

PHA Plans

Streamlined Annual Version

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

OMB No. 2577-0226
(exp. 06/30/2006)

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 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. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

Streamlined Annual PHA Plan

for Fiscal Year: 2007

PHA Name: SCOTT COUNTY HRA

NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.

Streamlined Annual PHA Plan Agency Identification

PHA Name: Scott County Housing and Redevelopment Authority
PHA Number: MN184
PHA Fiscal Year Beginning: 01/2007

PHA Programs Administered:

Public Housing and Section 8 **Section 8 Only** **Public Housing Only**
 Number of public housing units: **161** Number of S8 units: Number of public housing units:
 Number of S8 units: **241**

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:				

PHA Plan Contact Information:

Name: **William I. Jaffa** Phone: **(952) 402-9022**
 TDD: **None** Email (if available): **bjaffa@scotthra.org**

Public Access to Information

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

PHA's main administrative office PHA's development management offices

Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection. Yes No.

If yes, select all that apply:

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

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

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

Streamlined Annual PHA Plan
Fiscal Year 2007
[24 CFR Part 903.12(c)]

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[24 CFR 903.7(r)]

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B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE

Form HUD-50076, PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA’s principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

- Form HUD-50070, Certification for a Drug-Free Workplace;**
- Form HUD-50071, Certification of Payments to Influence Federal Transactions;** and
- Form SF-LLL &SF-LLLa, Disclosure of Lobbying Activities.**

1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Site-Based Waiting Lists-Previous Year

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B.

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4. Yes No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

B. Site-Based Waiting Lists – Coming Year

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 next component.

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)

2. Capital Improvement Needs

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

A. Capital Fund Program

1. Yes No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2. Yes No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability: 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.

1. Yes No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

HOPE VI Revitalization Grant Status	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
	<input type="checkbox"/> Revitalization Plan under development
	<input type="checkbox"/> Revitalization Plan submitted, pending approval
	<input type="checkbox"/> Revitalization Plan approved
	<input type="checkbox"/> Activities pursuant to an approved Revitalization Plan underway

3. Yes No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year? If yes, list development name(s) below:

Jordan Townhomes

4. Yes No: 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:

5. Yes No: 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:

3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

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 the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

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, what is the maximum number of participants this fiscal year?

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:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

The PHA has demonstrated its capacity to administer the program by (select all that apply):

- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.
- Partnering with a qualified agency or agencies to administer the program (list name(s) and years of experience below):
- Demonstrating that it has other relevant experience (list experience below):

4. Use of the Project-Based Voucher Program

Intent to Use Project-Based Assistance

Yes No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1. Yes No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:
 - low utilization rate for vouchers due to lack of suitable rental units
 - access to neighborhoods outside of high poverty areas
 - other (describe below):
2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

Five (5) Townhouse Units in Shakopee (Scott County) Minnesota

5. PHA Statement of Consistency with the Consolidated Plan

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) **only if** the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: **State of Minnesota**

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

- The PHA has based its statement of needs of families on its waiting lists on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: (list below)

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

6. Supporting Documents Available for Review for Streamlined Annual PHA Plans

PHAs are to 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	Related Plan Component
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
X	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
X	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Related Plan Component
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
X	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
X	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
X	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450107 Replacement Housing Factor Grant No:		Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000			
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	179,000			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	219,000			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	Lump sum	40,000				
MN46P184001	HVAC at PL 4-plex	1460	4	15,000				
MN46P184007	Install HVAC	1460	7	44,000				
MN46P184007	Repaint or reside house	1460	1	14,000				
MN46P184008	Replace HVAC	1460	2	10,000				
MN46P184008	Deck repair/replace	1460	12	86,000				
MN46P184001	Install CO2 Detectors	1460	16	800				
MN46P184002	Install CO2 Detectors	1460	40	2,000				
MN46P184003	Install CO2 Detectors	1460	5	250				
MN46P184004	Install CO2 Detectors	1460	6	300				
MN46P184005	Install CO2 Detectors	1460	10	500				
MN46P184006	Install CO2 Detectors	1460	8	400				
MN46P184007	Install CO2 Detectors	1460	18	900				
MN46P184008	Install CO2 Detectors	1460	65	3,250				
MN46P184009	Install CO2 Detectors	1460	4	200				
MN46P184010	Install CO2 Detectors	1460	18	900				
MN46P184011	Install CO2 Detectors	1460	10	500				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program No: MN46P18450107 Replacement Housing Factor No:				Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	9/01/09			9/01/11			
MN46P184001	9/01/09			9/01/11			
MN46P184002	9/01/09			9/01/11			
MN46P184003	9/01/09			9/01/11			
MN46P184004	9/01/09			9/01/11			
MN46P184005	9/01/09			9/01/11			
MN46P184006	9/01/09			9/01/11			
MN46P184007	9/01/09			9/01/11			
MN46P184008	9/01/09			9/01/11			
MN46P184009	9/01/09			9/01/11			
MN46P184010	9/01/09			9/01/11			
MN46P184011	9/01/09			9/01/11			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450106 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/06 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	40,000	40,000.00	0	0
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	153,924.60	165,627.10	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	12,000.00	0.00		
12	1470 Nondwelling Structures	5,045.40	5342.90	5,045.40	0
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	210,970.00	210,970.00	5,045.40	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450106 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	Lump sum	40,000	40,000	0	0	
MN46P184001	Resurface/repair stucco or re-side at Inglewood units and garages	1460	12	52,324.60	131,900	0	0	
MN46P184002	Replace exit doors and sidelights at Prior Manor	1460		12,000	12,000	0	0	
MN46P184002	Replace storefront door at Prior Manor	1460		24,600	21,727.10	0	0	
MN46P184002	Remove paper/paint hallways at Prior Manor	1460	1	15,000	0			
MN46P184002	Replace washers/dryers at Prior Manor	1465 .1	6	12,000	0			
MN46P184002	Replace entrance doors at Prior Manor	1460	40	36,000	0			
MN46P184002	Replace roof on Prior Manor garage	1470	1	5,045.40	5,342.90	5,045.40	0	
MN46P184007	Replace siding on house and garage	1460	1	14,000	0			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program No: MN46P18450106 Replacement Housing Factor No:				Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	7/17/2008			7/17/10			
MN46P184001	7/17/2008			7/17/10			
MN46P184007	7/17/2008			7/17/10			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450105 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:)					
<input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 06/30/2006 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	47,700	47,700.00	47,700.00	47,700.00
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	62,800	65,261.94	65,360.25	2,231.25
10	1460 Dwelling Structures	128,000	106,205.20	18,640.43	18,640.43
11	1465.1 Dwelling Equipment—Nonexpendable	0	12,000.00	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition	0	7,332.86	0	0
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	238,500	238,500.00	131,700.68	68,571.68
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406	Lump sum	47,700	47,700.00	47,700.00	47,700.00	
MN46P184001	Replace sidewalks at Inglewood	1450	Lump sum	13,800	30,398.75	24,827.75	148.75	
MN46P184001	Replace driveway at Inglewood	1450	Lump sum	30,000	16,913.19	22,582.50	2,082.50	
MN46P184001	Replace kitchen/bathroom cabinets	1460	8	24,000	24,000.00	17,950.00		
MN46P184001	Replace exterior lighting at Inglewood	1450	Lump sum	13,000	17,950.00	1,435.23	1,435.23	
MN46P184002	Jordan townhouse demolition	1485	14	0	7,332.86			
MN46P184002	Replace garage doors/add openers at Jordan	1460		10,000	12,670.00	12,670.00	12,670.00	
MN46P184002	Replace windows at Jordan	1460		73,000	4,535.20	4,535.20	4,535.20	
MN46P184002	Landscaping	1450	Lump sum	6,000	0.00			
MN46P184002	Repair, resurface, paint stucco at Jordan	1460	14	15,000	0.00			
MN46P184002	Remove paper/ paint walls	1460	1	0	15,000.00	0	0	
MN46P184002	Replace washers & dryers	1465.1	6	0	12,000.00	0	0	
MN46P184002	Replace unit entrance doors	1460	40	0	36,000.00	0	0	
MN46P184007	Dedicate electrical service to units	1460	2	6,000	0.00			
MN46P184007	Replace siding on house	1460	1	0	14,000.00	0	0	

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part III: Implementation Schedule							
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program No: MN46P18450105 Replacement Housing Factor No:				Federal FY of Grant: 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
HA Wide	08/18/07			08/18/09			
MN46P184001	08/18/07			08/18/09			
MN46P184002	08/18/07			08/18/09			

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450104 Replacement Housing Factor Grant No:		Federal FY of Grant: 2004
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/2006 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	24,360	24,360	24,360.00	24,360.00
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	0	7,050.56	0	0
10	1460 Dwelling Structures	148,843	141,792.44	140,504.96	140,504.96
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	173,203	173,203	164,864.96	164,864.96
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Scott County HRA			Grant Type and Number Capital Fund Program Grant No: MN46P18450104 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-wide	Operations	1406	1	24,360	24,360.00	24,360.00	24,360.00	Complete
MN46P184001	Replace driveway at Inglewood	1450	Lump sum	0	7,050.56	0	0	
MN46P184001	Replace electrical panels at Inglewood	1460	16	14,062.50	14,062.50	14,062.50	14,062.50	Complete
MN46P184001	Replace windows at Prior Manor	1460	80	106,945.70	109,855.70	109,855.70	109,855.70	Complete
MN46P184001	Install entryway doors at Inglewood	1460	20	3,200.71	3,535.15	3,535.15	3,535.15	Complete
MN46P184002	Replace kitchen/bathroom cabinets at Jordan	1460	14	24,634.09	14,339.09	13,051.61	13,051.61	
MN46P184002	Resurface stucco at Jordan	1460	Lump sum	0	0			

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Scott County HRA			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:		
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2008 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2009 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2010 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2011 PHA FY: 2012
	Annual Statement				
HA Wide		40,000	40,000	44,500	40,000
MN46P184001		20,000	25,000	100,000	
MN46P184002		125,000		8,000	
MN46P184003			6,000		
MN46P184004			7,000		40,000
MN46P184005			23,000		
MN46P184006			8,000		
MN46P184007		15,000	45,000	26,000	
MN46P184008			38,000		160,000
MN46P184010				20,000	
CFP Funds Listed for 5-year planning		200,000	192,000	198,500	240,000
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2008 PHA FY: 2009			Activities for Year: <u>3</u> FFY Grant: 2009 PHA FY: 2010		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA Wide	Operations	40,000	HA Wide	Operations	40,000
Annual	MN46P184001	Replace cabinets	20,000	MN46P184001	Replace bathtubs	25,000
Statement	MN46P184002	Retrofit elevator	100,000	MN46P184003	Install garage door openers	6,000
	MN46P184002	Replace boiler	25,000	MN46P184004	Install garage door openers	7,000
	MN46P184007	Install AC	15,000	MN46P184005	Install garage door openers	15,000
				MN46P184005	Improve concrete door pads	8,000
				MN46P184006	Improve concrete door pads	8,000
				MN46P184007	Install leaf guards	5,000
				MN46P184007	New roof	14,000
				MN46P184007	Update kitchen	4,000
				MN46P184007	Replace windows	7,500
				MN46P184007	Replace sliding glass door	2,000
				MN46P184007	Paint exterior	5,000
				MN46P184007	Repair screened in porch	3,000
				MN46P184007	Install asphalt driveway	2,000
				MN46P184007	Water proof basement	2,500
				MN46P184008	Install concrete patios	8,000
				MN46P184008	Improve landscaping	15,000
				MN46P184008	Install leaf guards	15,000
Total CFP Estimated Cost			\$200,000			\$192,000

Demolition and Disposition

[24 CFR Part 903.12(b), 903.7 (h)]

- a. Yes No: Does the PHA plan to conduct any demolition or disposition activities (pursuant to section 18 or 24 (Hope VI) of the U.S. Housing Act of 1937 (42 U.S.C. 1437p) or Section 202/Section 33 (Mandatory Conversion) in the plan Fiscal Year? (Complete one activity description for each development on the following chart.)

Demolition/Disposition Activity Description	
1a. Development name:	Jordan/Hope & Chad, 14 townhome units
1b. Development (project) number:	MN46P184002
2. Activity type: Demolition <input checked="" type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input checked="" type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission:	<u>11/06</u>
5. Number of units affected:	14
6. Coverage of action (select one)	
<input checked="" type="checkbox"/> Part of the development	Prior Manor Apartments is not included in application.
<input type="checkbox"/> Total development	
7. Timeline for activity:	
a. Actual or projected start date of activity:	February 2007
b. Projected end date of activity:	May 2007

Resident Advisory Board Meeting 25 September 2006

Attendance:

Bill Jaffa, Julie Siegert, Roni Heyda, Nicole Horner, Kathleen Bernie (Sec 8), Jill Schafer (Sec 8), and Regina Davis (Public Housing)

ACOP/Capital Fund Review

Motion to approve by Kathleen
Second by Regina
Motion carried

Admin Plan Review

Motion to approve by Regina
Second by Jill
Motion carried

Agency Plan Review

Motion to approve by Jill
Second by Regina
Motion carried

Motion to Adjourn

Motion by Regina
Second by Kathleen
Motion carried

Gift card of \$25 to Cub Foods won by Jill

Scott County Housing and Redevelopment Authority – ACOP

This document includes changes only to the ACOP. Text surrounding change is included as necessary to understand context of change. Sections affected by changes are:

- 7.0 ELEGIBILITY FOR ADMISSION
- 8.0 MANAGING THE WAITING LIST
- 9.0 TENANT SELECTION AND ASSIGNMENT PLAN
- 10.0 Income, Exclusions, and Deductions From Income
- 11.0 Verification
- 15.0 Recertifications
- 16.0 Unit Transfers
- VIOLENCE AGAINST WOMEN ACT – ADDED AS ATTACHMENT TO ACOP

NOTE: Minor grammatical or spelling revisions were made to the ACOP but are not included in this document. However, any grammatical revisions having impact on intent are included.

7.0 ELIGIBILITY FOR ADMISSION

[Addition of 7.2.A.1.c under Section 7.0 only]

7.2 Eligibility Criteria

- A. Family Status – All families must have a Head of Household or Co-Heads of Household
 - 1. A **family with or without children**. Such a family is defined as a group of people related by blood, marriage, adoption or affinity that live together in a stable family relationship.
 - a. Children temporarily absent from the home due to placement in foster care are considered family members.
 - b. Unborn children and children in the process of being adopted are considered family members for the purpose of determining bedroom size but are not considered family members for determining income limit.
 - c. A family member who is permanently confined to a hospital or nursing facility is no longer a member of the assisted household, in which case, the individual's name would be removed from the lease and his or her income would not be counted.

8.0 Managing the Waiting List

[Clarification to first paragraph of 8.4 in Section 8.0 only]

8.4 Families Nearing the Top of Waiting List

When a family appears to be nearing the top of the waiting list, the family will be invited in writing to an interview and the verification process will begin. It is at this point in time that the family's waiting list preference will be verified. If the family no longer qualifies to be near the top of the list, the family's name will be returned to the appropriate spot on the waiting list. The SCOTT COUNTY Housing Authority must notify the family in writing of this determination and give the family the opportunity for an informal review.

Once the preference has been verified, the family will complete a full application, present Social Security number information, citizenship/eligible immigrant information, and sign the Consent for Release of Information forms.

9.0 Tenant Selection and Assignment Plan

[Revisions under 9.1 in Section 9.0 only]

9.1 Preferences

~~Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above. If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, must sign a release form stating they will accept a transfer (at their own expense) if, at a future time, a family requiring an accessible feature applies or requires a transfer from a non-accessible unit. Any family required to transfer will be given a thirty (30) calendar day notice.~~ Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments who may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected utilizing the same preference system as outlined above.

If there are no applicants who would benefit from the accessible features, the units will be offered to other applicants in the order that their names come to the top of the waiting list. Such applicants, however, will be requested to sign a lease rider stating they will accept a transfer (at the Housing Authority's expense) if, at a future time, a family requiring an accessible feature applies or a family requires a transfer from a non-accessible unit. Any family required to transfer will be given a 30-day notice.

10.0 Income, Exclusions, and Deductions From Income

[Multiple revisions: 10.1.C; 10.2.10; 10.2.14.t; 10.2.14.u; 10.3 para1; 10.3.A; 10.3.C.1; 10.3.c.2, 10.3.C.3]

10.1 annual Income

- C. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness are not used as deductions in determining net income. An allowance for depreciation of assets used in a business or profession may be deducted, based on straight-line depreciation, as provided in Internal Revenue Service regulations. Any withdrawal of cash or assets from an investment is included in income, except to the extent the withdrawal is reimbursement of cash or assets invested by the family. Where the family has net family assets in excess of \$5,000, annual income includes the greater of the actual income derived from all net family assets or a percentage of the value of such assets based on the current passbook savings rate, as determined by HUD. Income that could have been derived from assets worth more than \$1000 that were disposed of for less than fair market value within the past two years will be counted as income.

The SCOTT COUNTY HOUSING AUTHORITY will determine if an asset is accessible to a family member by considering if any of the following apply to the asset:

- The asset is held in a family member's name
- The family member's social security number is associated with the asset
- The family member can withdraw funds from or sell the asset
- The asset and any income that it produces accrues to the benefit of a family member
- The family member is responsible for paying taxes on income generated by the asset
- Whether anyone else has access to the asset

Assets include anything that has monetary value. Following are examples of the most common types of assets: Savings and checking accounts (current balance for savings, 6-month average for checking); certificates of deposit (CD's); stocks, bonds, mutual funds, and other investment accounts; life insurance policies that have a cash value; real property; personal property held as an investment, such as gems, jewelry, coin collections, and antique cars; employer pension and retirement funds; individual retirement accounts (IRA's), Keogh accounts, and similar retirement savings accounts; annuities; and trusts.

For the purposes of determining a family's annual income in accordance with HUD regulations, assets do **not** include: necessary items of personal property, such as furniture, clothing, and automobiles; interests in Indian trust lands; the value of owner-occupied home currently being purchased with assistance under

24 CFR Part 982, Subpart M; assets that are part of an active business or farming operation. Rental properties are considered business assets only if real estate is a family member's main occupation. Otherwise, they are considered personal property held as an investment.

The cash value of an asset is the verified market value minus any "reasonable costs" that would be incurred by a family in liquidating the asset. Reasonable costs include: penalties for premature withdrawal of funds; broker and legal fees for selling assets or converting them to cash; settlement costs for real estate transactions.

10.2 exclusions

10. The incremental earnings due to employment during a cumulative 12-month period following date of the initial hire shall be excluded. This exclusion will not apply for any family who concurrently is eligible. Additionally, this exclusion is only available to the following families:
 - a. Families whose income increases as a result of employment of a family member who was previously unemployed for one or more years.
 - b. Families whose income increases during the participation of a family member in any economic self-sufficiency or other job training program.
 - c. Families who are or were, within 6 months, assisted under a State TANF or Welfare-to-Work program.

During the second cumulative 12-month period after the date of initial hire, 50% of the increased income shall be excluded from income.

In addition to the interim policy on page 68, an interim reexamination will be conducted at the beginning of the phase-in exclusion period, whenever an EID recipient experiences an increase in income during the phase-in exclusion period, and at the end of the 48-month eligibility period.

The disallowance of increased income of an individual family member is limited to a lifetime 48-month period. It only applies for 12 months of the 100% exclusion and 12 months of the 50% exclusion.

In ~~that~~the case that a person is EID eligible and unreported income is uncovered, this person/family will be responsible for the retroactive rent based on the uncovered income (to the present date) and the EID clock will start at the time at which the income is uncovered or if they are no longer with this employer, it will be determined at the time of new employment if they are still EID eligible.

(While HUD regulations allow for the housing authority to offer an escrow account in lieu of having a portion of their income excluded under this paragraph, it is the policy of this housing authority to provide the exclusion in all cases.)

14. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits. These exclusions include:

- a. The value of the allotment provided to an eligible household under the Food Stamp Act of 1977 (7 U.S.C. 2017(b));
- b. Payments to Volunteers under the domestic Volunteer Services Act of 1973 (42 U.S.C. 5044(g), 5058);
- c. Payments received under the Alaska Native Claims Settlement Act (43 U.S.C. 1626(c));
- d. Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes (25 U.S.C. 459e);
- e. Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program (42 U.S.C. 8624(f));
- f. Payments received under programs funded in whole or in part under the Job Training Partnership Act (29 U.S.C. 1552(b); (effective July 1, 2000, references to Job Training Partnership Act shall be deemed to refer to the corresponding provision of the Workforce Investment Act of 1998 (29 U.S.C. 2931);
- g. Income derived from the disposition of funds to the Grand River Band of Ottawa Indians (Pub. L. 94-540, 90 Stat. 2503-04);
- h. The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the U.S. Claims Court, the interests of individual Indians in trust or restricted lands, including the first \$2000 per year of income received by individual Indians from funds derived from interests held in such trust or restricted lands (25 U.S.C. 1407-1408);
- i. Amounts of scholarships funded under title IV of the Higher Education Act of 1965, including awards under Federal work-study program or under the Bureau of Indian Affairs student assistance programs (20 U.S.C. 1087uu);

- j. Payments received from programs funded under Title V of the Older Americans Act of 1985 (42 U.S.C. 3056(f));
- k. Payments received on or after January 1, 1989, from the Agent Orange Settlement Fund or any other fund established pursuant to the settlement in *In Re Agent*-product liability litigation, M.D.L. No. 381 (E.D.N.Y.);
- l. Payments received under the Maine Indian Claims Settlement Act of 1980 (25 U.S.C. 1721);
- m. The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 U.S.C. 9858q);
- n. Earned income tax credit (EITC) refund payments received on or after January 1, 1991 (26 U.S.C. 32(j));
- o. Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation (Pub. L. 95-433);
- p. Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990 (42 U.S.C. 12637(d));
- q. Any allowance paid under the provisions of 38 U.S.C. 1805 to a child suffering from spina bifida who is the child of a Vietnam veteran (38 U.S.C. 1805);
- r. Any amount of crime victim compensation (under the Victims of Crime Act) received through crime victim assistance (or payment or reimbursement of the cost of such assistance) as determined under the Victims of Crime Act because of the commission of a crime against the applicant under the Victims of Crime Act (42 U.S.C. 10602); and
- s. Allowances, earnings and payments to individuals participating in programs under the Workforce Investment Act of 1998 (29 U.S.C. 2931);; and
- t. The \$600.00 transitional assistance subsidy, for applicants and tenants enrolled in the Medicare transitional assistance program, effective the date of receiving the benefits and any negotiated drug discounts received pursuant to the Medicare prescription drug discount card. [This expires on May 15, 2006, or when the](#)

participant enrolls in the Medicare Prescription Drug Program.

u. Any low income subsidy to received to assist low-income persons in paying for their Medicare Prescription Drug Program.

The SCOTT COUNTY Housing Authority will not provide exclusions from income in addition to those already provided for by HUD.

10.3 Deductions from annual income

The following deductions will be made from annual income including any fee paid by the paid by the participant for the Medicare Prescription Drug Program:

- A. \$480 for each dependent (when two families receiving assistance under the public housing program share custody of a child, one family at a time will claim the dependent deduction. The SCOTT COUNTY Housing Authority will rely on tax returns to determine which parent claims the child for income tax purposes);
- B. \$400 for any elderly family or disabled family;
- C. The sum of the following, to the extent the sum exceeds three percent of annual income:
 - 1. Unreimbursed medical expenses of any elderly family or disabled family; and in accordance with what is allowed under IRS Publication 502:-

<u>Summary of Allowable Medical Expenses</u> <u>From IRS Publication 502</u>	
<ul style="list-style-type: none">• <u>Services of medical professionals</u>• <u>Surgery and medical procedures that are necessary, legal, noncosmetic</u>• <u>Services of medical facilities</u>• <u>Hospitalization, long-term care, and in-home nursing services</u>• <u>Prescription medicines and insulin, but not nonprescription medicines even if recommended by a doctor</u>	<ul style="list-style-type: none">• <u>Substance abuse treatment programs</u>• <u>Psychiatric treatment</u>• <u>Ambulance services and some costs of transportation related to medical expenses</u>• <u>The cost and care of necessary equipment related to medical condition (e.g., eyeglasses/lenses, hearing aids, crutches, and artificial teeth)</u>• <u>Cost and continuing care of necessary service animals</u>• <u>Medical insurance premiums or the cost of</u>

<ul style="list-style-type: none"> • <u>Improvements to housing directly related to medical needs (e.g., ramps for a wheel chair, handrails)</u> 	<u>health maintenance organization (HMO)</u>
<u>Note: This chart provides a summary of eligible medical expenses only. Detailed information is provided in IRS Publication 502. Medical expenses are considered only to the extent they are not reimbursed by insurance or some other source.</u>	

Medical expenses must meet two essential criteria:

They must be anticipated—that is, they must be expenses that a family anticipates paying in the 12 months following examination or reexamination.

They may not be reimbursed by an insurance company or any other outside source.

2. Unreimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the family (including the member who is a person with disabilities) to be employed, but this allowance may not exceed the earned income received by family members who are 18 years of age or older who are able to work because of such attendant care or auxiliary apparatus; and

~~3. The Medicare assistance provided for the cost of drugs pursuant to prescription drug discount cards, negotiated drug price, or transitional assistance subsidies.~~

- D. Reasonable childcare expenses for children 12 and younger necessary to enable a member of the family to be employed or to further his or her education, provided that:
 1. This deduction shall not exceed the amount of employment income that is included in annual income; and
 2. The Number of hours in childcare must coincide with the number of hours worked or in school.

Reasonable childcare expenses are determined by results of an annual survey conducted by the SCOTT COUNTY Housing Authority. However, the SCOTT COUNTY Housing Authority reserves the right to consider childcare expenses that may exceed the reasonable amount.

11.0 Verification

[Revisions to 11.2 in Section 11.0 only]

11.2 Types of verification

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the SCOTT COUNTY Housing Authority will send a request form to the source along with a release form signed by the applicant/tenant via first class mail.

Verification Requirements for Individual Items		
Item to Be Verified	3 rd party verification	Hand-carried verification
General Eligibility Items		
Social Security Number	Letter from Social Security, electronic reports	Social Security card or a third party document stating the Social Security Number
Adult Status of the Head of Household	N/A	Valid drivers license, identification card issued by a government agency, or a birth certificate
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Letter from school	For high school and/or college students, any document evidencing enrollment
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Childcare costs	Letter from care provider	Bills and receipts
Disability assistance expenses	Letters from suppliers, care givers, etc.	Bills and records of payment

Verification Requirements for Individual Items			
Item to Be Verified	3 rd party verification	Hand-carried verification	
Medical expenses	Letters from providers, prescription record from pharmacy, medical professional's letter stating assistance or companion animal is needed	Bills, receipts, records of payment, dates of trips, mileage log, receipts for fares and tolls	
Medicare Prescription Drug Coverage		A card issued by the private prescription drug plan with the words Medicare Rx on it.	
Medicare Discount Card		A card with the words "Medicare Approved" on it	
Medicare Discount Benefit		Individual receipts if the pre-discount cost is included; a comparison of receipts before and after the application of the discount; other information provided by the pharmacy supplying the prescription or if nothing else is available, an imputed value of \$48.17 per prescription.	

15.0 Recertifications

[Addition of 15.6.E under Section 15.0 only]

15.6 Interim Reexaminations

During an interim reexamination, only the information affected by the changes being reported will be reviewed and verified.

If the family's rent is being determined under the income method, families are required to report, in writing, the following changes to the SCOTT COUNTY Housing Authority between regular reexaminations. The family shall report these changes within thirty (30) calendar days of their occurrence.

- A. Any increase in income;
- B. Any decrease in allowable expenses between annual reexaminations;
- C. A member has been added to the family through birth or adoption or court-awarded custody; and/or

D household member is leaving or has left the family unit.

E. All increases in income must be reported within 30 calendar days, but only the following increases in income will trigger a change in rent:

1. Family member has income after having reported no income

2. Increases in income of 15%

3. Increases in income resulting from changes in employers or other sources of income (if source changes)

4. Increases in income resulting from someone with income joining the family (with the PHA's permission)

16.0 Unit Transfers

[Revision to Category B under 16.2 in Section 16.0 only]

16.2 Categories of Transfers

Category B: Immediate administrative transfers. These transfers are necessary in order to permit a family needing accessible features to move to a unit with such a feature or to enable modernization, revitalization, disposition or demolition work to proceed. When an accessible unit becomes available, it shall first be offered to families needing it who reside on the site that has the vacancy, then to other public housing residents needing the special accessibility features, and finally to appropriate people on the waiting list.

[Act Report added as attachment to ACOP]

Violence Against Women Act Report

The Scott County Housing Authority provides the following activities, services, or programs in partnership with Southern Valley Alliance, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking:

- 24-hour emergency assistance for victims of battering
- Temporary shelter for battered women and their children
- Legal advocacy
- Support/education groups for battered women
- i'M o.K.® Children's Visitation Center
- Children's/youth advocacy program
- Community education/speakers bureau
- Scott County Criminal Justice Intervention Project

The Scott County Housing Authority provides the following activities, services, or programs in partnership with Southern Valley Alliance, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing:

- Shelter referrals based on availability throughout the State
- Legal referrals

The Scott County Housing Authority provides the following activities, services, or programs in partnership with Southern Valley Alliance, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking, to enhance safety in assisted families:

- Assistance in the development of a safety plan

Scott County Housing and Redevelopment Authority – Admin Plan

This document includes changes only to the Admin Plan. Text surrounding change is included as necessary to understand context of change. Sections affected by changes are:

- 3.0 Eligibility for Admission
- 4.0 Managing the Waiting List
- 5.0 selecting families from the waiting list
- 6.0 Assignment of Bedroom Sizes (subsidy Standards)
- 9.0 determination of family income
- 10.0 Verification
- 29.0 COST SAVING POSSIBILITIES
- VIOLENCE AGAINST WOMEN ACT – ADDED AS ATTACHMENT TO ADMIN PLAN

NOTE: Minor grammatical or spelling revisions were made to the Admin Plan but are not included in this document. However, any grammatical revisions having impact on intent are included.

3.0 Eligibility for Admission

[Revision to 3.2.G in Section 3.0 only]

3.2 Eligibility Criteria

G. Higher Education Students

No assistance shall be provided under Section 8 of the 1937 Act to any individual who:

1. Is enrolled as a student at an institution of higher education, as defined under Section 102 of the Higher Education Act of 1965 (20 U.S.C. 1002);
2. Is under 24 years of age;
3. Is not a Veteran of the United States Military;
4. Is unmarried;
5. Does not have a dependent child; and
6. Is not otherwise individually eligible, or has parents who, individually or jointly, are not eligible on the basis of income to receive assistance under Section 8 of the 1937 Act.

4.0 Managing the Waiting List

[Revision to 4.2 para 3 in Section 4.0 only]

4.2 Taking Applications

Families wishing to apply for the Section 8 Program will be required to complete an application for housing assistance. Applications will be accepted during regular business hours at:

**323 South Naumkeag Street
Shakopee, MN 55379**

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

Applications may be taken at any time, whether or not the waiting list is open, provided the applicants are: a) victims of a federally declared disaster area and/or b) residents in the SCOTT COUNTY Housing Authority public housing program who are required to move and who cannot be placed in another public housing unit. These applicants may be admitted into the program instead of those who would be normally admitted from the waiting list.

5.0 selecting families from the waiting list

[Revision to 5.2.A, B, C in Section 5.0]

5.2 Preferences

Consistent with the SCOTT COUNTY Housing Authority Agency Plan, the SCOTT COUNTY Housing Authority will select families based on the following preferences based on local housing needs and priorities. They are consistent with the SCOTT COUNTY Housing Authority's Agency Plan and the Consolidated Plan that covers our jurisdiction.

- A. — Residents in the SCOTT COUNTY Housing Authority Public Housing Program who are required to move and who cannot be placed in another public housing unit.
- B. Applicants with an adult family member who either lives or works or has been hired to work in the county of the SCOTT COUNTY Housing Authority.
- BC. Displaced person(s): Individuals or families displaced by government action or whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise formally recognized pursuant to Federal disaster relief laws.

6.0 Assignment of Bedroom Sizes (subsidy Standards)

[Revisions to bedroom size chart, 6.C, D, and last para in Section 6.0]

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

Number of Bedrooms	Number of Persons	
	Minimum	Maximum
0	1	2
1	1	2
2	2	4
3	3	6
4	4	8
5	6	10
<u>6</u>	<u>8</u>	<u>12</u>

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

In determining bedroom size, the SCOTT COUNTY Housing Authority will include the presence of children to be born to a pregnant woman, children who are in the process of being adopted, children whose custody is being obtained, children currently under a 50% or more joint custody decree, children who are temporarily away at school or temporarily in foster-care.

Bedroom size will also be determined using the following guidelines:

- A. Children of the same sex will share a bedroom.
- B. Children of the opposite sex, both under the age of six (6), will share a bedroom.

~~C. Persons of different generations will not be required to share a bedroom.~~

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

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

The SCOTT COUNTY Housing Authority may grant exceptions to normal occupancy standards if a family requests a larger size than the guidelines allow and documents a disability or a medical reason why the larger size is necessary.

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

However, pursuant to authority granted by HUD, this section is subject to cost saving options adopted by the SCOTT COUNTY Housing Authority (see Section 29.0 (I)). The addition of adults to the household, other than through marriage, will not increase the voucher size. Voucher size is determined by household composition at the date of this policy.

9.0 determination of family income

[Multiple revisions: 9.3.F; 9.3.13.t; 9.3.13.u; 9.4.C.1 in Section 9.0]

9.3 exclusions from income

F. ~~The full amount of student financial assistance paid directly to the student or to the educational institution unless it is an athletic scholarship that includes assistance available for housing costs and that portion is included in income; The amount of student financial assistance paid directly to the student or to the educational institution for tuition. For Section 8, any financial assistance, in excess of amounts received for tuition, that an individual receives under the Higher Education Act of 1965 (20 U.S.C. 1001 et seq.), from private sources, or from an institution of higher education (as defined under the Higher Education Act of 1965 (20 U.S.C. 1002), shall be considered income to that individual, except that financial assistance described in this paragraph is not considered annual income for persons over the age of 23 with dependent children. For purposes of this paragraph, "financial assistance" does not include loan proceeds for the purpose of determining income.~~

13. Amounts specifically excluded by any other Federal statute from consideration as income for purposes of determining eligibility or benefits.

These exclusions include:

- t. The \$600 transitional assistance subsidy, for applicants and tenants enrolled in the Medicare transitional assistance program, effective the date of receiving the benefits and any negotiated drug discounts received pursuant to the Medicare prescription drug discount card. This expires on May 15, 2006, or when the participant enrolls in the Medicare Prescription Drug Program.
- u. Any low-income subsidy received to assist low-income persons in paying for their Medicare Prescription Drug Program.

9.4 DEDUCTIONS FROM ANNUAL INCOME

- F. The sum of the following, to the extent the sum exceeds three percent of annual income:
3. Unreimbursed medical expenses of any elderly family or disabled family including any fee paid by the participant for the Medicare Prescription Drug Program; and

10.0 Verification

[Revision to 10.2 in Section 10.0 only]

10.2 Types of verification

The chart below outlines the factors that may be verified and gives common examples of the verification that will be sought. To obtain written third party verification, the SCOTT COUNTY Housing Authority will send a request form to the source along with a release form signed by the applicant/participant via first class mail.

Verification Requirements for Individual Items		
Item to Be Verified	3 rd party verification	Hand-carried verification
General Eligibility Items		
Social Security Number	Letter from Social Security, electronic reports	Social Security card or a third party document stating the Social Security Number
Adult Status of the Head of Household		Valid drivers license, identification card issued by a government agency, or a birth certificate
Citizenship	N/A	Signed certification, voter's registration card, birth certificate, etc.
Eligible immigration status	INS SAVE confirmation #	INS card
Disability	Letter from medical professional, SSI, etc	Proof of SSI or Social Security disability payments
Full time student status (if >18)	Letter from school	For high school and/or college students, any document evidencing enrollment
Need for a live-in aide	Letter from doctor or other professional knowledgeable of condition	N/A
Child care costs	Letter from care provider	Bills and receipts

Verification Requirements for Individual Items		
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<u>Medicare Discount Benefit</u>		<u>Individual receipts if the pre-discount cost is included; a comparison of receipts before and after the application of the discount; other information provided by the pharmacy supplying the prescription; or if nothing else is available, an imputed value of \$48.17 per prescription.</u>
Value of and Income from Assets		
Savings, checking accounts	Letter from institution	Passbook, most current statements
CDs, bonds, etc	Letter from institution	Tax return, information brochure from institution, the CD, the bond
Stocks	Letter from broker or holding company	Stock or most current statement, price in newspaper or through Internet
Real property	Letter from tax office, assessment, etc.	Property tax statement (for current value), assessment, records or income and expenses, tax return
Personal property held as an investment	Assessment, bluebook, etc	Receipt for purchase, other evidence of worth
Cash value of whole life insurance policies	Letter from insurance company	Current statement

Verification Requirements for Individual Items		
Item to Be Verified	3 rd party verification	Hand-carried verification
Assets disposed of for less than fair market value	N/A	Original receipt and receipt at disposition, other evidence of worth
Income		
Earned income	Letter from employer	Multiple pay stubs
Self-employed	N/A	Tax return from prior year, books of accounts
Regular gifts and contributions	Letter from source, letter from organization receiving gift (i.e., if grandmother pays day care provider, the day care provider could so state)	Bank deposits, other similar evidence
Alimony/child support	Court order, letter from source, letter from Human Services	Record of deposits, divorce decree
Social Security Administration		Letter from Social Security as verified by HUD computer systems.
Periodic payments (i.e., welfare, pensions, workers' comp, unemployment)	Letter or electronic reports from the source	Award letter, letter announcing change in amount of future payments
Training program participation	Letter from program provider indicating: <ul style="list-style-type: none"> - whether enrolled - whether training is HUD-funded - whether State or local program - whether it is employment training - whether payments are for out-of-pocket expenses incurred in order to participate in a program 	N/A

29.0 COST SAVING POSSIBILITIES

[Revision to 29.M in Section 29.0 only]

- M. The absolutely last step the SCOTT COUNTY Housing Authority will take to resolve its Housing Choice Voucher financial problems will be to terminate the

vouchers of families already receiving assistance. If this becomes necessary, a random lottery shall be used to determine which individual Housing Choice Vouchers are terminated first.

If it becomes necessary for the SCOTT COUNTY Housing Authority to terminate Housing Choice Vouchers, the families terminated shall be reinstated onto the program as soon as fiscally and practically feasible. ~~The following readmission sequence shall be utilized~~ Families will be re-admitted in the order they were terminated. .

[Act Report added as attachment to Admin Plan]

Violence Against Women Act Report

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