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

PHA Plans

Annual Plan for Fiscal Year 2007

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

PHA Plan
Agency Identification

PHA Name: Havre de Grace **PHA Number:** MD012

PHA Fiscal Year Beginning: 07/2007

PHA Programs Administered:

☐**Public Housing and Section 8** ☐**Section 8 Only** X **Public Housing Only**
Number of public housing units: Number of S8 units: Number of public housing units: 60
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)

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

x Main business office of the PHA

☐ PHA development management offices

☐ Other (list below)

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**

X **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.

The plan is consistent with the Harford County consolidated Plan and is centered on these goals:

1. Increasing the availability of affordable housing
2. Improving the quality of assisted housing
3. Increasing assisted housing choices
4. Improving the quality of life
5. Promoting self sufficiency

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:

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

Optional Attachments:

X PHA Management Organizational Chart
X FY 2005 Capital Fund Program 5 Year Action Plan
☐ Public Housing Drug Elimination Program (PHDEP) Plan
X Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
☐ 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**
Y	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
Y	State/Local Government Certification of Consistency with	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	the Consolidated Plan	
Y	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
Y	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
Y	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
Y	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
Y	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
Y	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
Y	Public housing rent determination policies, including the methodology for setting public housing flat rents X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Y	Schedule of flat rents offered at each public housing development X check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
Y	Section 8 rent determination (payment standard) policies X check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
Y	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
Y	Public housing grievance procedures	Annual Plan: Grievance

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	X check here if included in the public housing A & O Policy	Procedures
Y	Section 8 informal review and hearing procedures X check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
Y	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
Y	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
N/A	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
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	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
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
Y	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N	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
Y	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
Y	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	538	5	5	2	5	4	4
Income >30% but <=50% of AMI	432	5	5	2	4	4	4
Income >50% but <80% of AMI	581	3	3	2	2	3	2
Elderly	47	5	4	2	3	4	4
Families with Disabilities							
Race/Ethnicity	1218	5	5	3	4	5	5
Race/Ethnicity	86	5	5	3	4	5	5
Race/Ethnicity	41	5	5	3	3	5	5
Race/Ethnicity	2,943						

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:

X 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 X Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	150		8
Extremely low income <=30% AMI	65	43	
Very low income (>30% but <=50% AMI)	45	30	
Low income (>50% but <80% AMI)	40	26	
Families with children	150	100	
Elderly families	6	4	
Families with Disabilities	5	3	
Race/ethnicity	129	86	
Race/ethnicity	1	1	
Race/ethnicity	10	6	
Race/ethnicity	10	6	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	7		
2 BR	38		
3 BR	40		
4 BR	40		

Housing Needs of Families on the Waiting List			
5 BR	10		
5+ BR			

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

If yes:

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

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

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

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

X Reduce turnover time for vacated public housing units

X 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

X 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

X Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

☐ Other (list below)

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

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

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

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

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

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

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

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

Need: Specific Family Types: The Elderly

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

X 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

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

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

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

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

Affirmatively market to local non-profit agencies that assist families with races/ethnicities shown to have disproportionate housing needs

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

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

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

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

X Funding constraints
X Staffing constraints

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2007 grants)**		
a) Public Housing Operating Fund	84,844	
b) Public Housing Capital Fund	99,000	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
2. Prior Year Federal Grants (unobligated funds only) (list below)		
3. Public Housing Dwelling Rental Income	170,000	
4. Other income (list below)	37,100	
Capital Fund 2007	30,000	
Community Room Rental	1,500	
Court Costs Recovered	500	
Late Fees Collected	1,000	
Maintenance Charges to Tenants	2,100	
Laundry Room Commissions	2,000	
4. Non-federal sources (list below)		
Total resources	390,944	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

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

X When families are within a certain time of being offered a unit: (state time) 90 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)?
X Criminal or Drug-related activity
X Rental history
X Housekeeping
X Other (describe) Credit History

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

(2)Waiting List Organization

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

b. Where may interested persons apply for admission to public housing?
X 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)
X One
☐ Two
☐ Three or More

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

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

(4) Admissions Preferences

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

b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)
X Emergencies
X Overhoused
X Underhoused
X Medical justification
X Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☐ Other: (list below)

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

X The PHA-resident lease
X The PHA's Admissions and (Continued) Occupancy policy
X PHA briefing seminars or written materials
X Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

X At an annual reexamination and lease renewal
X Any time family composition changes
X At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

a. ☐ Yes X No: 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 X 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 X 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)

X 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)

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

B. Section 8

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

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)

☐ Criminal or drug-related activity only to the extent required by law or regulation

☐ Criminal and drug-related activity, more extensively than required by law or regulation

☐ More general screening than criminal and drug-related activity (list factors below)

☐ Other (list below)

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

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

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

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

☐ Criminal or drug-related activity

☐ Other (describe below)

(2) Waiting List Organization

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

☐ None

☐ Federal public housing

☐ Federal moderate rehabilitation

☐ Federal project-based certificate program

☐ Other federal or local program (list below)

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

☐ PHA main administrative office
☐ Other (list below)

(3) Search Time

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

If yes, state circumstances below:

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability
☐ Veterans and veterans' families
☐ Residents who live and/or work in your jurisdiction

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

☐ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

☐ This preference has previously been reviewed and approved by HUD
☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

☐ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

☐ $0
☐ $1-$25
X $26-$50

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

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

Hardship exemption is provided for families who experience loss of income or hardship caused by loss of employment, death in family, or other extreme circumstance as determined by the PHA. The minimum rent exception to all families who request it, effective the first of the following month. If HDGHA determines that the hardship is temporary, a minimum rent will not be imposed for a period of up to 90 days from the date of the family's request. At the end of the temporary suspension period, a minimum rent will be imposed retroactively to the time of suspension. HDGHA will offer a repayment agreement to the family for any such rent not paid during the temporary hardship period. If HDGHA determines that there is a qualifying long-term financial hardship, HDGHA must exempt the family from the minimum rent requirements.

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

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

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

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

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

☐ 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
X Other (describe below)

e. Ceiling rents

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

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

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

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

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

☐ Market comparability study

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

f. Rent re-determinations:

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

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

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

(2) Flat Rents

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

X The section 8 rent reasonableness study of comparable housing
X Survey of rents listed in local newspaper
X 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)

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

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

(2) Minimum Rent

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

☐ $0
☐ $1-$25
☐ $26-$50

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

X An organization chart showing the PHA's management structure and organization is attached.

☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	60	4-5
Section 8 Vouchers	N/A	N/A
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	N/A
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal	N/A	N/A

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)

Havre de Grace Housing Authority Maintenance Policy
Admissions and Occupancy Policy
Resident Handbook

(2) Section 8 Management: (list below)

Administrative Plan
Tenant's Guide

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 X 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)

X 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:

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

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

X The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-or-

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

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

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

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

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

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

☐ Yes X No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

1. ☐ Yes X 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 X 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. X 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 X 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: Somerset Manor 1b. Development (project) number: MD012
2. Designation type: Occupancy by only the elderly ☐ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities X
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application X
4. Date this designation approved, submitted, or planned for submission: (10/31/07)

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

5. If approved, will this designation constitute a (select one) X New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) X Part of the development ☐ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

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

4. Status of Conversion Plan (select the statement that best describes the current status)

- ☐ Conversion Plan in development
- ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY)
- ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY)
- ☐ Activities pursuant to HUD-approved Conversion Plan underway

5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)

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

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

1. ☐ Yes X No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h) homeownership program (42 U.S.C. 1437c(h)), or an approved HOPE I program (42 U.S.C. 1437aaa) or has the PHA applied or plan to apply to administer any homeownership programs under section 5(h), the HOPE I program, or section 32 of the U.S.

Housing Act of 1937 (42 U.S.C. 1437z-4). (If "No", skip to component 11B; if "yes", complete one activity description for each applicable program/plan, unless eligible to complete a streamlined submission due to **small PHA** or **high performing PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

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:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (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 X No: Has the PHA has entered into a cooperative agreement with the TANF Agency, to share information and/or target supportive services (as contemplated by section 12(d)(7) of the Housing Act of 1937)?

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

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

X Client referrals
X Information sharing regarding mutual clients (for rent determinations and otherwise)
X Coordinate the provision of specific social and self-sufficiency services and programs to eligible families
☐ Jointly administer programs

X 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)

X Public housing rent determination policies
X Public housing admissions policies
☐ Section 8 admissions policies
☐ Preference in admission to section 8 for certain public housing families
X 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

X 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)
Homeownership Classes	15-20	Other	PHA Main Office	Public Housing

Credit Repair Classes	15-20	Other	PHA Main Office	Public Housing

(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: 04/01/07)
Public Housing	0	0
Section 8	0	0

b. X 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)

X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
X Informing residents of new policy on admission and reexamination
X 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
X 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
X 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
X Analysis of crime statistics over time for crimes committed "in and around" public housing authority
X Analysis of cost trends over time for repair of vandalism and removal of graffiti
X Resident reports
X PHA employee reports
X Police reports
X 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)

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

X Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
X 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
X 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 X No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
☐ Yes X No: Has the PHA included the PHDEP Plan for FY 2005 in this PHA Plan?
☐ Yes X No: This PHDEP Plan is an Attachment. (Attachment Filename: ___)

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

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

3. ☐ Yes X 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 X 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:

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

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

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

☐ Other: (list below)

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

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

2. X 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)

X Candidates were nominated by resident and assisted family organizations

☐ Candidates could be nominated by any adult recipient of PHA assistance

X Self-nomination: Candidates registered with the PHA and requested a place on ballot

☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
☐ Any adult recipient of PHA assistance
X 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)
X Representatives of all PHA resident and assisted family organizations
☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

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

X The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
X The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
☐ 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.

Attachments

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

PHA Plan
Table Library

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

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

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

☐ Original Annual Statement

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

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

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

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

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

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

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

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

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

Optional Public Housing Asset Management Table

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

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

Annual Plan Attachments
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Attachment I.

Admission Policy for Deconcentration

Policy to Deconcentrate Poverty and Promote Integration in Public Housing

Background

Included in Quality Housing and Work Responsibility Act of 1998 (QHWRA or Housing Reform Act) is a requirement that public housing authorities submit, with their Agency Plans, an admissions policy designed to promote income-mixing within public housing complexes. The U.S. Department of Housing and Urban Development (HUD) established "income-mixing" rules and tools for evaluation of the current income-mix. The procedures are delineated, "Rule to Deconcentrate Poverty and Promote Integration in Public Housing: Final Rule", published in the Federal Register as 24 CFR Part 903 and dated 22 December 2000.

Policy

The intent of the deconcentration policy is to promote mixed-income developments through the use of admissions incentives. The QHWRA specifically states that specific income and/or racial quotas may not be imposed. Deconcentration can only occur through admissions procedures. Families currently residing in developments will not be affected by the regulations.

Additionally, families seeking admission to public housing may be offered incentives (e.g. a free month's rent) to choose a housing unit in a development in need of higher or lower income families to provide required income-mixing. Under no circumstances shall any adverse action be taken toward a family who chooses not to accept the incentive and refuses housing in the offered development.

Determination of Covered Developments

Only certain developments within a housing authority are covered by the deconcentration rule;

1) Sites with 100 or more units
2) General Family Developments

Other developments, such as those designed as elderly and handicapped only, those complexes of fewer than 100 units, complexes approved for demolition and developments with an established mixed-income plan (HOPE VI) are exempt from the deconcentration rule. Based on the criteria, the Havre de Grace Housing Authority development is not covered by the Deconcentration Rule.

Required Established Income Ranges

The Deconcentration Rule outlines the method under which average incomes are determined for each complex. Using a formula that assigns a bedroom size "factor", the calculation is made by taking the average of the total incomes within the complex, adjusted for bedroom size. The averages for each site are then added together and averaged for "an authority-wide" income. Based on the authority-wide average income, each complex must then fit into a range of between 85% and 115% of the authority-wide average income. The range must be evaluated once per year and results included in the Agency Plan, along with plans to correct situations where a complex is "out-of-range".

Current Status of Havre de Grace Housing Authority Site

The Havre de Grace Housing Authority site is currently not covered by the Deconcentration Rule; however, we do analyze our income range to ensure we are promoting a positive income mix.

> The average gross annual income at Somerset Manor is $17,263.
> 38% of our families' annual incomes are above the average.

Therefore, no corrective action is needed at this time.

Procedure for Corrective Action When Required

The Deconcentration Rule requires admission policy procedures to correct imbalances within sites that do not meet the Established Income Range. The procedures are as follows;

1) When a development is determined to be outside of the Established Income Range, the Admissions and Occupancy Specialist will notify the Executive Director. The Executive Director and Admissions and Occupancy Specialist will evaluate the degree to which the development is outside of the Established Income Range. A determination will be made as to why the situation developed, i.e. is there an identifiable reason that caused the situation to occur? When the determination is made, then a corrective plan of action will be developed. For example, capital improvements may be needed to make the site more desirable and such improvements may be included in the capital budget.
2) Depending on the reason for the situation, there may be a need to skip a family on the wait list in an effort to further the goals for deconcentration. HUD has established that "skipping" for the purposes of deconcentration does not constitute an adverse action.
3) The Havre de Grace Housing Authority may choose to justify to HUD the reason that the complex is outside of the Established Income Range.
4) The Havre de Grace Housing Authority may choose to provide incentives, including an affirmative marketing plan, rent incentives or adding additional amenities to the site.

The chosen admission activities shall occur until the development is within the Established Income Range.

Fair Housing

No action of the housing authority in attempting to achieve deconcentration and income-mixing shall violate Fair Housing policies.

Attachment II.

Annual Statement/Performance Evaluation Reports CFP/CFPHF

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

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

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

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Havre de Grace Housing Authority	MD07P01250107	2007

☒ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☐ Revised Annual Statement/Revision Number _____
☐ Performance and Evaluation Report for Program Year Ending _____ ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost Original	Total Estimated Cost Revised [1]	Total Actual Cost [2] Obligated	Total Actual Cost [2] Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	$19,000			
3	1408 Management Improvements	$19,000			
4	1410 Administration	$9,500			
5	1411 Audit	$15,000			
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$32,500			
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	**Amount of Annual Grant (Sum of lines 2-19)**	$95,000			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: Walter D. Robertson Date: 09/04/07

Signature of Public Housing Director Date

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

Previous edition is obsolete

form HUD-52837 (9/98)
ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work [2]
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
MD012	Operations	1406		$19,000				
MD012	Accounting	1408		$10,000				
MD012	Computer Software	1408		$3,000				
MD012	Staff Training	1408		$6,000				
MD012	Administration	1410		$9,500				
MD012	Audit	1411		$15,000				
MD012	Unit Building Powerwashing	1460	10	$4,000				
MD012	Replacement Unit Flooring	1460	4	$5,000				
MD012	Roofs on Unit Buildings	1460	1	$10,000				
MD012	Unit Refrigerators	1460	9	$5,000				
MD012	Unit Stoves	1460	11	$5,000				
MD012	Unit Window Repairs	1460	45	$1,000				
MD012	Unit Exterior Door Replacement	1460	10	$2,500				

Signature of Executive Director: Joyce R Robinson — Date: 07/04/07

Signature of Public Housing Director — Date

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

Previous edition is obsolete

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ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [2]
	Original	Revised [1]	Actual [2]	Original	Revised [1]	Actual [2]	
MD012	09/30/07			06/30/08			

Signature of Executive Director: Joyce D. Robinson
Date: 07/04/07

Signature of Public Housing Director
Date

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

Previous edition is obsolete

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ref Handbook 7485.3

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

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

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

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Havre de Grace Housing Authority	MD06P01250106	2006

☐ Original Annual Statement ☐ Reserve for Disasters/Emergencies ☒ Revised Annual Statement/Revision Number 2
☐ Performance and Evaluation Report for Program Year Ending _____ ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost Original	Total Estimated Cost Revised [1]	Total Actual Cost [2] Obligated	Total Actual Cost [2] Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	$18,419	$18,419	$18419	$18419
3	1408 Management Improvements	$18,419	$18,419	$18419	$18419
4	1410 Administration	$9,210	$9,210	$9210	$9210
5	1411 Audit	$16,928.50	$16,928.50	$16928.50	$16928.50
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$29,119.50	$31,840.50	$31840.50	$29119.50
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	**Amount of Annual Grant (Sum of lines 2-19)**	$92,096	$94,817	$94817	$92096
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: [illegible] Date: 05/01/07

Signature of Public Housing Director: Date:

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

Previous edition is obsolete

form HUD-52837 (9/98)
ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work [2]
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
MD012	Operations	1406		$18,419	$18,419			
MD012	Accounting	1408		$9,919	$18,419			
MD012	Computer Software	1408		$0	$0			
MD012	Staff Training	1408		$0	$0			
MD012	Administration	1410		$9,210	$9,210			
MD012	Audit	1411		$16,928.50	$16,928.50			
MD012	Section 504 Improvements	1460		$2,048	$2,048			
MD012	Replacement Unit Flooring	1460	3	$4,000	$4,000			
MD012	Roofs on unit building	1460	4	$16,521.50	$19,242.50			
MD012	Refrigerators for units	1460	6	$3,500	$3,500			
MD012	Stoves for Units	1460	7	$3,050	$3,050			
	Total			$92,096	$94,817			

Signature of Executive Director: Neve R Robinson — Date: 05/01/07

Signature of Public Housing Director — Date

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

Previous edition is obsolete

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ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [2]
	Original	Revised [1]	Actual [2]	Original	Revised [1]	Actual [2]	
MD012	09/30/06	06/30/07		06/30/07	06/30/07		

Signature of Executive Director: Jacque D. Robinson
Date: 05/01/07

Signature of Public Housing Director
Date

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

Previous edition is obsolete

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ref Handbook 7485.3

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

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

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

HA Name	Comprehensive Grant Number	FFY of Grant Approval
Havre de Grace Housing Authority	MD6P01250105	2005

[X] Original Annual Statement [ ] Reserve for Disasters/Emergencies [ ] Revised Annual Statement/Revision Number _____
[ ] Performance and Evaluation Report for Program Year Ending _____ [ ] Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost Original	Total Estimated Cost Revised [1]	Total Actual Cost [2] Obligated	Total Actual Cost [2] Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	$19,644		$19,644	$19,644
3	1408 Management Improvements	$19,644		$19,644	$14,349
4	1410 Administration	$9,822		$9,822	$9,822
5	1411 Audit	$3,000		$3,000	$3,000
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	$36,110		$36,110	$36,110
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	$10,000		$10,000	$10,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	**Amount of Annual Grant (Sum of lines 2-19)**	$98,220		$98,220	$98,220
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Compliance				
23	Amount of line 20 Related to Security				
24	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director: George B. Robinson — Date: 04/15/07
Signature of Public Housing Director — Date

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

Previous edition is obsolete

form **HUD-52837** (9/98)
ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work [2]
				Original	Revised [1]	Funds Obligated [2]	Funds Expended [2]	
MD012	Operations	1406		$19,644		$19,644	$19,644	Complete
MD012	Accounting	1408		$11,144		$11,144	$11,144	Complete
MD012	Computer Software	1408		$3,500		$3,500	$3,500	Complete
MD012	Staff Training	1408		$5,000		$5,000	$5,000	Complete
MD012	Administration	1410		$9,822		$9,822	$9,822	Complete
MD012	Playground Refurnishment	1475		$10,000		$10,000	$10,000	Complete
MD012	Section 504 improvements	1460		$13,610		$13,610	$13,610	Complete
MD012	Air Conditioners for Units	1460	5	$7,500		$7,500	$7,500	Complete
MD012	Water Meter Installation	1460	60	$15,000		$15,000	$15,000	Complete
MD012	Audit	1411		$3,000		$3,000	$3,000	Complete
	Total			$98,220		98,220	68,387	

Signature of Executive Director: George R. Robinson — Date: 04/15/07

Signature of Public Housing Director — Date

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

Previous edition is obsolete

form **HUD-52837** (9/98)
ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates [2]
	Original	Revised [1]	Actual [2]	Original	Revised [1]	Actual [2]	
MD012	09/30/05			06/30/06			

Signature of Executive Director: Joyce B. Robinson
Date: 04/15/07

Signature of Public Housing Director
Date

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

Previous edition is obsolete

form HUD-52837 (9/98)
ref Handbook 7485.3

Attachment III.

Most Recent Board Approved LIPH Operating Budget

Operating Budget

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

OMB Approval No. 2577-0026 (exp. 9/30/2006)

See page four for Instructions and the Public reporting burden statement

a. Type of Submission: [ ] Original [X] Revision No.: 1

b. Fiscal Year Ending: 06/30/2007

c. No. of months (check one): [X] 12 mo. [ ] Other (specify)

d. Type of HUD assisted project(s)
- 01 [X] PHA/IHA-Owned Rental Housing
- 02 [ ] IHA Owned Mutual Help Homeownership
- 03 [ ] PHA/IHA Leased Rental Housing
- 04 [ ] PHA/IHA Owned Turnkey III Homeownership
- 05 [ ] PHA/IHA Leased Homeownership

e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA): Havre de Grace Housing Authority

f. Address (city, State, zip code): 101 Stansbury Court, Havre de Grace, MD 21078

g. ACC Number: P-258

h. PAS / LOCCS Project No.: MD012001060

i. HUD Field Office: Baltimore

j. No. of Dwelling Units: 60

k. No. of Unit Months Available: 720

m. No. of Projects: 1

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 19____ PUM (2)	[X] Estimates [ ] or Actual Current Budget Yr. 2005 PUM (3)	Requested Budget Estimates: PHA/IHA Estimates PUM (4)	PHA/IHA Estimates Amount (to nearest $10) (5)	HUD Modifications PUM (6)	HUD Modifications Amount (to nearest $10) (7)
		Homebuyers Monthly Payments for						
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	**Total**	Break-Even Amount (sum of lines 010, 020, and 030)						
050	7716	Excess (or deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
		Operating Receipts						
070	3110	Dwelling Rental		218.96	236.11	170000		
080	3120	Excess Utilities		-0-		-0-		
090	3190	Nondwelling Rental		-0-		-0-		
100	**Total**	Rental Income (sum of lines 070, 080, and 090)		218.96	236.11	170000		
110	3610	Interest on General Fund Investments		.14	.14	100		
120	3690	Other Income		30.00	51.53	37100		
130	**Total**	Operating Income (sum of lines 100, 110, and 120)		249.10	287.78	207200		
		Operating Expenditures - Administration						
140	4110	Administrative Salaries		78.10	82.00	59040		
150	4130	Legal Expense		1.04	1.04	750		
160	4140	Staff Training		2.78	2.78	2000		
170	4150	Travel		2.08	2.08	1500		
180	4170	Accounting Fees		14.44	14.44	10400		
190	4171	Auditing Fees		9.03	9.03	6500		
200	4190	Other Administrative Expenses		48.97	70.00	50400		
210	**Total**	Administrative Expense (sum of line 140 thru line 200)		156.44	181.37	130590		
		Tenant Services						
220	4210	Salaries		-0-		-0-		
230	4220	Recreation, Publications and Other Services		1.74	1.74	1250		
240	4230	Contract Costs, Training and Other		-0-		-0-		
250	**Total**	Tenant Services Expense (sum of lines 220, 230, and 240)		1.74	1.74	1250		
		Utilities						
260	4310	Water		22.61	23.16	16670		
270	4320	Electricity		9.22	10.79	7770		
280	4330	Gas		5.53	12.15	8750		
290	4340	Fuel		-0-		-0-		
300	4350	Labor		-0-		-0-		
310	4390	Other utilities expense		-0-		-0-		
320	**Total**	Utilities Expense (sum of line 260 thru line 310)		37.36	46.10	33190		

Name of PHA / IHA: Havre de Grace Housing Authority

Fiscal Year Ending: 06/30/2007

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 19____ PUM (2)	[X] Estimates [ ] or Actual Current Budget Yr. 2005 PUM (3)	Requested Budget Estimates: PHA/IHA Estimates PUM (4)	PHA/IHA Estimates Amount (to nearest $10) (5)	HUD Modifications PUM (6)	HUD Modifications Amount (to nearest $10) (7)
		Ordinary Maintenance and Operation						
330	4410	Labor		27.39	27.38	19720		
340	4420	Materials		22.22	25.00	18000		
350	4430	Contract Costs		25.69	36.81	26500		
360	**Total**	Ordinary Maintenance & Operation Expense (lines 330 to 350)		75.31	89.19	64220		
		Protective Services						
370	4460	Labor		0		0		
380	4470	Materials		0		0		
390	4480	Contract costs		0		0		
400	**Total**	Protective Services Expense (sum of lines 370 to 390)		0		0		
		General Expense						
410	4510	Insurance		17.82	17.81	12830		
420	4520	Payments in Lieu of Taxes		0		0		
430	4530	Terminal Leave Payments		0		0		
440	4540	Employee Benefit Contributions		36.99	27.68	19930		
450	4570	Collection Losses		0		0		
460	4590	Other General Expense		0		0		
470	**Total**	General Expense (sum of lines 410 to 460)		54.81	45.49	32760		
480	**Total**	Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)		325.65	363.89	262010		
		Rent for Leased Dwellings						
490	4710	Rents to Owners of Leased Dwellings		0		0		
500	**Total**	Operating Expense (sum of lines 480 and 490)		325.65	363.89	262010		
		Nonroutine Expenditures						
510	4610	Extraordinary Maintenance		0		0		
520	7520	Replacement of Nonexpendable Equipment		0		0		
530	7540	Property Betterments and Additions		0		0		
540	**Total**	Nonroutine Expenditures (sum of lines 510, 520, and 530)		0		0		
550	**Total**	Operating Expenditures (sum of lines 500 and 540)		325.65	363.89	262010		
		Prior Year Adjustments						
560	6010	Prior Year Adjustments Affecting Residual Receipts		0		0		
		Other Expenditures:						
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.		0		0		
580	**Total**	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)		325.65	363.89	262010		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)		<76.56>	<76.11>	<54800>		
		HUD Contributions						
600	8010	Basic Annual Contribution Earned - Leased Projects-Current Year		0		0		
610	8011	Prior Year Adjustments - (Debit) Credit		0		0		
620	**Total**	Basic Annual Contribution (line 600 plus or minus line 610)		0		0		
630	8020	Contributions Earned - Op. Sub - Cur. Yr.(before year-end adj)		131.63	106.35	76570		
640		Mandatory PFS Adjustments (net)		10.38	(0.39)	(280)		
650		Other (specify)		0	0	0		
660		Other (specify)		0	0	0		
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)		0	0	0		
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)		142.00	105.96	76290		
690	**Total**	HUD Contributions (sum of lines 620 and 680)		142.00	105.96	76290		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690) Enter here and on line 810		65.44	29.85	21490		

Name of PHA / IHA	Fiscal Year Ending
Havre de Grace Housing Authority	06/30/2007

		Operating Reserve	PHA/IHA Estimates	HUD Modifications
		Part I - Maximum Operating Reserve - End of Current Budget Year		
740	2821	**PHA / IHA-Leased Housing - Section 23 or 10(c)** 50% of Line 480, column 5, form HUD-52564	130999.62	

		Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End.		
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date) unaudited 6/30/05	(24,834)	
790		Provision for Operating Reserve - Current Budget Year (check one) ☒ Estimated for FYE 12/31/2005 ☐ Actual for FYE	(23,670)	
800		Operating Reserve at End of Current Budget Year (check one) ☒ Estimated for FYE 12/31/2005 ☐ Actual for FYE	(48,504)	
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700	13,136	
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	(35,368)	
830		Cash Reserve Requirement - 15 % of line 480	39,299	

Comments

PHA / IHA Approval

Name: George R. Robinson

Title: Executive Director

Signature: George R. Robinson

Date: 02/10/2006

Field Office Approval

Name: _____

Title: _____

Signature: _____

Date: _____

Public reporting burden for this collection of information is estimated to average 116 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collecton displays a valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Instructions for Preparing Form HUD-52564, Operating Budget

Separate Operating Budgets must be prepared for each separate Annual Contributions Contract (ACC). However, the supporting documentation can be combined for each Turnkey III project within an ACC, provided it clearly separates the cost by program and/or ACC number. Prepare all of the supporting documentation (Forms HUD-52573, HUD-52566 and HUD-52571) prior to finalizing the Operating Budget.

The headings for items a. through m. are self-explanatory.

Columns:

Column (2): Obtain actual P.U.M. amounts from the Statement(s) of Operating Receipts and Expenditures (Form HUD-52599) for the year preceding the current budget year.

Column (3): Include the actual (if available) or estimated PUM amounts for the current budget year.

Columns (4) and (5): Enter amounts on applicable lines from HUD Schedules and/or HA worksheets in column (5). After completing column (5) compute the P.U.M. amounts for Column (4) by dividing each figure in Column (5) by the No. of Unit Months of Availability, item k.

Columns (6) and (7): Leave blank. If HUD modifies the HA estimates as a condition for approval, HUD will complete these columns and return a copy to the HA.

Line Items

Lines 010 through 060 are specific to the Turnkey III Owned Homeownership Program. These lines correspond to accounts 7710 through 7790, see Accounting Handbook 7510.1.

Line 460: Use this line, if applicable, for showing estimated interest on Administrative and Sundry Loans.

Line 490: This line is specific to the Section 23, Leased Rental Program.

Line 560: Use this line, if applicable, only in connection with budget revisions.

Line 570: Use this line, if applicable, for such items as carry-overs of unabsorbed deficiencies in residual receipts from prior years.

Line 630: Operating Subsidy Eligibility for the requested year before year end adjustments.

Lines 640 to 660: Year end adjustments to be funded in the requested budget year.

Line 700: An estimated decrease cannot be more than the amount available in the operating reserve at the beginning of the requested budget year (line 800).

Special Instructions, Budget Revisions

Budget revisions must be approved by the end of the PHA fiscal year.

When using this form for budget revisions, the following additional instructions are applicable:

No changes are to be made to Column (2) or Column (3).

No changes are to be made in the amount for Operating Subsidy Eligibility before year end adjustments (Line 630, or in Part I - Maximum Operating Reserve-End of Current Budget Year.

Operating Reserves

Operating reserves are calculated by individual Annual Contributions Contract except that the operating reserves for Section 23 Leased Housing Projects, Turnkey III Homeownership Projects (HA Owned or Leased) must be separately calculated and reported by project.

Line 780: Enter amount as of the last previous fiscal year (year preceding current budget year).

Line 790:

a. Enter estimated amount, if original budget, or actual amount, if revised budget.

b. Enter negative balance in parentheses. (The negative balance may not exceed the amount on line 780.)

Line 800: Enter sum of lines 780 and 790.

Line 810:

a. Enter estimated amount.

b. Enter negative balance in parentheses. (The negative balance may not exceed the amount on line 800.)

Line 820: Enter sum of lines 800 and 810.

Line 830: Enter percent of routine operating expenses (or minimum dollar amount) currently used by HUD as a performance measure to evaluate the cash requirements and/or operating reserve adequacy.

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Operating Budget
Schedule of All Positions and Salaries

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

See back of page for Instructions and Public reporting burden statement

Name of Housing Authority: Havre de Grace Housing Authority

Locality: Havre de Grace, MD

Fiscal Year End: 06/30/2007

Position Title and Name By Organizational Unit and Function	(1a)	Present Salary Rate As of (date)	Requested Budget Year Salary Rate	Estimated Payment No. Months	Estimated Payment Amount	Allocation of Salaries by Program: Management	Modernization	Development	Section 8 Programs	Other Programs	Longevity	Method of Allocation		
(1)		(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)		
												PH	CAP	S8
Administration:														
Executive Director - G. Robinson		55125	57881	12	57881	40517	5788	—	11576	—	—	70%	10%	20%
Occupancy Specialist - M. King		25200	26460	12	26460	18522	—	—	7938	—	—	70%	—	30%
Subtotal		80325	84341		84341	59039	5788	—	19514	—	—			
Overtime					—	—	—	—	—	—	—			
Total						59039	5788	—	19514	—	—			
Maintenance:														
Maintenance Supervisor / Section 8 - P. Carey		25225	26486	12	26486	17216	5297	—	3973	—	—	65%	15%	20%
Subtotal						17216	5297	—	3973	—	—			
Overtime					2500	2500	—	—	—	—	—	100%		
Total		25225	26486		28986	19716	5297	—	3973	—	—			
Total Salaries					113327	78755	11085	—	23487	—	—			

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

Executive Director or Designated Official: George R. Robinson

Date: 02-10-2006

form HUD-52566 (3/95)
ref Handbook 7475.1

No Havre de Grace Housing Authority employee is serving in a variety of positions which exceed 100% of his or her time.

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Instructions for Preparation of Form HUD-52566

This form is to be prepared to show proposed staffing for the Requested Budget Year. All employees of the Housing Authority must be listed.

Identification: The identification boxes at the top of the form are self-explanatory.

Position Title and Name by Organizational Unit and Function:

Column (1): List each position title according to Organizational Unit, i.e., Central Office, Central Maintenance, Project or Project Management Group, Section 8, Modernization, and Function within each organization unit, i.e., Office of Director, Accounting and Purchasing Section, Leasing and Occupancy Section, General Maintenance, etc. All seasonal temporary labor may be combined on a single line designated "Casual Labor" or "Temporary Labor."

Column (1a): For each position or group of positions as appropriate, enter an account designation as follows:

- AN-T Administrative-Nontechnical positions
- A-T Administrative-Technical positions
- M Maintenance positions
- U Utilities Labor positions
- O Other positions such as staff attorneys and architectural and engineering personnel employed for the sole purpose of preparing plans and specifications for extraordinary maintenance jobs or for betterments and additions.

Column (2) Present Salary Rate: Enter closing date of latest completed payroll in heading. Then, for each position listed in Column (1), enter the present annual salary rate in accordance with the latest payroll record. For new positions to be established in the Requested Budget Year, leave this column blank.

Columns (3), (4), (5) Requested Budget Year:

Salary Rate: For each position listed, enter the proposed salary rate for the Requested Budget Year.

Estimated Payment:

No. Months: For each position listed, enter the estimated equivalent number of full months of employment in the Requested Budget Year.

Amount: For each position listed, enter the estimated amount of salary to be paid during the Requested Budget Year.

Allocation of Salaries by Program: Columns (6) through (11) are to be completed by Housing Authorities who administer programs other than Management.

Column (6)–Management: For each position listed enter the amount of salary allocable to management related activities.

Column (7)–Modernization Programs: For each position listed enter the amount of salary allocable to Modernization (CIAP/Comprehensive Grant Program) related activities. The Housing Authority must have an approved CIAP/Comprehensive Plan budget with funds approved under Development Accounts 1410.1 and 1410.2.

Column (8)–Development: For each position listed, enter the amount of salary allocable to activities related to projects in development. Include in one amount the amount chargeable to Development Cost Accounts 1410 and 1425.

Column (9)–Section 8 Programs: For each position listed, enter the amount of salary allocable to activities related to Section 8 programs.

Column (10)–Other Programs: For each position listed, enter the amount of salary allocable to activities related to projects which are locally-owned, State-aided, etc., and to all other programs with which the Local Authority is concerned such as Urban Renewal, etc.

Note: This Column should also include the allocation of salary costs of shared resources, 1.e., where staff or other resources are shared between a HA program and a program administered by an identity-of-interest non-profit entity, the salary cost must be equitably allocated to each program.

Column (11)–Other: For each position listed, enter the amount of salary allocable as a result of longevity compensation.

Column (12)–Method of Allocation: For each position or group of positions listed, show the method used for allocating the salaries listed.

On the basis of information shown on this schedule complete Form HUD-52573, Summary of Budget Data and Justifications, **Summary of Staffing and Salary Data** section, and Form HUD-52564, Operating Budget.

Calculation of Social Security (FICA) Add-ons
FYE 2007

Total Payroll (per Operating Budget) Administrative, Tenant Services & Maintenance	$109,311.00
Total Payroll charged to PH (per Operating Budget) Administrative, Tenant Services & Maintenance	$75,943.40
Payroll Subject to Base Year FICA Base of $14,100 Administrative, Tenant Services & Maintenance	$42,300.00
Calculation of Salaries exceeding FICA Base Salaries above FICA Base	$0.00
Calculation of % of PH Salaries to Total Payroll	69%
Total Payroll charged to PH (per Operating Budget)	$75,943.40
Divided by: Total Payroll	$109,311.00
Calculation of Payroll Subject to FICA using RBY Base	
Total Payroll	$109,311.00
Multiplied by % of PH Salaries to Total Payroll	69%
Payroll subject to FICA using base	$75,425.00
Calculation of Payroll Subject to FICA Using Base Year Base	
Total Base Year Base	$29,187.00
Multiplied by % of PH Salaries to Total Payroll	$42,300.00
	69%
Calculation of Social Security (FICA) Add-on:	
Payroll Subject to FICA using Base	$75,425.00
Payroll Subject to FICA using Base Year Base	$29,187.00
FICA Rate (7.65%) x Payroll Subject to FICA Using Base	$5,770.01
Base Year Rate (5.85%) x Payroll Subject to FICA using Base Year Base	$1,707.44
	$4,062.57

Operating Budget

Schedule of Administration
Expense Other Than Salary

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

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Name of Housing Authority	Locality	Fiscal Year End
Havre de Grace Housing Authority	Havre de Grace, MD	06/30/2007

	(1) Description	(2) Total	(3) Management	(4) Development	(5) Section 8	(6) Other CAP
1	Legal Expense (see Special Note in Instructions)	1500	750	0	0	750
2	Training (list and provide justification)	4000	2000	0	2000	0
3	Travel Trips To Conventions and Meetings (list and provide justification)	2000	1000	0	1000	0
4	Other Travel Outside Area of Jurisdiction	150	0	0	150	0
5	Within Area of Jurisdiction	500	500	0	0	0
6	Total Travel	2650	1500	0	1150	0
7	Accounting	13000	10400	0	1950	0
8	Auditing	10000	6500	0	2000	1500
9	Sundry Rental of Office Space	0	0	0	0	0
10	Publications	300	300	0	0	0
11	Membership Dues and Fees (list organization and amount)	485	485	0	0	0
12	Telephone, Fax, Electronic Communications	10000	7500	0	1500	1000
13	Collection Agent Fees and Court Costs	2500	2500	0	0	0
14	Administrative Services Contracts (list and provide justification)	24000	13200	0	6000	4800
15	Forms, Stationary and Office Supplies	2700	1890	0	540	270
16	Other Sundry Expense (provide breakdown)	7200	6125	0	1175	0
17	Total Sundry	72835	50400	0	14315	8220
18	Total Administration Expense Other Than Salaries	103985	71550	0	21415	11120

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

Signature of authorized representative & Date

X George R. Robinson 02/10/2008

form **HUD-52571** (3/95)
ref Handbook 7475.1

Justification/Breakdown:

	Total	PH	Sec 8
Postage	$1,700.00	$1,275.00	$375.00
Advertising	$1,500.00	$1,350.00	$300.00
Credit Checks	$2,000.00	$2,000.00	$0.00
Miscellaneous	$2,000.00	$1,500.00	$500.00
TOTAL	**$7,200.00**	**$6,125.00**	**$1,175.00**

Instructions for Preparation of Form HUD-52571

Prepare this form to reflect detailed estimates of Administration Expense, other than salaries, and the distribution to all programs administered by the Housing Authority.

The identification boxes in the upper right hand corner are self-explanatory.

1. **Legal Expense**: Enter in Column (2), Line 1 the estimated cost of legal service. Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

Special Note: The amount entered on Form HUD-52564 should also include salaries of Staff Attorneys as shown on Form HUD-52566 and included on line for "Other" in the Summary of Staffing and Salary Data section of Form HUD-52573.

2. **Training**: List and provide justification for all training.

Travel Expense: Justification must be provided for travel.

3. **Trips to Conventions and Meetings**: Under Justification/Breakdown, List each convention and meeting to be attended by commissioners and staff, with the location. Enter the number of persons expected to attend and show the aggregate number of travel days and the estimated total cost of each trip including subsistence allowance, cost of transportation, and reimbursable miscellaneous expenses. Enter the sum of the total costs of all trips in Column (2). Enter in Columns (3) through (6) the pro rata shares of amounts in Column (2) chargeable to programs administered by the Housing Authority.

4. **Other Travel: Outside Area of Jurisdiction**: Enter in Column (2), Line 4 the estimated cost for travel by commissioners and staff, including subsistence, transportation, and reimbursable miscellaneous expenses. Follow instructions 3 above for columns (3) through (6).

5. **Other Travel: Within Area of Jurisdiction**: Enter in Column (2), Line 5 the estimated cost for travel, including fixed monthly allowances for reimbursement on a mileage basis for use of privately owned automobiles; and reimbursement for authorized use of local public transportation. Follow instructions 3 above for columns (3) through (6).

6. **Total Travel:** Sum Lines 3, 4, and 5 for Columns (2) through (7) and enter total for each on Line 6 "Total Travel."

7, thru 16. **Accounting, Auditing and Sundry**: Enter the estimated total for all programs in Column (2) for each item of expense in Lines 7 through 16. In Columns (3) through (6) enter the pro rata share of amounts shown in Column (2) chargeable to all programs administered by the Housing Authority.

14. **Administrative Services Contracts**: List and provide justification for all contracts (excluding accounting contracts).

16. **All Other Sundry Expense**: List all items identified under this expense.

18. **Total Administration Expense Other Than Salaries**:

Add the amounts on the following Lines:

Line 1 Legal Expense

Line 2 Training

Line 6 Total Travel

Line 7 Accounting

Line 8 Auditing

Line 17 Total Sundry

On Line 18 enter the appropriate totals in Columns (2) through (6). The amount shown in Column (3), lines 1, 2, 6, 7, 8, and 17, should be carried forward to Lines 150 through 200 of Form HUD-52564, Operating Budget.

Operating Budget

Summary of Budget Data and Justifications

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

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Name of Local Housing Authority	Locality	Fiscal Year Ending
Havre de Grace Housing Authority	Havre de Grace, MD	06/30/2007

Operating Receipts

Dwelling Rental. Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant.

Projected average monthly dwelling rental income — 236.11
Multiplied by Unit Months Available — 720
170000

Excess Utilities. (**Not** for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example, Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged: Gas ☐ Electricity ☐ Other ☐ (Specify) _____

2. Comments

Nondwelling Rent. (**Not** for Section 23 Leased housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example: Community Building Space - Nursery School - $50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1. Space Rented	To Whom	Rental Terms

2. Comments

Interest on General Fund Investments. State the amount of present General Fund investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

Based on Prior Year Experience ———————— 100

Other Comments On Estimates of Operating Receipts. Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

Capital Fund 2006	$30,000.00
Community Room Rental	$1,500.00
Court Costs Recovered	$500.00
Late Fees Collected	$1,000.00
Maintenance Charges to Tenants	$2,100.00
Laundry Room Commissions	$2,000.00
TOTAL	**$37,100.00**

Operating Expenditures

Summary of Staffing and Salary Data

Complete the summary below on the basis of information shown on form HUD-52566, Schedule of All Positions and Salaries, as follows:

Column (1) Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.

Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).

Column (3) Enter the portion of total salary expense shown in Column (5) or Column (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.

Column (4) Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.

Column (5) Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).

Cloumn (6) Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distrtibuted to account lines **Ordinary Maintenance and Operation—Labor, Extraordinary Maintenance Work Projects,** and **Betterments and Additions Work Projects.**

Account Line	Total Number of Positions (1)	HUD-Aided Management Program				
		Equivalent Full-Time Positions (2)	Salary Expense			
			Management (3)	Section 23 Leased Housing Only (4)	Modernization Programs (5)	Section 8 Program (6)
Administration—Nontechnical Salaries[1]	2	2	59039	—	5788	19514
Administration—Technical Salaries[1]						
Ordinary Maintenance and Operation—Labor[1]	1	1	19716	—	5297	3973
Utilities—Labor[1]						
Other (Specify) (Legal, etc.)[1]						
Extraordinary Maintenance Work Projects[2]						
Betterments and Additions Work Projects[2]						

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.

Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

Travel, Publications, Membership Dues and Fees, Telephone and Telegraph, and Sundry. In addition to "Justification for Travel to Conventions and Meetings" shown on form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

Approximately $4000 has been set aside for staff training in the areas of Financial Management, Maintenance Repairs, LIPH and Section 8; and for commissioners' training at the 2006 Legislative Conference in Washingon, DC. $2000 has been set aside for traveling to and from the above training sessions. $500 has been set aside for travel to court proceedings. Anticipated memberships include - NAHRO - $200, PHADA - $85 and MAHRA - $200. $300 has been set aside for publications in the areas of property management and maintenance.

Utilities. Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense."

Ordinary Maintenance & Operation—Materials. Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for materials in the Current Budget Year.

Building	$12,000.00
Plumbing	$1,000.00
Electrical	$1,000.00
Vehicle Repair	$1,000.00
Painting	$3,000.00
TOTAL	**$18,000.00**

Ordinary Maintenance & Operation—Contract Costs. List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

Building Repairs	$10,000.00
Plumbing	$2,000.00
Janitorial	$1,000.00
HVAC	$3,000.00
Locksmith	$2,000.00
Pest Control	$4,500.00
Landscaping	$3,000.00
Electrical	$1,000.00
TOTAL	**$26,500.00**

Insurance. Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

	Total	PH	CAP	Sec 8	DRUG
Blanket Employee Dishonesty	$200.00	$100.00	$40.00	$60.00	$0.00
Public Officials E & O	$1,260.00	$630.00	$252.00	$378.00	$0.00
Workers Comp	$4,560.00	$2,280.00	$912.00	$1,368.00	$0.00
Non Owned/Hired Auto Liability	$100.00	$50.00	$20.00	$30.00	$0.00
Mold or Other Fungus	$170.00	$85.00	$34.00	$51.00	$0.00
Boiler and Machinery	$360.00	$180.00	$72.00	$108.00	$0.00
Commercial Property	$15,000.00	$7,500.00	$3,000.00	$4,500.00	$0.00
Commercial Liability	$4,000.00	$2,000.00	$800.00	$1,200.00	$0.00
TOTAL	**$25,650.00**	**$12,825.00**	**$5,130.00**	**$7,695.00**	**$0.00**

Employee Benefit Contributions. List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

	Total	PH	CAP	Sec 8	DRUG
FICA @ 7.65% of Payroll	$8,669.52	$6,024.76	$848.00	$1,796.76	$0.00
Unemployment Compensation	$8,735.79	$6,142.89	$831.38	$1,761.53	$0.00
Retirement	$0.00	$0.00	$0.00	$0.00	$0.00
Health, Life & Medical	$11,088.00	$7,761.60	$1,108.80	$2,217.60	$0.00
TOTAL	**$28,493.31**	**$19,929.25**	**$2,788.18**	**$5,775.88**	**$0.00**

Collection Losses. State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions. Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

Contracts. List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.

Small Business Services Inc. —— Administrative Support Svcs —— $24,000

Calculation of Allowable Utilities Expense Level

PHA-Owned Rental Housing
Operating Fund

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

OMB Approval No. 2577-0029 (exp. 06/30/2006)

a) Public Housing Agency	b) Operating Fund Project Number	c) New Project Numbers	d) Fiscal Year Ending	f) Type of Submission: ☒ Original ☐ Revision No. ( )
Havre de Grace	MD012001060		06/30/2007	
			e) ACC Number P-258	g) Energy Performance Contract ☐ h) Utility Rate Incentive ☐

Line No.	Description	Unit Months Available	Sewerage and Water Consumption	Electricity Consumption	Gas Consumption	Fuel (Specify type e.g., oil, coal, wood)		
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01	UMA and actual consumption for old projects for 12 month period which ended 12 months before the Requested Budget Year. 6/30/05	720	2,320,602	75502	5583			
02	UMA and actual consumption for old projects for 12 month period which ended 24 months before the Requested Budget Year. 6/30/04	720	2,756,395	87922	5247			
03	UMA and actual consumption for old projects for 12 month period which ended 36 months before the Requested Budget Year. 6/30/03	720	2,388,780	82590	5808			
04	Accumulated UMA and actual consumption of old projects (sum of lines 01, 02, 03).	2160	7,465,777	246,014	16,638			
05	Estimated Unit Months Available for old projects for Requested Budget Year.	720						
06	Ratio of Unit Months Available for old projects (line 04 divided by line 05 of column 3)	3						
07	Estimated UMA and consumption for old projects for Requested Budget Year (Each figure on line 04 divided by line 06).	720	2,488,592	82,005	5546			
08	Estimated UMA and consumption for new projects.							
09	Total estimated UMA and consumption for old and new projects for Requested Budget Year (line 07 + line 08).	720	2,488,592	82,005	5546			
10	Estimated cost of consumption on line 09 for Requested Budget Year(Line 13 times Line 09).	Costs	16,674	7,766	8,750			
11	Total estimated cost for Requested Budget Year (sum of all columns of line 10).	33,190						
12	Est. PUM cost of consumption for Requested Budget Year (Allowable Utilities Expense Level) (Line 11 divided by line 09, col. 3)	46.10						
13	Rate		0.0067	0.0947	1.5778			
14	Unit of Consumption		gal	KwH	Therms			

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 9(a) of the U.S. Housing Act of 1937, as amended, and by 24 CFR Part 990 HUD regulations. HUD makes payments for operation of low-income housing projects to PHAs. The Operating Fund Formula determines the amount of operating subsidy to be paid to PHAs. PHAs provide information on the Allowable Expense Level (AEL), Allowable Utilities Expense Level and Other Costs for the major formula components. HUD reviews the information to determine each PHA's share of the total operating subsidy funds appropriated by Congress each fiscal year. HUD also uses the information as a means of estimating the annual aggregage operating subsidy eligibility of PHAs which serves as the basis for requesting annual approprations from Congress. Responses to the collection of information are required to obtain a benefit. The information requested does not lend itself to confidentiality.

Instructions

1. General. This form is used to calculate the Allowable Utilities Expense Level component of eligibility for operating subsidy in accordance with regulations at 24 CFR Part 990.107. It is used for PHA-owned rental housing projects and PHA units in mixed housing developments when operating subsidy is requested for such developments under the Operating Fund. A separate form shall be submitted for each Annual Contributions Contract (ACC) which includes one or more projects that have reached the End of Initial Operating Period (EIOP) and will be in management for all or any part of the PHA fiscal year for which the PHA requests operating subsidy. This form shall not be used for the Turnkey III and Mutual Help Homeownership programs, Section 23 and 10(c) leased housing programs, or the Housing Choice Voucher (Section 8) program.

2. Preparation and Submission of Form:

Heading information.

a) **Public Housing Agency.** Enter the name of the Public Housing Agency.

b) **Operating Fund Project Number.** Enter the Operating Fund Project Number for the corresponding Operating Budget, Form 52564.

c) **New Project Numbers.** Enter the project identification number of those projects classified as "New Projects" when there is data entered on line 08.

d) **Fiscal Year Ending.** Enter the fiscal year ending date for the year for which this form is being prepared.

e) **ACC Number.** Enter the number of the Annual Contributions Contract (ACC) covering the projects for which this form is submitted.

f) **Type of Submission.** Enter an "X" indicating an original submission or a revision and revision number.

g) **Energy Performance Contract.** Enter an "X" in the box if the PHA has an existing approved Energy Performance Contract(s) under 24 CFR 990.107(f)(1).

h) **Utility Rate Incentive.** Enter an "X" in the box if the PHA has an existing approved energy rate incentive under 24 CFR 107(b)(2).

Columnar Headings, Columns 7, 8, and 9. Specify the type(s) of fuel being consumed by inserting the type(s) in one or more of the columnar headings (e.g., oil, coal or wood).

Special Instructions Regarding Lines 01, 02 and 03:

Rolling Base Period. The Rolling Base Period allowable average utility consumption is computed by using data recorded on lines 01, 02 and 03. The Rolling Base Period is applicable for PHA fiscal years beginning January 1, 1983, and thereafter.

Rolling Base Period of Less Than 36 Months. If a PHA has not maintained or cannot recapture consumption data nor develop comparable consumption data regarding a particular utility or utilities from its records or from the records of a comparable project for the full Rolling Base Period, it may request HUD Field Office approval to utilize data for a period of at least 12 months. If HUD approves the use of data for a period of at least 12 months but less than 36 months, it shall be expanded to the full Rolling Base Period by use of the actual experience, plus estimated consumption for the period for which no record of experience is available. The estimated consumption may be based upon the actual experience. Take into account the relationship of the heating degree days of the periods of actual experience and the missing experience when considering utilities used for space heating. If consumption of a comparable project is utilized, that consumption must have taken place during the same periods of the PHA's Rolling Base.

Adjustment of the Consumption of the Rolling Base Period. To avoid a distortion of the average consumption for the three 12 month periods of the Rolling Base Period, the actual consumption or equivalent listed for each type of utility must reflect the same number of units and equivalent uses for all three years. For example, there must not be a switch in use of gas from heating and cooking to only cooking or vise-versa. **The unit months available (UMAs) must be the same for all three lines.** Needed adjustments to achieve this result are provided below in section 3.

Line 01. By type of utility, enter the actual or adjusted consumption, in the appropriate units of measurement, for the 12-month period which ended twelve months before the requested budget year. For example, a PHA with a fiscal year beginning 1/1/01 would report for the period from 1/1/99 through 12/31/99. Include only consumption for dwelling units which were in management for the entire Base Period or are not specifically excluded from line 01 by the instructions of section 3 below. In column 3, enter the number of UMAs for the requested budget year less any UMAs reflected on Line 08. The unit months would include those units where all utilities are resident-purchased.

Line 02. Refer to instructions for line 01 above, except the consumption to be recorded on line 02 for a fiscal year beginning 1/1/01 would be for the 12-month period from 1/1/98 through 12/31/98, which is the period ended twenty-four months before the requested budget year. In column 3, enter the same number of UMAs as entered on Line 01.

Line 03. Refer to instructions for line 01 above, except the consumption to be recorded on line 03 for a fiscal year beginning 1/1/01 would be for the 12-month period from 1/1/97 through 12/31/97 , which is the period ended thirty-six months before the requested budget year. In column 3, enter the same number of UMAs as entered on Line 01.

Line 04. Enter the sum of lines 01, 02, and 03 in each column.

Line 05. Enter the number of UMAs during the requested budget year for Old Projects. **This number must be the same as the UMAs shown on lines 01, 02 and 03, column (3) of this form.** If the UMAs in the requested budget year are not the same as each period of the Rolling Base Period, see instructions contained in the second paragraph of section 3, below.

Line 06. Divide UMAs in column (3) of line 04 by UMAs in column (3) of line 05 to determine the ratio of UMAs available in the accumulated years to the UMAs available in the requested budget year. **If the ratio is different than 3, there has been an error in stating UMAs on lines 01, 02, 03, 04, and/or 05.**

Line 07. Divide each consumption amount and the UMAs on line 04 by the ratio in column (3) of line 06 (3) and enter each answer in the appropriate column of line 07.

Line 08. A "New Project" for the purpose of establishing the Rolling Base Period and the Allowable Utilities Expense Level is defined as either:

- A project which has not been in operation during at least 12 months of the Rolling Base Period, or a project which enters management after the Rolling Base Period and before the end of the Requested Budget Year.
- A project which during or after the Rolling Base Period has experienced: a conversion from one energy source to another; interruptible service sufficient to cause discernible variance from normal consumption patterns; a period in which the project is unoccupied; a switch from resident-purchased to PHA-supplied utilities; or a switch from PHA-supplied to resident-purchased . Specific instructions for establishing or adjusting utility consumption for each of these situations are outlined in section 3 below.

Line 09. Enter the sum of line 07 and line 08 for UMAs and all consumption columns. Even if the utilities for one or more units are all resident-purchased, the UMAs for such units must be included in column 3 of this line. The UMAs also will be included in the category of Old Projects (line 01, 02 and 03) or new projects (line 08), as appropriate. **In all cases, the total UMAs shown in column (3) of line 09 must be the same as the UMAs shown on form HUD-52723, "Operating Fund Calculation of Operating Subsidy."**

Line 10. Multiply the columns of line 09 (excluding column 3) by the columns of line 13 and enter the results in the appropriate columns of line 10.

Line 11. Enter in column (3) the sum of all columns of line 10.

Line 12. Divide the amount in column (3) of line 11 by UMAs shown in column (3) of line 09. Enter the resulting PUM amount rounded to the nearest two (2) decimal places on this line and on the line titled "Allowable Utilities Expense Level" of form HUD-52723.

Line 13. Enter for each type of utility or fuel the applicable rate. The current applicable rates in effect at the time the Operating Budget is submitted to HUD will be used as the utilities rates for the Requested Budget Year, except where prior to the date of submission of the budget to HUD, the appropriate utility commission has approved rate increases for future implementation. In these instances, the new rates may be used as the utility rates for the entire Requested Budget Year.

Line 14. Indicate for each type of utility or fuel the unit of measurement (e.g. therms, kilowatt hour, gallons, cubic feet, 100 cubic feet, tons) which relates to the consumption shown for each utility or fuel on lines 01 through 08.

3. Situations Requiring Special Adjustments to Lines 01 Through 08. Actual consumption of projects having the situations described in section 2, "Line 08", above, shall be established or adjusted in accordance with the instructions contained in this paragraph. The overriding consideration of all of the adjustments which are discussed here is that the consumption data shall not be distorted by including in lines 01, 02, 03, 05 or 07 of this form any UMAs or consumption for projects for only part of the Rolling Base Period or Requested Budget Year, and that the actual consumption or equivalent listed for each type of utility reflects the same number of units and equivalent uses for all three years. Where there is usage or a specific type of delivery or usage mix for only a part of the Rolling Base Period, either it will be eliminated from lines 01, 02, 03, 05 and 07 and, after appropriate adjustment, incorporated into line 08, or the total Rolling Base Period (lines 01, 02 and 03) will be adjusted to show a comparable situation as to usage mix for each unit in each twelve month period. Information supporting the special adjustments shall accompany this form.

New Project Not in Management During at Least 12 Months of the Rolling Base Period. The allowable consumption and UMAs for a project specified in section 2, the first subpart of "Line 08", above, shall not be included in lines 01, 02 or 03, but the allowable consumption levels and UMAs shall be entered in line 08 of this form. For a project in management for less than 12 months of the Rolling Base Period or one entering management after the Rolling Base Period but before the end of the Requested Budget Year, annual allowable consumption data shall be determined by using the consumption experience of a project (same PHA or other PHA) with comparable types of utilities and which is likely to have comparable per unit levels of consumption based on the physical characteristics of the buildings. Such experience must have occurred during the Rolling Base Period and must be for 12 months or more. If more than 12 months are used, the experience must be annualized. The annual consumption and UMAs shall then be adjusted to reflect the number of months the project is expected to be in management during the Requested Budget Year. The resulting allowable consumption levels and UMAs shall be entered on line 08. The HUD Field Office will provide these figures on request. Once this project has acquired 12 months experience, its allowable utilities consumption level for the next Requested Budget Year will be entered on this form in accordance with the instructions of "Rolling Base Period of Less Than 36 Months" in section 2.

Switch of Utilities - Energy Conversions: If the PHA has converted the units of a project from one energy source to another (e.g., from oil to gas) during or after the Rolling Base Period, or will convert before the end of the Requested Budget Year, the following adjustments are required for the Rolling Base Period and/or line 08.

- **For Discontinued Utility.** Exclude actual consumption of these units in the column on lines 01, 02 and 03.

• **For New Utility:**

• **Between One and Three Years of Experience.** If there has been more than one, but less than three years of consumption experience during the Rolling Base Period, use such actual experience, plus estimated consumption for the time which had no experience, in the appropriate column on lines 01, 02 or 03. Line 08 is not to be used. Avoid overlapping estimated and actual consumption experience. As a means of estimating the missing consumption of the new space heating utility, the PHA's calculation could be based upon the old utility consumption for the missing period, using the relative BTU equivalent. If the PHA requires assistance to compute BTU equivalents, it should request it from the Field Office.

• **Less Than One Year of Experience.** If there is less than one year of consumption experience as to the new utility during the Rolling Base Period, estimate the annual consumption and include it in the appropriate column on each of lines 01, 02 and 03. Line 08 is not to be used. In estimating, use actual consumption experience available. Consider the consumption patterns of comparable projects if such information is available. Avoid overlapping estimated consumption and actual experience. The BTU equivalent system mentioned in the preceding paragraph could be utilized to compute the missing experience.

• **Switch After Rolling Base Period.** If the switch is between the Rolling Base Period and the start of the Requested Budget Year, estimate consumption for a full year for the new utility, as if for a "New Project," (see the second paragraph of part 3, above) and enter estimated consumption on line 08. If the date of the switch to the new utility will result in its use for a part of the Requested Budget Year, estimate the consumption of the discontinued utility for the number of months of the Requested Budget Year it will be used, and estimate the consumption of the new utility for the number of months it will be used, and include these estimates on line 08, in the appropriate columns. The estimate for the discontinued utility shall be based on historical data of the Rolling Base Period, and the estimate for the new utility shall be made as if for "New Project" (see the second paragraph of part 3, above). Once the PHA has experienced actual consumption of the new utility for some part of the Rolling Base Period, the new utility shall be considered in accordance with the instructions in the preceding paragraph, "Less Than One Year of experience.

• **Unit Months Available.** When a switch of utilities occurs, no adjustment of UMAs is required for lines 01, 02, or 03. Also do not enter UMAs on line 08, as this will duplicate the UMAs already shown on lines 01, 02 and 03.

Interruptible Service. If the PHA has a utilities combination which provides for interruptible service from one energy source to another, the HUD Field Office shall be contacted to determine a reasonable estimate of consumption to be used in calculating the allowable utility expense for the Requested Budget Year if the interruption is sufficient to cause discernible variance from normal consumption pattern. This adjustment would, of course, not be considered until after the interruption had occurred and, if possible, not until after the heating season has ended.

Unoccupied Projects. For a project that will be unoccupied for the entire Requested Budget Year, and no utility service is being provided, exclude the previous actual consumption of these units from the appropriate columns on lines 01, 02, and 03. For a project that will be unoccupied for a significant continuous period during the Requested Budget Year, for such reasons as extensive modernization or if the PHA is awaiting a decision on demolition, but some utility service is to be provided, the previous consumption shall be excluded from the appropriate columns on lines 01, 02, and 03, and the estimated consumption of utilities that may be furnished for the Requested Budget Year shall be included in line 08. The number of UMAs shown under column (3) will not be affected. When the reason for this adjustment has passed, then the Rolling Base Period consumption shall once again be entered on lines 01, 02 and 03 for this project in accordance with the instructions "For New Utility" in the third paragraph of this section. The PHA must submit documentation in support of any consumption entered on line 08 pursuant to this paragraph.

Switch of Utilities from Resident-purchased to PHA-supplied. If the PHA has switched from resident-purchased to PHA-supplied utilities during the Rolling Base Period or if it has or will do so after the Rolling Base Period but prior to the end of the Requested Budget Year, consumption data applicable to PHA-supplied utilities must be included on the form HUD-52722-A. The instructions contained in the third paragraph of this section, ("For New Utility") are appropriate for the adjustment necessary to reflect this switch. Keep in mind that where the instructions state "new utility" it will mean, for the purposes of this paragraph, the new PHA-supplied utility. In addition, where consumption experience is requested, it relates to experience under a PHA-supplied system and not to previous consumption charged directly to tenants.

Switch of Utilities from PHA-supplied to Resident-purchased. If the PHA has changed from PHA-supplied to resident-purchased utilities prior to the beginning of the Requested Budget Year, no data regarding PHA-supplied utilities shall be included in the Rolling Base Period (lines 01, 02 and 03) consumption data. If the switch is to be made in the Requested Budget Year, the amount of PHA-supplied consumption for the period from the beginning of the Requested Budget Year to the date of the switch shall be shown on line 08; do not show UMAs for such units on line 08 since they are already included in lines 01, 02 and 03. The estimate shall be based upon consumption experience of the Rolling Base Period. In the next fiscal year, the partial consumption should be deleted from line 08.

Submission of Form HUD-52722-A. Submit form HUD-52722-A to the Field Office for approval together with form HUD-52723, "Operating Fund Calculation of Operating Subsidy", and the Operating Budget, form HUD-52564, if applicable, for the Requested Budget Year.

Supporting Documentation. The PHA shall retain supporting documentation substantiating the data reported on this form until audited.

Adjustment for Utility Consumption and Rates

PHA-Owned Rental Housing
Operating Fund

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

OMB Approval No. 2577-0029 (exp. 06/30/2006)

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number. This information is required by Section 9(a) of the U.S. Housing Act of 1937, as amended, and by 24 CFR Part 990 HUD regulations. HUD makes payments for operation of low-income housing projects to PHAs. The Operating Fund Formula determines the amount of operating subsidy to be paid to PHAs. PHAs provide information on the Allowable Expense Level (AEL), Allowable Utilities Expense Level and Other Costs for the major formula components. HUD reviews the information to determine each PHA's share of the total operating subsidy funds appropriated by Congress each fiscal year. HUD also uses the information as a means of estimating the annual aggregage operating subsidy eligibility of PHAs which serves as the basis for requesting annual appropriations from Congress. Responses to the collection of information are required to obtain a benefit. The information requested does not lend itself to confidentiality.

a) Public Housing Agency	b) Operating Fund Project Number	c) Fiscal Year Ending	e) Type of Submission:	
Havre de Grace	MD012001006D	06 / 30 / 05	☒ Original	☐ Revision No. ( )
		d) ACC Number P-258	f) Energy Performance Contract ☐	g) Utility Rate Incentive ☐

Line No.	Description	Line Totals	Sewerage and Water Cost and Consumption	Electricity Costs and Consumption	Gas Costs and Consumption	Fuel Costs & Consumption (Specify type e.g., oil, coal, wood)		
	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
01	Actual utility costs for the fiscal year for which adjustment is requested.	30,719	16,215	8670	5832			
02	Actual consumption for the fiscal year for which adjustment is requested.		2,320,602	75,502	5583			
03	Actual average rate (line 01 divided by line 02).		0.007	0.1148	1.0446			
04	Estimated consumption for old and new projects for the fiscal year for which adjustment is required.		2,487,907	68,329	4028			
05	Costs of estimated consumption at average rate (line 03 times line 04; enter total in column 3).	29,467	17415	7844	4208			
06	Line 05, column (3) times 0.75; enter the amount in column 3.	22,100						
07	Line 01, column (3) times 0.25; enter the amount in column 3.	7679						
08	Total utility costs includable in Operating Subsidy Calculation (line 06 plus line 07).	29,779						
09	Total estimated cost for the fiscal year for which adjustment is requested (line11, form HUD-52722-A).	30,058						
10	Utility adjustment (line 08 minus line 09)	(279)						

Previous editions are obsolete for PHA fiscal years ending 12/31/99 and after

form **HUD-52722-B** (10/2001)

Instructions. Note: These instructions apply to PHA fiscal years ending December 31, 1999 and thereafter.

1. General. This form is used to adjust the estimated PUM cost of consumption for actual rates and consumption experienced for the fiscal year for which the form HUD-52722-A, "Calculation of Allowable Utilities Expense Level," was prepared. A copy of this form must be prepared and submitted by each PHA, by ACC, for each PHA fiscal year for which the PHA received approval of an operating subsidy, except where the subsidy was solely for the cost of an independent audit. A variance of actual rates or consumption from estimates will increase or decrease subsidy eligibility. A revised form HUD-52723, "Operating Fund Calculation of Operating Subsidy," for the same fiscal year for which the form HUD-52722-A was prepared, is required in conjunction with this form.

2. Preparation and Submission of this Form.

Heading information:

a) Public Housing Agency. Enter the name of Public Housing Agency.

b) Operating Fund Project Number: Enter the Operating Fund Project Number from the heading of the form HUD-52722-A for the fiscal year for which this adjustment is being made.

c) Fiscal Year Ending. Enter the fiscal year ending date for which the requested adjustment is being submitted.

d) ACC Number. Enter the number of the Annual Contributions Contract (ACC) covering the projects for which this form is submitted.

e) Type of Submission. Enter an "X" indicating an original submission or a revision and a revision number.

f) Energy Performance Contract. Enter an "X" in the box if the PHA has an existing approved Energy Performance Contract(s) under 24 CFR 990.107(f)(1).

g) Utility Rate Incentive. Enter an "X" in the box if the PHA has an existing approved utility rate incentive under 24 CFR 107(b)(2).

Columnar Headings, Columns 7, 8, 9. Insert in the columnar headings the same information included on the last HUD-approved form HUD-52722-A for the fiscal year for which the adjustment is requested.

Note: For lines 01, 05, 06, 07, 08, 09 and 10, enter amounts in whole dollars.

Line 01. By type of utility, enter the actual total utility costs, in the appropriate columns, for the fiscal year for which the adjustment is requested. The source of the cost data is the form HUD-52599, "Statement of Operating Receipts and Expenditures," prepared for the fiscal year for which the adjustment is requested. The PHA shall consider the following points prior to entering the costs on this line.

When all projects have been in management for a full 12-month fiscal year, whether the PHA is on a cash or an accrual basis, the costs entered on line 01 must be for a 12-month period to correspond with the estimates originally made on the form HUD-52722-A. If any utility costs reported on the form HUD-52599 are not for a 12-month period, adjustment of costs to a 12-month period must be made and documentation must be submitted supporting the adjustment.

When all or some of the projects have been in management for less than or more than 12 months, the costs entered on this line shall be those costs incurred for the projects for the number of unit months available (UMAs) reported on the form HUD-52599, which must be the same as the UMAs entered on line 09, column 3 of form HUD-52722- A. If the UMAs are different from what was used on the original approved form HUD-52722-A, all documents relative to the calculation of operating subsidy must have been recalculated and resubmitted using the correct UMAs during that fiscal year.

Line 02. Enter the actual consumption for the fiscal year for which the adjustment is requested. This will be the consumption relative to the actual total utility costs entered on line 01 above. Refer to the instructions for adjustments of utilities rates, consumption and costs which may be required in the instructions for line 01 above.

Line 03. Enter the results of dividing each column of line 01 by the corresponding column of line 02.

Line 04. Enter the estimated consumption for old and new projects for the fiscal year for which the adjustment is requested. These amounts will be the same as those on line 09 of the form HUD-52722-A for the fiscal year for which the adjustment is requested.

Line 05. Multiply the columns of line 03 by the columns of line 04 and enter the results in the appropriate columns of line 05. (Note: For utilities with flat rates only, enter the amount from line 01 for the applicable utility in the column for the same utility on line 05.) Sum the amounts of columns 4 through 9 and enter the total in column 3.

Line 06. Multiply the amount on line 05, column 3 by 0.75 .

Line 07. Multiply the amount on line 01, column 3 by 0.25 .

Line 08. Line 06 plus line 07. This is the amount that will be allowed for utilities costs instead of the utilities costs previously computed on form HUD-52722-A for the fiscal year for which the adjustment is requested.

Line 09. Enter the total cost that was estimated for the fiscal year for which the adjustment is requested from line 11 of the latest HUD approved form HUD-52722-A for that fiscal year

Line 10. Line 08 minus line 09. If line 09 is greater than line 08, enter the difference in brackets. Enter the amount here and on the line titled "Utility adjustment" in Part H of the revised form HUD-52723 for the fiscal year for which the adjustment is requested.

Submission. Submission of this form to the HUD Field Office shall be within 45 days of the end of the PHA's fiscal year to which the adjustment applies.

Supporting Documentation. The PHA shall retain supporting documentation substantiating the data reported on this form and retain the detailed records of consumption until audited.

Attachment IV.

Description of Implementation of Community Service Requirements

Havre de Grace Housing Authority Operating Supplement
Adopted - October 1, 2000
Revised -
Approved by Board of Commissioners -

COMMUNITY SERVICE/SELF SUFFICIENCY SUPPLEMENT

A. Background

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

Havre de Grace Housing Authority requires residents to verify compliance annually, at least 30 days before the expiration of the lease term. Self-certification by residents is not acceptable; third party certification must be provided by the entity with whom the resident is working or fulfilling the requirement.

B. Definitions

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

- Service at a local school, church, hospital, recreation center, senior center, service organization, or child care center
- Service with youth or senior organizations, including Police Athletic League (PAL) events and functions
- Service at Havre de Grace Housing Authority to help improve physical conditions including the resident planning and clean-up programs and non-paid time spent on caretaker duties
- Service at Havre de Grace Housing Authority to help with children's programs or youth sporting events
- Service at Havre de Grace Housing Authority to help with senior programs
- Helping neighborhood groups with special projects including Blockwatch, Apartment watch or Resident Patrol
- Working through the Central Resident Council or individual development Resident Council or Senior Club to help other residents with problems
- Caring for the children of other residents so they may volunteer
- Other volunteer service with non-profits, for example, 501(C)(3) organizations, providing community service programs.
- NOTE: **Political activity is excluded. This would include but is not limited to: voter registration; campaign worker; and poll worker assignments.**

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

- Family Investment Center programs
- Job training programs
- GED classes
- Substance abuse or mental health counseling
- English proficiency or literacy (reading) classes
- Budgeting and credit counseling
- Homeownership educational programs or seminars (offered by Havre de Grace Housing Authority and other community organizations)
- Any kind of class that helps a person move toward economic independence

Exempt Adult – an adult member of the family who

- Is 62 years of age or older
- Has a disability that prevents him/her from being gainfully employed
- Is the caretaker of a disabled person
- Is working at least 30 hours per week
- Is participating in a welfare to work program
- Is receiving assistance from TANF and is in compliance with job training and work activities requirements of the program
- Each adult member of the household must sign a Community Service Exemption Certification at each annual recertification or if they become an "exempt adult" at any time between recertifications that the status should change. (See "Exhibit 1" attached; Havre de Grace Housing Authority PM Form #1)

C. Requirements of the Program

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

2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant consideration. The Executive Director, or their designee will make the determination of whether to allow or disallow a deviation from the schedule. (See Exhibit #3, Havre de Grace Housing Authority PM Form #3).

3. Activities must be performed within the community and not outside the jurisdictional area of Havre de Grace Housing Authority which includes Harford County, MD.

4. Family obligations

- At lease execution or re-examination after May 1, 2004, all adult members (18 or older) of a public housing resident family must:

  1) Provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and;

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

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

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

5. Change in exempt status:

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

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

D. Havre de Grace Housing Authority Obligations

1. To the greatest extent possible and practicable, Havre de Grace Housing Authority will:

- Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (*According to the Quality Housing and Work Responsibility Act, a disabled person who is otherwise able to perform community service is not necessarily exempt from the Community Service requirement).*
- Provide in-house opportunities for volunteer service or self-sufficiency programs.

2. Havre de Grace Housing Authority management offices will provide the family with: Community Service Exemption Certification Form (See Havre de Grace Housing Authority PM Form #1; "Exhibit 1"); Community Service Compliance Certification Form (See Havre de Grace Housing Authority PM Form #2; "Exhibit 2"); Record and Certification of Community Service and Self-Sufficiency Activities Form (See Havre de Grace Housing Authority PM Form # 3; "Exhibit 3"); and Caretaker Verification for Community Service Exemption Form (See Havre de Grace Housing Authority PM Form # 6; "Exhibit "6"), attached, and a copy of this policy at initial application and at lease execution.

3. Havre de Grace Housing Authority's Executive Director or their designee will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Grievance Procedure if they disagree with Havre de Grace Housing Authority's determination. (See the dwelling lease).

4. Non-compliance of family member. The responsibility for enforcement will be with the Executive Director.

   - At least thirty-days (30) prior to annual re-examination and/or lease expiration, Havre de Grace Housing Authority will begin reviewing the exempt or non-exempt status and compliance of family members.

   - If Havre de Grace Housing Authority finds a family member to be non-compliant, the Management staff will enter into an agreement with the non-compliant member and the head of household to make up the deficient hours over the next twelve- (12) month period. (Havre de Grace Housing Authority PM Form #4; "Exhibit 4" and Havre de Grace Housing Authority PM Form #5 "Exhibit 5" attached).

   - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family would be issued a 30-day notice to vacate by the Executive Director, unless the non-compliant member agrees to move out of the unit and a new lease is signed with the family amending its composition accordingly.

   - The family may use the Grievance Procedure to appeal the lease termination, after attending a private conference with the Executive Director or other representative of Havre de Grace Housing Authority.

Attachment V.

Information on Pet Policy

PET POLICY
Household vs Service/Assistive Animals (Physician ordered)

Families residing in a Public Housing unit are allowed to keep common household pets in their apartments as stated in their lease and in accordance with the Code of Federal Regulations. Families may request permission to keep a common household pet. Households may keep **only** two common household pets if it is registered with the Housing Authority, City of Havre de Grace, before it is brought onto the premises, and if registration is updated each year at annual re-examination. Pets are caged birds, goldfish, and gerbils. No reptiles.

No vicious or intimidating animal or pet is to be kept on the premises.

The resident will be responsible for all reasonable expenses directly related to the presence of the animal or pet on the premises, including the cost of repairs and replacement in the apartment, and the cost of animal care facilities if needed. These charges are due and payable within 30 days of written notification.

Payment

HDGHA will charge a non-refundable nominal fee of fifty dollars ($50.00) for **each** pet. This fee is intended to cover the reasonable operating costs to the project.

HDGHA will, in addition, charge a refundable pet deposit of two hundred dollars ($200.00) for **each household with a pet**. This fee is intended to cover additional costs otherwise incurred.

The refundable pet deposit will be placed in the security deposit account. HDGHA will refund the unused portion of the deposit, to the resident within a reasonable time after the resident moves from the unit or no longer owns or has a pet present in the resident's dwelling unit, provided no damages or extermination is evident.

Limitations

HDGHA authorization for pet(s) will be given on a year-to-year basis.

No pet will be allowed if weight exceeds 20 pounds

No dangerous animal or pet will be allowed.

Registration

Registration must include the following:

> A certificate signed by a licensed veterinarian stating that the common household pet has timely received all inoculations currently required by state and local laws.
>
> Also required is whatever license is mandated by local law. The certificate must be reviewed yearly.

A picture of the Common household pet must be provided at time of registration.

Name, address, and phone number of person to be responsible for pet in resident's absence.

All animals are to be stayed or neutered. If animals are not spayed or neutered and have offspring, the resident household is in violation of this rule.

No animal or pet may be kept in violation of humane or health laws.

Information to identify the animal or pet and to demonstrate that it is a common household pet of reasonable size and demeanor.

Housing Authority, City of Havre de Grace, will notify the owner of the common household pet if registrations of the pet is refused and will state the basis for the rejection, as size, disposition, etc.

Animal Restraint

A common household pet must be effectively restrained and under the control of a responsible person when passing through a common area, from the street to the unit, etc.

Sanitation Standards

Any animal or pet waste deposited in any common area must be removed immediately by the pet owner.

Residents must take adequate precautions to eliminate any animal or pet odors within or around the unit and maintain the unit and grounds in a sanitary condition at all times.

If a litter box is used in the unit, it must be emptied every two (2) days and contents placed in a heavy plastic bag into the garbage container immediately.

All common household pets are to be fed inside the unit. Feeding is not allowed on porches, sidewalks, patios or other outside area.

Tenants are prohibited from feeding stray animals or sea gulls.

The feeding of stray animals will constitute having a pet without permission of the Housing Authority, City of Havre de Grace.

Residents will not alter their unit, patio or unit area to create an enclosure for a common household pet.

Potential Problems and Solutions

Residents will not permit any distrubances by their pets which would interfere with the quiet enjoyment of other tenants; whether by loud barking, howling, biting, scratching, chirping, or other such activities.

HDGHA may enter the owner's unit to inspect the premises when circumstance so warrent, to investigate a complaint that there is a violation, and/or to check on a nuisance or threat to health and safety of other residents.

The action may include also placing the pet in a facility to provide care and shelter for a period not to exceed thirty (30) days. Cost of this professional care will be borne by the pet owner.

If the pet is threatened by the incapacitation or death of the owner, (or by extreme negligence), and the designated alternate is unwilling to unable to care for the pet, HDGHA may place the pet in proper facility for up to thirty (30) days. If there is no other solution at the end of thirty (30) days, the manager may donate the pet to a humane society. Cost of this professional care will be borne by the pet owner.

Excluded from the premises are all animals and/or pets not owned by residents, except for service animals.

The authorization for a common household pet may be revoked at any time subject to HDGHA's Grievance Procedure if the pet becomes destructive or a nuisance to others, or if the tenant fails to comply with this policy.

Residents who violate these rules are subject to:

> Mandatory removal of the pet from the premises within thirty (30) days of notice by the HDGHA; or if for a threat to health and safely, removal within twenty-four (24) hours of notice.
>
> Lease termination proceedings.

This policy will be incorporated by reference into the Dwelling Lease signed by the resident, and therefore, violation of the above Policy will be grounds for termination of the lease.

Attachment VI.

Statement of Progress in Meeting 5 Year Plan Goals & Objectives

Statement of Progress in Meeting 5-Year Plan Goals & Objectives

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

As of this date, we have entered into a mutual agreement with Harford Housing Agency to transfer our existing Section 8/HCV Vouchers. We are currently not seeking HUD to make new rental vouchers available. Havre de Grace Housing Authority continues to maintain its goal of reducing public housing vacancies – our occupancy rate holds at 99-100%. In order to leverage private funds to create additional housing opportunities, we continue to explore our options with several developers who will construct additional low income and senior housing. A RFP is under development to further explore our options and opportunities.

PHA Goal: Improve quality of assisted housing
Objectives: #Improve public housing management
#Improve voucher management
#Increase customer satisfaction
#Renovate or modernize public housing units

Havre de Grace Housing Authority continues to renovate and modernize the public housing units. Great emphasis this pas year was placed on new building roofs. We will keep the same focus into the next year. Bathrooms and kitchens will be updated upon tenant move out. In the coming year, capital funds will be highly utilized for these unit renovations as well as revitalization of the community at large. Our resident meetings continue to be geared towards increased customer satisfaction. We maintain an open line of communication with the tenants and each comment is acted upon swiftly. We continue to implement Section 504 requirements throughout the complex as funds allow accommodating our customers. The Administration will hold to taking strong administrative action against those public housing residents who do not wish to maintain their units in a safe and sanitary manner.

PHA Goal: Increase assisted housing choices
Objectives: #Conduct outreach efforts to potential voucher landlords
#Increase voucher payment standards

This goal is no longer a focus at this time due to the transferring our Section 8/HCV to Harford Housing Agency.

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 public housing security improvements
#Designate developments or buildings for particular resident groups (elderly, persons with disabilities)

Havre de Grace Housing Authority continues to make improvements to its units to attract higher income public housing households. We have been quite successful in this area. Our association with the Harford County Property Management Association has effectively gotten the word out about the changes we are making. We have seen a marked increase in the number of working class families applying and moving into our community. The installation of the security cameras and lighting continues to assist us in keeping our community safe and secure. Crime remains significantly reduced. Our Resident Council Committee Block Watch program remains active. Our local police department continues to be greatly supportive. The designation of buildings for elderly residents has not yet been pursued.

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

Havre de Grace Housing Authority continues to work with the local churches and nonprofit organizations in our area to bring regular ongoing services to our families. These services include: GED classes, resume writing training, homeownership programs, after school children's program, work study programs, computer training and job search programs. Currently, most of these programs are offered off site with transportation offered by the program to assist the family. We also are in close coordination with our local TANF agency to refer families that require services that they offer. We continue to search for an organization to bring more programs on-site. We have set up a computer lab on-site for the public housing residents. This is a place where they can have organized computer learning classes as well as individual enrichment activities.

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

Havre de Grace Housing Authority continues to operate its housing program in accordance with applicable fair housing rules.

Attachment VII.

Resident Membership on the Governing Board

Resident Membership on the Governing Board

1. Nathaniel Stewart
   104 Stansbury Court
   Havre de Grace, MD 21078

Attachment VIII.

Membership
of the
Resident Advisory Board

Membership of the Resident Advisory Board

1. **Nathaniel Stewart**
   104 Stansbury Court
   Havre de Grace, MD 21078
   President

2. **Mary Koonce**
   107 George Court
   Havre de Grace, MD 21078
   Treasurer

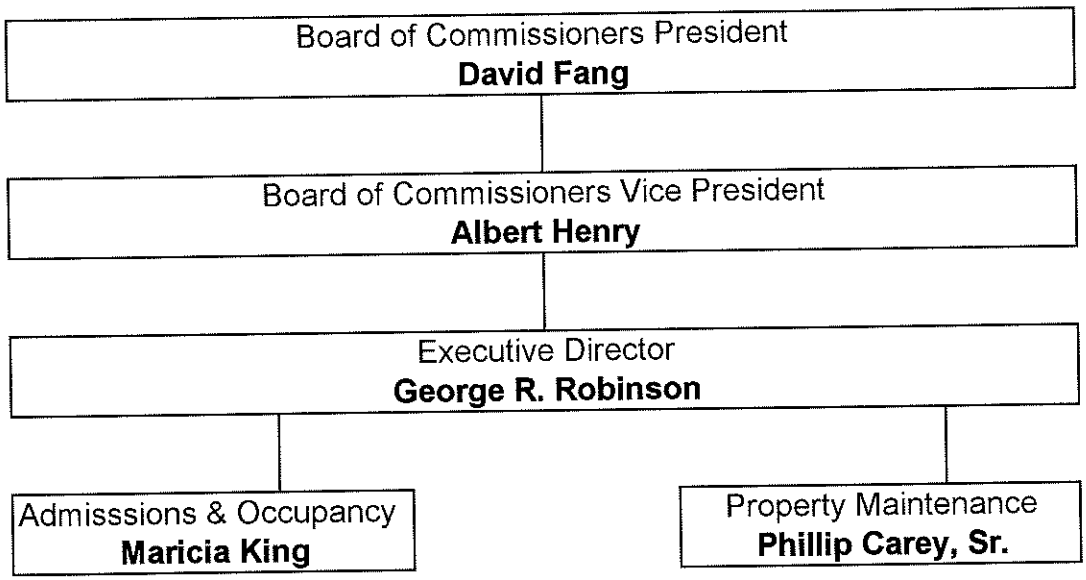
3. **Hazel Woodson**
   124 Vancherie Court
   Havre de Grace, MD 21078
   Vice-President

4. **Anesia Dyson**
   134 Vancherie Court
   Havre de Grace, MD 21078
   Secretary

Attachment IX.

PHA Management Chart

PHA Management Organizational Chart



Attachment X.

Capital Fund Program
5-Year Action Plan

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

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

Work Statement for Year 1 FFY 2007	Work Statement for Year 2 FFY 2008			Work Statement for Year 3 FFY 2009		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Somerset Manor / MD012-			Somerset Manor / MD012-		
	Kitchens		3,000	Kitchens		3,000
	Building Roofs		30,000	Building Roofs		30,000
	Bathrooms		3,000	Bathrooms		1,500
	504 Compliance		1,500	504 Compliance		4,000
	Heating / Air Conditioning		3,000	Heating / Air Conditioning		3,000
	Site		2,000	Site		1,000
	Subtotal of Estimated Cost		$42,500	Subtotal of Estimated Cost		$42,500

form **HUD-52834** (10/96)
ref Handbook 7485.3

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

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

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

HA Name: Havre de Grace Housing Authority

Locality (City/County & State): Havre de Grace / Harford County, MD

☒ Original ☐ Revision No. _____

A. Development Number/Name	Work Stmt. for Year 1 FFY 2007	Work Statement for Year 2 FFY 2008	Work Statement for Year 3 FFY 2009	Work Statement for Year 4 FFY 2010	Work Statement for Year 5 FFY 2011
Somerset Manor MD012	See Annual Statement				
B. Physical Improvements Subtotal		$42,500	$42,500	$42,500	$32,500
C. Management Improvements		$19,000	$19,000	$19,000	$19,000
D. HA-Wide Nondwelling Structures and Equipment		$5,000	$5,000	$5,000	$5,000
E. Administration		$9,500	$9,500	$9,500	$9,500
F. Other					
G. Operations		$19,000	$19,000	$19,000	$19,000
H. Demolition					
I. Replacement Reserve					
J. Mod Used for Development					
K. Total CGP Funds		$95,000	$95,000	$95,000	$95,000
L. Total Non-CGP Funds					
M. Grand Total		$95,000	$95,000	$95,000	$95,000

Signature of Executive Director: George R. Robinson Date: 01/01/2

Signature of Public Housing Director: Date:

form HUD-52834 (10/96)
ref Handbook 7485.3

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

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

Work Statement for Year 1 FFY 2009	Work Statement for Year 4 FFY 2010			Work Statement for Year 5 FFY 2011		
	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name/General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Somerset Manor/MD012			Somerset Manor/MD012		
	Kitchens		3,000	Kitchens		3,000
	Windows		15,500	Bathrooms		7,000
	Bathrooms		7,000	504 Compliance		7,000
	504 Compliance		7,000	Heating/Air Conditioning		5,000
	Heating/Air Conditioning		5,000	Site		5,000
	Site		5,000	Unit Flooring		5,500
	Subtotal of Estimated Cost		$42,500	Subtotal of Estimated Cost		$32,500

form **HUD-52834** (10/96)
ref Handbook 7485.3

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

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

Work Statement for Year 1 FFY 2007	Work Statement for Year 2 FFY 2008			Work Statement for Year 3 FFY 2009		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Accounting		10,000	Accounting		10,000
	Computer Software		3,500	Computer Software		3,500
	Staff Training		4,000	Staff Training		4,000
	Computer Tech Support		1,500	Computer Tech Support		1,500
	Subtotal of Estimated Cost		$ 19,000	Subtotal of Estimated Cost		$19,000

form **HUD-52834** (10/96)
ref Handbook 7485.3

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

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

Work Statement for Year 1 FFY 2007	Work Statement for Year 4 FFY 2010			Work Statement for Year 5 FFY 2011		
	General Description of Major Work Categories	Quantity	Estimated Cost	General Description of Major Work Categories	Quantity	Estimated Cost
See Annual Statement	Accounting		10,000	Accounting		10,000
	Computer Software		3,500	Computer Software		3,500
	Staff Training		4,500	Staff Training		4,500
	Computer Tech Support		1,000	Computer Tech Support		1,000
	Subtotal of Estimated Cost		$19,000	Subtotal of Estimated Cost		$19,000

form **HUD-52834** (10/96)
ref Handbook 7485.3

Part II: Supporting Pages—Physical Needs Work Statement(s)

FFY:

Work Statement for Year 1. Enter the current FFY.

Work Statements for Years 2 through 5. Enter each successive FFY.

Development Number/Name.

Enter the abbreviated development number (e.g., VA 36-1) and name, if any, of each development which will be funded in each year of years 2 through 5 or enter "HA-wide."

General Description of Major Work Categories. For each development entered, list the major work categories for which CGP funding, including non-CGP funds, will be allocated in each year of years 2 through 5. The work categories should be described in broad terms, such as kitchens, bathrooms, electrical, site, etc. A work category may encompass various components; e.g., the major work category of kitchens may include ranges, refrigerators, cabinets, floors, range hoods, etc.

For "HA-Wide," list HA-wide non-dwelling structures and equipment that will be funded.

Quantity. Enter the quantity of the major work category to be undertaken as a percentage or whole number, e.g., 50 percent of the units, 125 units, etc.

Estimated Cost. For each major work category or HA-wide nondwelling structures and equipment listed, enter the estimated hard cost that will be allocated in each year of years 2 through 5. Mark with an asterisk the estimated cost of each work item that will be funded with non-CGP funds, including reprogrammed CIAP funds. Enter the subtotal of estimated costs for each year of years 2 through 5 that will be funded with CGP funds, excluding asterisked items. This subtotal should be reflected on line B in Part 1: Summary for each year of years 2 through 5.

Part III: Supporting Pages—Management Needs Work Statement(s)

FFY:

Work Statement for Year 1. Enter the current FFY.

Work Statements for Years 2 through 5. Enter each successive FFY.

General Description of Major Work Categories. In each year of years 2 through 5, enter the major work categories for which CGP funding, including non-CGP funds, will be allocated as well as those work categories that are no cost items. This includes work identified through the Public Housing Management Assessment Program (PHMAP) for PHAs, or through audits, HUD monitoring reviews, or HA self-assessments. The work categories should be described in sufficient detail for HUD to make a determination of eligibility. For example, training activities must describe how they relate to identified physical or management improvements, e.g., staff training to improve PHMAP scores on rent collection. If a particular work category is targeted to a specific development, e.g., conduct study to determine the feasibility of resident management, enter the development number in parenthesis.

Quantity. Where appropriate, enter the quantity of the major work category to be undertaken as a percentage or whole number, e.g., train 50 residents, train 10 percent of the staff, etc.

Estimated Cost. For each major work category entered, enter the estimated cost that will be allocated in each year of years 2 through 5 Mark with an asterisk the estimated cost of each work item that will be funded with non-CGP funds, including reprogrammed CIAP funds. Enter the subtotal for each year of years 2 through 5 that will be funded with CGP funds, excluding asterisked items. This subtotal should be reflected on line C in Part I: Summary for each year of Years 2 through 5.

Public reporting burden for this collection of information is estimated to average 3 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible applicant submit information to HUD in order to receive its annual formula grant. This information will be used by HUD to determine whether the annual submission meets statutory and regulatory requirements for the annual formula grant. Responses to the collection are required by Section 14(e)(1)(D) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for Preparation of Form HUD-52834, Five-Year Action Plan

Report Submission: Prepare one form HUD-52834 for the entire HA and submit to HUD as part of the submission of the original Comprehensive Plan in the first year of participation in the Comprehensive Grant Program (CGP). Thereafter, submit annually an updated form to eliminate the previous year and to add a new fifth year so that the form always covers the present five-year period beginning with the current year. Use as many pages of this form as necessary to cover all proposed work.

Part I: Summary

Heading Instructions:

HA Name. Enter the HA name.

Locality (City/County & State). Enter the City/County and State where the HA Central Office is located.

Original/Revision No. Self-explanatory.

Year 1. Enter the current FFY.

Years 2 through 5. Enter each successive FFY.

A. Development Number/Name. Enter the abbreviated number (e.g. VA 36-1) and name, if any, of each development that will be allocated funding for physical improvements during the five-year period covered by this Action Plan.

Work Statement(s) Years 2 through 5

For each development entered in A., enter the estimated amount of CGP funds to be allocated for physical improvements (development accounts 1450 through 1475) during each year of years 2 through 5.

B. Physical Improvements Subtotal. Enter the estimated subtotal amount of CGP funds to be allocated for physical improvements during each year of years 2 through 5.

C. Management Improvements. Enter the estimated amount of CGP funds to be allocated for management improvements, including those that are HA-wide and/or development-specific, (development account 1408) during each year of years 2 through 5. **Note:** The estimated amount may not exceed 20% of the annual grant, except where approved by HUD or the PHA is both an overall high performer and a Mod-high performer under the PHMAP.

D. HA-Wide Nondwelling Structures and Equipment. Enter the estimated amount of CGP funds to be allocated for HA-wide nondwelling structures and equipment during each year of years 2 through 5.

E. Administration. Enter the estimated amount of CGP funds to be allocated for administration costs (development account 1410) during each year of years 2 through 5. **Note:** The estimated amount may not exceed 10% of the annual grant, excluding certain costs, except where approved by HUD.

F. Other. Enter the estimated amount of CGP funds to be allocated for other costs (development accounts 1411, 1415, 1430, 1440, 1495,) and for contingencies (development account 1502) for each year of years 2 through 5.

G. Operations. Enter the estimated amount of CGP Funds to be allocated to operations (may not exceed 10% of line K) for each year of years 2 through 5.

H. Demolition. Enter the estimated amount of CGP funds to be used for demolition activities (development account 1485) for each year of years 2 through 5.

I. Replacement Reserve. Enter the estimated amount of CGP funds to be allocated to the replacement reserve (development account 1490) in accordance with the requirements of Handbook 7485.3, for each year of years 2 through 5.

J. Mod Used for Development. Enter the estimated amount of CGP funds to be used for development activities (development account 1498) for each year of years 2 through 5.

K. Total CGP Funds. Enter the total amount of CGP funds that is estimated for each year of years 2 through 5. This is the sum of B through J and should equal the amount of the current year annual grant.

L. Total Non-CGP Funds. Enter the estimated amount of non-CGP funds (e.g., Community Development Block Grant funds, CIAP funds being reprogrammed for use under the CGP, etc.) to be allocated in support of the CGP for each year of years 2 through 5.

M. Grand Total. Enter the total of K and L.

Note: Enter all estimates as current cost; not trended for inflation.

Attachment XI.

FSS Action Plan

Housing Authority of the City of Havre de Grace
Family Self-Sufficiency
Action Plan

The goal of Family Self-Sufficiency (F.S.S.) is to guide participants to move from welfare and other government subsidies to self-sufficiency through community networking of services to assist families in obtaining and maintaining self-sufficiency through an on-going five (5) year program and can be extended to a seven (7) year program depending on the circumstances.

Eligible families will receive high quality comprehensive services, of professional expertise and agency services to direct them to self-sufficiency through education, personal development, supportive services, skill training, and employment.

Family Self-Sufficiency (F.S.S.) selection procedures will include family residents of Somerset Manor, motivated to achieve self-sufficiency without regards to age, race, color, religion, sex, handicap, family status, or national origin.

I. The Havre de Grace Housing Authority office instated the following procedures:

1. Participants will be selected from the current Public Housing Residents, a letter and survey of interest will be sent to each family living in Somerset Manor.

2. Interested participants will be placed on a waiting list based on the date the family expressed interest in participating in the F.S.S. Program.

3. If interest is not obtained from current residents, the Family Self-Sufficiency Program will be presented to eligible families, who qualify for a vacancy in Public Housing from the waiting list, according to Federal and Local Preference Points and by date of application and signs a Public Housing Lease.

4. These new Public Housing clients will be surveyed for their needs and placed on a waiting list for the F.S.S. Program according to the date they showed an interest in the program.

5. Additional selection criteria for interested participants on the F.S.S. waiting list will be given Local Preferences if they are already enrolled in the following programs to obtain self-sufficiency:

   a. Employed in Havre de Grace, Maryland (150 Points)

   b. Participating in a program sponsored by (100 Points):

1. Susquehanna Regional Private Industry Council (S.R.P.I.C.)

2. Job Training Partnership Act (J.T.P.A.)

3. Open Doors

4. Enrollment in G.E.D. class on their own or enrollment in Harford Community College through Associated Black Charities (A.B.C.)

6. A Self-Sufficient informative survey will be sent to all current P.H.A. residents. This document will explain the purpose, benefits, and sanctions under F.S.S. This survey will also gather needs assessment data regarding the number, characteristics, and service needs of families expected to participate in F.S.S. The results of the questionnaire will be tabulated.

7. Notification and outreach efforts will first focus on P.H.A. residents who show an interest in obtaining self-sufficiency. Each participant will be notified by letter and invited to attend orientation sessions, where the F.S.S. will be explained. Each interested participant will be placed on a list based on the date the family expressed interest in participating in the F.S.S. program.

8. Outreach will continue to all P.H.A. residents at annual recertification. At the recertification interview, participants who previously completed a F.S.S. information survey, will receive another briefing on F.S.S. Their survey will be reviewed and updated. Those who did not express a previous interest will be given the opportunity to complete a F.S.S. survey and be placed on the waiting list by date of interest.

9. A Family Self-Sufficiency informative survey will be attached to each P.H.A. pre-application for the applicant and will remain on file until the applicant is considered for a vacancy in the Public Housing Program.

10. At the P.H.A. enrollment interview, the applicant for a vacancy will be reintroduced to F.S.S. and the F.S.S. survey reviewed and updated along with the applicant's application. Interested families will be placed on the waiting list by date for a F.S.S. slot.

11. A Needs Assessment will be conducted by the F.S.S.P.H.A. Case Manager and F.S.S.P.H.A. program Resident Initiatives Coordinator, and a service plan developed for each family member which outlines specific activities and goals and dates for attaining those goals.

12. The Housing Authority will conduct another conference with the entire family reiterating the responsibilities of each family member, the rewards for completing their long-term commitments, and the penalties for not completing their goals as outlined in the service plan. This conference will be encouraging, but will impose the seriousness of the contract. The Housing Authority and client will then execute the Contract of Participation and establish the base family contribution.

II. A program will offer eligible clients a network of comprehensive support services. The client services to be provided include the following:

EDUCATION

1. JOB TRAINING PARTNERSHIP ACT (J.T.P.A.)

F.S.S. participants will qualify to receive services under the Job Training Partnership Act (J.T.P.A.) Title II A, Program. Funding under this title of J.T.P.A. is utilized to provide educational programs to unskilled/underskilled adults which will prepare them for entry level positions in industry. Referrals shall be made to the Career Studies Program at Harford Community College for enrollment in Adult Basic Education Classes for learning vocational skills and life skills; as well as, high school diplomas; and enrollment in the Adult External High School Program, for obtaining the General Equivalency Diploma (G.E.D.)

2. SUSQUEHANNA REGION PRIVATE INDUSTRY COUNCIL (S.R.P.I.C.)

Susquehanna Region Private Industry Council (S.R.P.I.C.) also provides educational programs to unskilled and underskilled adults that will prepare them for entry into the labor force. S.R.P.I.C. also enrolls the adult in classes to obtain their G.E.D. and skills vocational courses for entry level positions.

3. J.T.P.A./S.R.P.I.C. AND "ON-THE-JOB" TRAINING

Both J.T.P.A. and S.R.P.I.C. programs places the adult into a "on-the-job training". The Housing Authority receives many of these adults for entry level office practice experience so the adult will have on-the-job experience for entry level positions in industry.

4. ASSOCIATED BLACK CHARITIES (A.B.C.)

The Housing Authority also has a Grant, through the Associated Black Charities (A.B.C.) to be used for residents and F.S.S. recipients of the Housing Authority for education to receive their G.E.D., college courses at

Harford Community College, and office training. The trainee must have their G.E.D. and during the program the recipient is paid $ 4.45 per hour for twenty (20) hours per week for thirteen (13) weeks. Eighty cents ($ .80) per hour is retained and given to the trainee when their job training program is successfully completed.

5. OPEN DOORS

Open Doors is located in Bel Air, Maryland. Open Doors offers career counseling, workshops on resume writing, career enhancement training, schooling, and offers tuition.

6. THE MEDIX SCHOOL

The Medix School in Towson, Maryland has government funding available for interested participants to become medical assistants, dental assistants, or medical office administrators.

7. ADDICTIONS INDIVIDUAL/FAMILY COUNSELING AND SERVICES

Families requiring personal counseling for addictions, and individual and family counseling will be referred to the Harford County Health Department, Harford County Drug/Alcohol Impact Program, Spousal Abuse Resource Center, and the Harford County Department of Social Services.

8. CHILD CARE AND TRANSPORTATION SERVICES

Child care and transportation vouchers are provided through the J.T.P.A. and S.R.P.I.C. programs. Day care allowances will be a deduction in the calculation of the Total Tenant Payment.

9. JOB TRAINING AND PLACEMENT

Referrals shall be made to Harford County J.T.P.A. programs and JOBS program for job training and placement and additional counseling necessary to provide skills for entering the work force.

10. RESUME WRITING/INTERVIEW SKILLS

Resume writing and interview skills will be offered to the client through courses offered by the J.T.P.A. and S.R.P.I.C. programs; as well as, the Housing Authority's case manager and F.S.S. program coordinator.

11. JOB PLACEMENT ASSISTANCE

Job placement assistance is offered by the Housing

Authority to all residents and F.S.S. clients who complete "on-the-job" training programs. Local businesses are contacted and asked for their support in giving the trainee an interview for a job.

12. TRAINING IN HOMEMAKING AND PARENTING SKILLS

Nutrition/Personal Development Food and Nutrition Educational Program (E.F.N.E.P.) of Maryland cooperative extension service offers educational information and assistance in the areas of nutrition and personal development. Homemakers are taught in their homes or in small groups by trained nutrition aides. The extension office also offers information in the areas of leadership development, family resource management, and parenting. Teri Martin, F.S.S. Program coordinator is a trained facilitator for the Parent to Parent Workshop and the Maryland/Harford County Food and Nutrition Committee.

13. SELF HELP AND RESOURCE EXCHANGE (S.H.A.R.E.)

A program which encourages P.H.A. and F.S.S. residents to purchase $ 30.00 worth of groceries for the cost of $ 13.00, which improves their budgeting resources.

14. SUMMER RECREATION PROGRAM

Two week summer camp for the children of P.H.A. and F.S.S. program paid for by the Harford County Recreation Program and Harford County Drug and Impact Program.

15. YOUTH COUNSELING TEEN PROGRAM

16. ANTI-DRUG PROGRAM/DRUG ELIMINATION

This program through the Havre de Grace Housing Authority is also offered to F.S.S. recipients of the Housing Authority if the recipient is living in the City of Havre de Grace. If the F.S.S. family needs counseling, the Resident Initiatives Coordinator of the Housing Authority will make arrangements for a special program or individual counseling. The landlord may also report to the Housing Authority that there is a drug problem with one of the F.S.S. recipients; if so, this will be checked out by the Housing Authority with cooperation of the local police department and the Harford County Joint Narcotics Task Force. If drugs are being sold by one of the F.S.S. recipients or friends of the F.S.S. recipients, the landowner can issue a banning letter against the individual and the F.S.S. family can lose their Section 8 F.S.S. Certificate and will be terminated from the program.

17. TRAINING IN MONEY MANAGEMENT AND HOUSEHOLD MANAGEMENT SKILLS

Training in money management and household management skills will be conducted by County Bank of Havre de Grace and Harford County in workshop programs for residents and F.S.S. families of the Housing Authority. The workshops will progress to home ownership and the responsibilities of the home owner.

The Havre de Grace Housing Authority has an existing network consisting of private and public resources which include the Susquehanna Region Private Industry Council (S.R.P.I.C.), Open Doors, Department of Social Services of Harford County, Vocational Rehabilitation of Harford County, local economic development agencies, local churches, and local real estate agencies.

III. Incentives to encourage participation will include:

1. Free labor auto repair, Harford School of Technology, free and reduced legal services, Harford County Domestic Center and Maryland Volunteer Lawyers Service.

2. Scholarships/Awards, Harford Community College, Associated Black Charities and various organizations.

3. Awards for outstanding achievement and progress program for F.S.S. recipients will be handled through the Coordinating Committee Public Housing Authority Counseling and assistance with First Time Homebuyers Program, County Bank and Local Real Estate Agencies and various businesses.

4. Commitments from businesses for internship/hiring, banks, realtors, and businesses.

   a. Referrals to community resources, which will enhance clients potential to complete training and gain employment. Career, individual, and supportive counseling. Training in money management and household management.

   b. Training in homemaking and parenting skills, occupational training, opportunities consistent with skills, interests, and abilities of the client.

   c. Participation in the S.H.A.R.E. Program, $ 30.00 worth of food for $ 13.00.

   d. Harford County Food and Nutrition Program for summer lunches for children and adults of low

income families at no charge to the families.

e. Summer Recreation Program for children, Youth Counseling (Teen Program), Anti-Drug/Drug Elimination Counseling.

IV. Outreach Efforts will include:

Outreach efforts will insure that both minorities and non-minority groups are informed about the F.S.S. program. The following action will be instated:

1. The Aegis of Harford County and the Record of Havre de Grace will be used to publicize the F.S.S. Program.

2. Notification to public service agencies, Department of Social Services, Harford County Health Department, S.R.P.I.C., J.T.P.A., local officials and organizations that a F.S.S. program is available through the Havre de Grace Housing Authority.

3. Presentations such as community affairs and luncheon conferences informing and explaining the purpose of the F.S.S. program and requesting businesses for their support.

4. Notification will be sent to current resident of Somerset Manor of the Havre de Grace Housing Authority by door to door flyers and posters.

5. Invite current residents of Somerset Manor of the Havre de Grace Housing Authority to attend F.S.S. orientation sessions and an explanation of the incentives offered to the residents will be explained, the F.S.S. account and other financial/monetary incentives will be explained.

To participate in the F.S.S. Program, individuals must be current Housing Authority residents, receiving rental assistance.

Individuals have the right not to participate in the F.S.S. Program, without any interference with rental assistance or admission to Public Housing or the family's right to occupancy in accordance with its Lease Agreement.

V. Implementation of the F.S.S. Program is as follows:

1st Quarter 6, 2nd Quarter 6, 3rd Quarter 7, 4th Quarter 6

VI. The soundness of the Havre de Grace Housing Authority Family Self-Sufficiency Program is based on the following:

1. Strong/Active Program Coordinating Committee

2. The Family Self-Sufficiency Coordination Committee represents the public and private sectors and is composed of the Department of Social Services, Associated Black Charities, Susquehanna Region Private Industry Council, Job Training Partnership Act, a local Housing Agency, clergy, Public Housing Authority, the Somerset Manor Resident Council, and various local government officials.

3. All of the organizations comprising this multi-disciplinary to be conducted by a qualified hearing officer. The rules and procedures for conducting such hearings are governed by program regulations.

   a. Frequent counseling with interested families to identify resources necessary for self-sufficiency

   b. Experienced counselors from job training centers

   c. Community College involvement, assisting with financial aid, scholarships, and awards

   d. Interest and involvement from community (public and private organizations) submitted letters of commitment, from agencies and organizations for supportive services and resources

VII. Grievance Procedure for Hearing

1. Hearings must be requested, in writing or in person, within ten (10) days of notice of determination of the agency. The hearing will be conducted by the Executive Director of the Housing Authority of the City of Havre de Grace or two (2) members of his/her designee within twenty (20) days from the date of the appeal request. At the time of the hearing, the participant may be represented by an attorney or other representative of his/her choosing. At his/her own expense, and shall be given the opportunity to present evidence.

2. The person who conducts the hearing shall issue a written decision stating briefly the reason for the decision. Factual determination relating to the individual circumstances of the participant shall be based on a preponderance of the evidence presented at the hearing.

3. A copy of the decision shall be furnished to the participant within ten (10) working days from the conclusion of the hearing. The decision of the hearing officer is final.

EFFECTIVE DATE: November 14, 1994