Truck w/plow	1475		35,000.			35,000.00	
TOTAL CFP ESTIMATED COST				825,727.	825,727.	825,727.00	825,727.00	

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

PHA Name: Medford Housing Authority	**Grant Type and Number** Capital Fund Program No: CFP MA06-P015-501-05 Replacement Housing Factor No:	**Federal FY of Grant:** **2005**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
15-1 Willis	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
5-2 Saltonstall	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
15-4 Fellsway/Canal	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
15-6 Tempone	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done
PHA WIDE	9/30/2007		9/30/05	9/30/2009		8/31/2007	Work Done

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-04 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☒ **Revised Annual Statement** Revision No. Two
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,000.	39,435.		
4	1410 Administration	70,000.	80,455.		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,600.	46,489.		
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.			
10	1460 Dwelling Structures	681,000.	703,477.		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	35,000.			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	18,256.			
21	Amount of Annual Grant: (sum of lines 2 – 20)	869,856.	869,856.		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	10,000.			
24	Amount of line 21 Related to Security – Soft				

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-04 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☒**Revised Annual Statement** Revision No. Two
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
	Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	446,000.	553,327.		

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages Revision No. Two

PHA Name: Medford Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: CFPMA06-P015-501-04 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-1 Willis	Windows	1460		406,000.				
	Roof	1460			42,450.			
15-2 Saltonstall	Utility/Mechanical Infrastructure	1460		20,000.				
	Bath Mod A&E	1460		80,000.	25,385.			
	Repave Park/Road	1460		5,000.				
	VCT Replacement	1460		20,000.				
	Windows	1460			415,399.			
	Gear Settlement	1460			60,000.00			
15-4 Fellsway	Windows	1460		40,000.				
	Paint C/A	1460		5,000.				
Canal	Paint C/A	1460		5,000.				
	Kitchen Mod Vacant	1460		5,000.	12,235.			
15-6 Tempone	Heat Mod & Community Rm. Vent	1460		100,000.	112,743.			
	Paint C/A	1460			35,265.			
PHA WIDE	Mod Consultant	1408		45,000.	39,435.			
	Administration	1410		70,000.	80,455.			
	Truck w/plow	1475		35,000.				
	Contingency	1502		18,256.				
	A&E	1430		15,600.	46,489.			
TOTAL CFP ESTIMATED COST				869,856.	869,856.			

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part III: Implementation Schedule Revision No. Two

PHA Name: Medford Housing Authority	**Grant Type and Number** Capital Fund Program No: CFP MA06-P015-501-05 Replacement Housing Factor No:	**Federal FY of Grant:** **2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
15-1 Willis	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
5-2 Saltonstall	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
15-4 Fellsway/Canal	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
15-6 Tempone	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
PHA WIDE	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-04 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement** Revision No. Two
☐**Performance and Evaluation Report for Period Ending:** ☒**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	45,000.	39,435.	39,435.00	45,000.00
4	1410 Administration	70,000.	80,455.	80,455.00	70,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,600.	46,489.	46,489.00	15,600.00
8	1440 Site Acquisition				
9	1450 Site Improvement	5,000.			5,000.00
10	1460 Dwelling Structures	681,000.	703,477.	703,477.00	681,000.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	35,000.			35,000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency	18,256.			18,256.00
21	Amount of Annual Grant: (sum of lines 2 – 20)	869,856.	869,856.	869,856.00	869,856.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	10,000.			
24	Amount of line 21 Related to Security – Soft				

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

PHA Name: MEDFORD HOUSING AUTHORITY	**Grant Type and Number** Capital Fund Program Grant No:CFP MA06-P015-501-04 Replacement Housing Factor Grant No:	**Federal FY of Grant:** **2004**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement** Revision No. Two
☐**Performance and Evaluation Report for Period Ending:** ☒**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
	Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	446,000.	553,327.	553,527.00	553,527.00

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

PHA Name: Medford Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: CFPMA06-P015-501-04 Replacement Housing Factor Grant No:				**Federal FY of Grant:** **2004**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
15-1 Willis	Windows	1460		406,000.				
	Roof	1460			42,450.	45,450.00	42,450.00	Done
15-2 Saltonstall	Utility/Mechanical Infrastructure	1460		20,000.	-			
	Bath Mod A&E	1460		80,000.	25,385.	25,385.00	25,385.00	Done
	Repave Park/Road	1450		5,000.				
	VCT Replacement	1460		20,000.		5,000.00	5,000.00	
	Windows	1460			415,399.	415,399.00	415,399.00	Done
	Gear Settlement	1460			60,000.	37,523.00	37,523.00	Done
15-4 Fellsway	Windows	1460		40,000.				
	Paint C/A	1460		5,000.				
Canal	Paint C/A	1460		5,000.				
	Kitchen Mod Vacant	1460		5,000.	12,235.	12,235.00	12,235.00	Done
15-6 Tempone	Heat Mod & Community Rm. Vent	1460		100,000.	112,743.	112,743.00	112,743.00	Done
	Paint C/A	1460			35,265.	35,265.00	35,265.00	Done
PHA WIDE	Mod Consultant	1408		45,000.	39,435.	45,000.00	45,000.00	Done
	Administration	1410		70,000.	80,455.	70,000.00	70,000.00	Done
	Truck w/plow	1475		35,000.		35,000.00	35,000.00	
	Contingency	1502		18,256.		18,256.00	18,256.00	
	A&E	1430		15,600.	46,489.	15,600.00	15,600.00	Done
TOTAL CFP ESTIMATED COST				869,856.	869,856.	869,856.00	869,856.00	

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

PHA Name: Medford Housing Authority	**Grant Type and Number** Capital Fund Program No: CFP MA06-P015-501-05 Replacement Housing Factor No:	**Federal FY of Grant:** **2004**

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
15-1 Willis	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
5-2 Saltonstall	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
15-4 Fellsway/Canal	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
15-6 Tempone	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early
PHA WIDE	9/30/2006	6/30/06		9/30/2008		9/30/2006	Completed Early

MEDFORD HOUSING AUTHORITY
PET POLICY
ATTACHMENT NO. ma015d04

MEDFORD HOUSING AUTHORITY
PET POLICY

The following regulations governing animals on MHA property (Federal) have been developed in compliance with the Quality Housing and Work Responsibility Act of 1998. Also considered, are the safe and humane treatment of pets and the quality of life issues of MHA residents and neighbors.

Residents of the MHA who wish to keep common household pets must notify the Authority in writing. An MHA Pet Policy Agreement must be signed by the Resident and approved by the Authority before animals are allowed on Housing Authority property. Only one pet, of each type, is allowed per apartment with a maximum of two (2) pets.

> Each Resident Pet Owner must provide the name, address, and phone number of the veterinarian responsible for the pet's health care, along with a photo of the pet, pet license, rabies tag, and proof of spaying or neutering. A pet must be at least six months of age with all stated requirements satisfied before the pet is approved/allowed on MHA Property. A personal liability insurance policy is strongly recommended by the MHA for all pet owners.

A pet security deposit of $160.00 or one months rent (whichever amount is less) is required from each Resident Pet Owner to be kept in an escrow account for damage caused by a pet. An unused portion will be refunded plus the accrued interest.

Resident Pet Owner's responsibilities include but are not limited to:

- Maintaining his/her pet responsibility and in accordance with applicable state and local public health, animal control and animal anti-cruelty laws and regulation sand in accordance with the MHA pet policy.

- Providing adequate care for the pet at all times.

- Registering his/her pet with the Authority along with an identifying description of the animal and the adult household member who will be primarily responsible for the animals' care.

- Assuring his/her pet does not exceed eighteen (18) pounds by adulthood. Cats are exempt from this requirement.

- Immediately cleaning up the animal feces of his/her pet inside the apartment or on any other MHA property and placed in a plastic bag and then in the trash barrels. Failure to clean up as required will result in a $100.00 fine, or any fine imposed by City ordinance, whichever is stricter.

- Keeping pets restrained on a leash at all times when outside of the housing unit and on MHA property. Pets are not to be leashed or tied to any MHA fences, buildings, railings, clotheslines poles, or the like. A pet leash is not to exceed five (5) feet in length.

- Assuring his her pet does not annoy other tenants or neighbors by excessive barking or other noise.

- Keeping his/her pet free of pests, such as ticks or fleas. A Resident Pet Owner will be responsible for any extermination required as a result of his/her pet.

- Assuring his/her pet is not left unattended outside of an apartment on MHA property at any time. Pets are not to be left unattended in an apartment for more than a twelve-hour period.

- Providing the name of the household member who can and will return home if the animal experiences distress or causes a disturbance when left alone. The Resident Pet Owner is responsible for providing adequate care of the pet at all times.

- Reporting all animal bites to the Authority Office and Police Department immediately.

- The regular removal and replacement of litter used in litter boxes or in portable animal enclosures within the dwelling unit so as to comply with all health requirements.

- Complying with all housing authority requirements and city laws, regulations, and ordinances relating to pet ownership, pet restraint, and pet cleanup, whichever agency requirements are more stringent.

Common household pets are as follows:

- Dogs, cats, birds, guinea pigs, gerbils, hamsters, rabbits, or fish. Other than cats or dogs, all other pets must have suitable cages. Fish tanks may not be larger than 20 gallons and only one fish tank is allowed per household.

Common household pets do not include:

- Animals who would be allowed to produce offspring for sale.

- Wild animals, feral animals, and any other animals who are unamenable to routine human handling or who pose a threat to children and the elderly, such as ferrets,

foxes, skunks, squirrels, coyotes and groundhogs. These animals are not to be fed or welcomed on MHA property.

- Insects or reptiles, such as snakes, turtles, lizards, and iguanas who pose a significant risk of salmonella or other danger to those who handle them, or are exposed to them.

- Animals of spices commonly used or found on farms, such as ducks, baby chicks, chickens, or potbellied pigs.

- Non-human primates, such as monkeys.

- Pigeons, doves, mynah birds, psittacoses birds, and birds of other species that are host to the organisms causing psittacosis in humans. Pigeons, doves. Seagulls are not being fed on MHA property.

- Vicious animals as defined by city ordinance, state law, and/or insurance providers.

- Dogs such as Pit Bulls/Staffordshire Terriers, Rottweiler, Chow, Boxer breeds, German Shepherd, and Doberman Pincsher, and/or dogs of similar temperament. These are not allowed on MHA property.

The responsibility of Management in dealing with quality-of-life issues for public housing residents include but are not limited to:

- Protecting the health, safety, and quiet enjoyment of public housing residents in a relatively dense housing environment where a companion animal may be allowed.

- Informing a Resident Pet Owner, in writing, of any allegations of violations of the MHA Pet Policy.

- Prohibiting the keeping of any animal on MHA property by any resident who is charged with or has been convicted of cruelty to an animal.

- The strict enforcement of the MHA Pet Policy up to and including the right of Management to seek impoundment and sheltering of any animal found to be in violation of MHA rules, pending resolution of any dispute regarding such violations.

- Enforcing the prohibition of keeping any dog in any dwelling unit contained in a building structure that is not contiguous with an outdoor common area measuring at least four hundred (400) square feet in area.

- Accepting a written request for a second animal only if the animal is compatible with the first and only if the dwelling unit has an area spanning at least seven hundred (700) square feet.

- The annual review by each retrospective Property Manger with the Resident Pet Owner of:

    - Each animal's registration, if applicable, including a copy of the annual veterinary examination.

    - Documentation of current rabies vaccination

    - Copy of the license issued by the City of Medford.

    - Name and telephone number of the veterinarian who provides care to the animal, and the two caretakers for the pet who may be contacted if the resident is unavailable.

If a pet constitutes an immediate, serious threat to health or safety, Management may have the pet removed immediately.

Whenever it is reasonably determined that a pet constitutes a non-immediate threat to the health or safety of public housing residents, or otherwise creates a nuisance which disturbs the rights, comfort, peace, and quiet enjoyment of other residents, or if the owner of the pet becomes incapacitated or unable to care for the pet, after receipt of a written demand from Management, the Resident Pet Owner may request a meeting with the Authority.

Management may make a reasonable determination as to whether the pet is a threat to the health or safety of the public housing residents or caused a nuisance which disturbs the rights, comfort, peace, and quiet enjoyment of public housing residents and take appropriate remedial action. Management may also make the reasonable determination whether the Resident is able to care for the pet.

All residents of the Medford Housing Authority who are eligible under HUD's Final Rule to keep a pet, will demonstrate that they have the physical, mental and financial capability to care for the pet (unless otherwise necessary as a reasonable accommodation to a person with a disability) as long as they abide by the conditions and restrictions outlined in the policy.

Anyone minding a pet or pet sitting must notify the housing authority in advance and obtain written permission from the housing authority to do so. If the pet is on the premises more than three times in any thirty day period all of the above required certifications and documentation must be provided.

MEDFORD HOUSING AUTHORITY
SUMMARY OF PROGRESS
ATTACHMENT NO. ma015e04

SUMMARY OF PROGRESS

The Medford Housing Authority maintained its financial position while at the same time maintaining and improving its properties and updating the equipment in both the maintenance department and administrative office. Apartments were painted and/or renovated. The aesthetic quality of the living environment in most of the developments was also improved. Noticeable improvements were made in all of the developments, with much attention given to safety and security. Enhancements were made to some management and maintenance procedures, and customer satisfaction issues were emphasized.

RESIDENT MEMBERSHIP
OF THE MHA GOVERNING BOARD
ATTACHMENT NO. ma015f04

ATTACHMENT
Resident Membership
of the Medford Housing Authority Governing Board

The resident members of Medford Housing Authority Governing Board is Marilyn McNamara, a public housing development resident who was appointed by the Mayor and whose term expires on April 8, 2008, and Alfred A. Fondacaro, Jr.

MEDFORD HOUSING AUTHORITY
RESIDENT ADVISORY BOARD
ATTACHMENT NO. ma015g04

MEDFORD HOUSING AUTHORITY
RESIDENT ADVISORY BOARD

Ms. Arlene Auterio
22 Allston Street
Apartment 118
Medford, Massachusetts 02155

Mr. Patrick Collins
22 Allston Street
Apartment 328
Medford, MA 02155

Mr. Michael Penta
39 Exchange Avenue
Medford, MA 02155

Constance Spellman
30 Circuit Street
Medford, MA 02155

MEDFORD HOUSING AUTHORITY
COMMUNITY SERVICE REQUIREMENT
ATTACHMENT NO ma015h04

Description Implementation of
Public Housing Resident Community Service Requirements

The Medford Housing Authority has scheduled meetings with staff, in various departments, to plan the implementation of the community service requirements for federal public housing residents. The Authority will also contact the local TANF agency to structure a cooperative working relationship and possibly a cooperative agreement to assist the Authority in verifying residents' status. All residents will be notified of the various requirements and opportunities as soon as the final procedure is formalized. It appears, at this time, that no significant lease changes will be necessary. Residents will be allowed to fulfill this service requirement at the Medford Housing Authority, although in the event that opportunities are limited or ineffective at the Authority, the Authority will seek to place participants at community service positions in city government agencies. At this time, the Authority intends to administer the program through its own staff.

Medford Housing Authority Community Service Policy

Overview

The Medford Housing Authority by requirement of the Quality Housing and Work Responsibility Act of 1998 requires all adult federal public housing residents to contribute an average of eight (8) hours of community service each month if they are receiving welfare benefits or not employed.

Community Service will be offered through the Medford Housing Authority at a Medford Housing Authority Federal Development to help improve the physical conditions of the development. Residents who are required to meet this obligation may choose to do so by volunteering with an outside organization including a faith based organization that is providing a service to all residents of a community. You may not participate in a faith based organization's religious services or any political activity toward your 8 hours of Community Service per month. The Medford Housing Authority prefers that each resident required to meet this obligation perform their 8 hours per month; however, the Authority will allow a deviation from the 8 hour per month schedule with approval by the Authority. The Medford Housing Authority may make changes to this policy as it deems necessary to appropriately meet the requirements of this Community Service Program.

At the beginning of each month the Medford Housing Authority will inform residents of the Community Service Assignments in the Development(s) for the month ahead in order to meet the 8 hours required for that month. It will be the resident's responsibility to attend the community service session or provide documentation for deviation from the assignment, which documentation may or may not be accepted by the Authority.

If you wish or are currently performing at least 8 hours of Community Service per month the Medford housing Authority will review and may approve such Community Service. You are obligated to provide verification from the Community Service Organization which has been approved by the Medford Housing Authority showing you have served 8 hours of service each month. **You must check with the Authority for approval of the organization, and you must have the attached form, Community Service Organization's Letterhead, filled out on the stationery of the Community Service organization on a monthly basis. We may accept more than 8 hours per month and apply the hours over 8 in a given month to your 8 hour monthly requirement.**

You may be exempt from this Community Service if you are age 62 or older; you are blind or disabled; your are the primary caretakers of blind or disabled person(s); you are engaged in training or job readiness employment programs; vocational education,

GED or secondary schools and courses; you meet the requirement for being exempt from having to engage in a work activity funded under a Sate funded welfare and/or welfare to work program; or you are receiving TANF assistance, benefits or services under State funded welfare and/or welfare-to-work program and are in compliance with all requirements.

Exemptions

1. You are engaged in a work activity for a minimum of 8 hours per month. Generally this documentation is provided with Lease-up or recertifcation; however, the Medford Housing Authority reserves the right the request verification at any time prior to one month before lease renewal.

2. If you are blind or disabled as defined under 216 (i) (l) or 1614 of the Social Security Act 42 USC 416 (i) (l); 1382c), and receiving disability benefits, and are unable to perform community service activities at a minimum of 8 hours per month, **you may be exempt from this Community Service Requirement. If you have a disability which is defined under 216 (i) (l) or 1614 of the Social Security Act 42 USC 416 (i) (l); 1382c), you must fill out the attached Certificate of Disability with the Physician's Certification. We will also accept a letter from your clinician only if it indicates the length of time you are unable to perform 8 hours per month of Community Service.**

   Under this Disability Exemption you will be excused until one month prior to lease renewal and at that time must resubmit Certificate of Disability with Physician's Certification as listed in No 2 above. However, the Medford Housing Authority reserves the right to request another Verification at any time prior to one month before lease renewal.

3. If you are not collecting Disability Benefits, but wish to submit a request for an exemption for a disability, and are unable to perform community service activities at a minimum of 8 hours per month, such a disability must be certified by a physician/clinician **as being defined under 216 (i) (l) or 1614 of the Social Security Act 42 USC 416 (i) (l); 1382c), you must fill out the attached Certificate of Disability with the Physician's Certification. We will also accept a letter from your clinician only if it indicates the length of time you are unable to perform 8 hours per month of Community Service.**

   Under this Disability Exemption you will be excused until one month prior to lease renewal and at that time must resubmit Certificate of Disability with Physician's Certification as listed in No 3 above However, the Medford Housing Authority reserves the right to request another

Verification at any time prior to one month before lease renewal, and generally in three month intervals depending upon circumstances.

4. If you wish to submit a request for an exemption as a caregiver of a disabled adult, you must provide to the Medford Housing Authority proof that the adult is disabled as defined under 216 (i) (l) or 1614 Act 42 USC 416 (i) (l); 1382c of the Social Security Act, and you must certify under the pains and penalty of perjury that the information you are providing to the housing authority is true and accurate.. **You must fill out the attached <u>Certification of Caretaker Status</u> form indicating the name of the person for whom you are providing caretaker duties, and you must list your duties and indicate why you can not perform 8 hours of Community Service per month**.

   Under the Caretaker Status Exemption you will be excused until one month prior to lease renewal and at that time must again certify on the form Certification of Caretaker Status as listed in No. 4 above. However, the Medford Housing Authority reserves the right to request verification at any time prior to one month before lease renewal, generally in 3 month intervals depending upon circumstances.

5. If you wish to submit a request for an exemption as a caregiver of a disabled minor, you must certify under the pains and penalty of perjury that the minor for whom you are a caregiver is disabled as defined under 216 (i) (l) or 1614 Act 42 USC 416 (i) (l); 1382c of the Social Security Act. **You must fill out the attached form <u>Certification of Caretaker Status</u> form indicating the name of the person for whom you are providing caretaker duties, and you must list your duties and indicate why you can not perform 8 hours of Community Service per month**.

   Under the Caretaker Status Exemption you will be excused until one month prior to lease renewal and at that time must again certify on the form Certification of Caretaker Status as listed in No. 5 above. However, the Medford Housing Authority reserves the right to request verification at any time prior to one month before lease renewal, generally in 3 month intervals depending upon circumstances.

6. If you meet the requirement of being exempt from having to engage in work activity under the State program funded under part A title IV of the Social Security Act 42 USC 601 et seg.), or if you meet the requirement from having to engage in work under any other State Welfare program including a Welfare to Work program, you may not be required to meet this Community Service Requirement. Documentation for any such program is required for Medford Housing Authority review.

Under this Exemption you will be excused until one month prior to lease renewal and at that time must resubmit documentation for any such program as described in No. 6 above as required by the Medford Housing Authority for review. The Medford Housing Authority reserves the right to request documentation at any time prior to one month before lease renewal.

7. If you wish to request an exemption for involvement in an educational program to obtain a High School diploma, GED, or Vocational Certificate, verification must be submitted from program and include the range of date(s) for the particular program. Once the program has ended, Resident must meet his/her Community Service obligation.

   Under the Educational Program, you will be excused until one month prior to lease renewal and at that time must again verify from the program as stated in No. 6 above. The Medford Housing Authority reserves the right to request verification at any time prior to one month before lease renewal, Verification at any time prior to one month before lease renewal, generally in 3 month intervals depending upon circumstances.

There is no exemption from the 8 hours per month for residents with children. You must arrange for baby sitting to accomplish your 8 hour per month requirement. We will; however, accept daycare as Community Service by an adult to allow another adult to meet his or her obligation of the Community Service Requirement.

The Authority will make the final determination as to whether or not a family member is exempt from the Community Service Requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.

Change in Status

If at any time during a 12 month lease period, a non-exempt person becomes exempt, it is his/her responsibility to notify the Authority and provide documentation of exemption as listed in Paragraphs 1 – 7 under Exemptions.

If at any time during a 12 month lease period, an exempt person becomes non-exempt, it is his/her responsibility to notify the Authority. The Authority will provide the person with the certification and documentation requirements for meeting his/her her Community Service Requirement.

If you do not inform the Authority of your change in status, you may be in non-compliance of your Community Service Requirement.

Program Requirements

This federal law requires that if the Housing Authority determines that you have violated your Community Service Requirement, we shall notify you of such non-compliance, work with you to make an agreement to cure such non-compliance, accept written assurance satisfactory to the Authority that the noncompliant resident no longer resides in the unit, otherwise we shall institute termination and eviction proceedings at the end of the 12 month leasing period for any family with any family member required to perform community service and who has failed to do so. If after the following 12 month leasing period, the family member is still not complaint, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit.

You shall have a right to request a grievance hearing on the Medford Housing Authority Determination.

If you live at the Willis Avenue Development, you Medford Housing Authority contact is Karen DeJoie at 781-396-7200.

If you live at Tempone Manor, Doherty/Canal Streets, or the Saltonstall Building, you Medford Housing Authority contact is Marion DeMayo at 781-396-7200.

Attachments to this Policy:

Medford Housing Authority's Certification of Disability
Medford Housing Authority's Certification of Caretaker Status
Medford Housing Authority's Community Service Organization Form (Letterhead)
24 Code of Federal Regulation 960.600 – 960.609

Medford Housing Authority
Section 8 Homeownership Program
Attachment ma015i04

Medford Housing Authority Homeownership Program

The Medford Housing Authority participates in the Lynn Housing Authority & Neighborhood Development (LAND) Homeownership program which permits eligible participants in the Section 8 Housing Choice Voucher Program the option of purchasing a home with their Section 8 assistance rather than renting.

Eligibility Requirements:

Each Section 8 Homeownership participant must meet HUD's general requirements for admission to the Section 8 Housing Choice Voucher Program and requirements as set forth in the Administrative Plan. Additional requirements in the Section 8 Homeownership Program include that the family must:

A. be the first time homeowner or have a member who is a person with disabilities;
B. with the exception of elderly and disabled households, meet a minimum income requirement without counting income from "welfare assistance: sources;
C. with the exception of elderly and disabled households, meet the requisite employment criteria;
D. have completed an initial lease term in the Section 8 Housing Choice Voucher Program;
E. have fully repaid any outstanding debt owed to the Medford Housing Authority or any other PHA;
F. not defaulted on a mortgage securing debt to purchase a home under the Home Ownership options;
G. not have any member who has presently ownership interest in a residence at the commencement of Homeownership assistance.

Financing Requirements

The proposed financing terms must be submitted to and reviewed by the Medford Housing Authority (MHA) prior to close of escrow. Certain types of financing, including by not limited to balloon payment mortgages, unless convertible to a variable rate mortgage, are prohibited and will not be acceptable by MHA. Seller-financing mortgages shall be considered by MHA on a case by case basis. If a mortgage is not FHA-insured, MHA will require the lender to comply with generally accepted mortgage underwriting standards consistent with those of HUD/FA, Ginnie Mae, Fannie Mae, Freddie Mac, Mass. Housing Finance Agency (MHFA) State Soft Second Mortgage Program, or the MHA is committed to establishing and implementing a Section 8 Homeownership Program to help families who receive Section 8 housing assistance achieve economic independency by utilizing an array of public and private resources through the Family Self-Sufficiency (FSS) Program.

The Medford Housing Authority will utilize the program requirements set forth by the LHAND except that Medford Housing Authority participants may select a home within a 25 mile radius of the Medford geographical boundaries.

MEDFORD HOUSING AUTHORITY
RESIDENT SURVEY FOLLOW UUP PLAN
ATTACHMENT NO: ma015j04

COMMUNICATION

The Medford Housing Authority reviewed the Communication component and believes that we must make a more concerted effort to demonstrate to residents that we are responsive to their questions and concerns.

We shall attempt to emphasize courtesy and professionalism in all of our interactions with residents.

SERVICES

The Medford Housing Authority will address the Services component of the RASS as follows:

Although 2 developments scored high in this category (15-2 scored 93.9% and 15-6 scored 90.0%), we received a score of zero (0) for the 15-1 development at which only 1 person responded and a score of 0 at the 15-4 development where all 16 surveys sent were undeliverable. This was probably due to address/unit designations which the Medford Housing Authority corrected and submitted to HUD months ago, but are still in draft form at REAC awaiting implementation. We shall inquire again for the eleventh time why the changes have not been effectuated by REAC. The developments that have appropriate unit/address designations indicate accurately the outstanding performance that our residents properly perceive that they receive in this category.

MEDFORD HOUSING AUTHORITY
VAWA COMPLIANCE
ATTACHMENT NO: ma015k04

Medford Housing Authority
VAWA COMPLIANCE

The Medford Housing Authority has for approximately the past three years, been involved with and actively participating in a number of activities and/or programs whose goals and objectives are to support and assist the victims of domestic violence, both in our Public Housing and Section 8 programs. The Authority works cooperatively with the Domestic Violence Unit of the Medford Police Department and has sponsored or supported domestic violence awareness sessions in our family public housing development. Additionally, the Authority established a Domestic Violence Voucher Program whereby a set-aside of Section 8 vouchers was made available to victims of domestic violence who were referred to us by the Victims Witness Advocates of the various District Attorneys Offices in five counties and seven District Courts in Massachusetts. This program was conducted in concert with a consortium of seven housing authorities. These programs, policies and procedures preceded the passage of the Violence Against Women Act by approximately two years.

Violence Against Women Act Policy

The Medford Housing Authority Admissions and Continued Occupancy and Section 8 Administrative Plan are hereby amended as follows:

The Section Related to tenant selection/suitability is amended by adding the follows:

No applicant for public housing who has been a victim of domestic violence, dating violence, or stalking shall be denied admission into the program if they are otherwise qualified.

An incident or incidents or actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence.

The Housing Authority may terminate the assistance to remove a lawful occupant or tenant who engages in criminal or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants.

The Housing Authority may honor court orders regarding the rights and access or control of the property, and other orders issued to protect the victim and disused to address the distribution or possession or property among household members where the family “breaks up.”

There is no limitation on the ability of the Housing Authority to evict for other good cause unrelated to the incident or incidents of domestic violence, dating violence or stalking other than the victim may not be subject to a “more demanding standard” than non-victims.

There is no prohibition of the Housing Authority evicting if it “can demonstrate and actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant’s (victim’s) tenancy is not terminated.”

Any protections provided by law which give greater protection to the victim are not superseded by these provisions.

The HA may require certification by the victim of victim status on such forms as the HA and/or HUD shall prescribe or approve.