

# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2007

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

**PHA Plan  
Agency Identification**

**PHA Name:** BETHLEHEM HOUSING AUTHORITY

**PHA Number:** PA011

**PHA Fiscal Year Beginning: (mm/yyyy)** 04/2007

**Public Access to Information**

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

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

**Display Locations For PHA Plans and Supporting Documents**

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

- Main administrative office of the PHA
- PHA development management offices
- PHA local offices
- Main administrative office of the local government
- Main administrative office of the County government
- Main administrative office of the State government
- Public library
- PHA website
- Other (list below)  
BHA RESIDENT COUNCIL OFFICES; NORTHEAST MINISTRY OFFICE;  
SOUTH BETHLEHEM NEIGHBORHOOD CENTER.

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2005 - 2009**

[24 CFR Part 903.5]

**A. Mission**

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

- The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination.
- X The PHA's mission is: (state mission here)  
IT IS THE RESPONSIBILITY OF EVERY EMPLOYEE TO WORK IN CONCERT TO GIVE CONTINUING ATTENTION TO SHORT AND LONG TERM PLANS THAT WILL PROVIDE A SOUND SOCIAL AND PHYSICAL ENVIRONMENT FOR OUR RESIDENTS THROUGH EFFECTIVE EFFICIENCY IN ALL OPERATING DISCIPLINES, SET REACHABLE OBJECTIVES THAT TARGET RESIDENT CONFIDENCE AND PHYSICAL PLANT PRESERVATION, MAINTAIN THE PUBLIC TRUST AND COOPERATE WITH CITY PLANNING GOALS.

**B. Goals**

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

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

- X PHA Goal: Expand the supply of assisted housing  
Objectives:
- X Apply for additional rental vouchers: 25
  - Reduce public housing vacancies:
  - X Leverage private or other public funds to create additional housing opportunities:
  - X Acquire or build units or developments in process – Bayard St. & Lynfield (24 units)
  - Other (list below)
- X PHA Goal: Improve the quality of assisted housing  
Objectives:

- Improve public housing management: (PHAS score)
- Improve voucher management: (SEMAP score)
  
- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions:  
(list; e.g., public housing finance; voucher unit inspections)
- X Renovate or modernize public housing units: Renovations in progress,  
Marvine & Pfeifle (332 units)
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

X PHA Goal: Increase assisted housing choices

Objectives:

- X Provide voucher mobility counseling: Formulate Brochure
- X Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- X Implement public housing or other homeownership programs:  
Homeownership Voucher Program
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

- X PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- Increase the number and percentage of employed persons in assisted families:
  - X Provide or attract supportive services to improve assistance recipients' employability: Job Training Seminars
  - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
  - Other: (list below)

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

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

**Annual PHA Plan**  
**PHA Fiscal Year 2006**

[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**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.

**N/A**

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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**Attachments**

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

**Required Attachments:**

- Admissions Policy for Deconcentration (See attachment Page 47)
- FY 2000 Capital Fund Program Annual Statement (Page 48)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

**Optional Attachments:**

- PHA Management Organizational Chart (Page 72)
- FY 2005 Capital Fund Program 5 Year Action Plan
- Other (List below, providing each attachment name)
- 5 Year Plan Goals Update 2007 (Page 64/65)
- Resident Advisory Board Members (Page 70)
- Pet Policy (Page 43)
- Public Housing Comments (Page 73/74)

**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.

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

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
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
X	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program X check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8 <b>X INCLUDED IN A &amp; O POLICY</b>	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
N/A	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Fair Housing Documentation: Awaiting further clarification and instructions from HUD.	

# 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	Accessi-bility	Size	Loca-tion
Income <= 30% of AMI	786	4	3	3	2	2	4
Income >30% but <=50% of AMI	254	4	3	3	3	3	4
Income >50% but <80% of AMI	34	4	3	3	3	3	3
Elderly	114	4	1	1	3	1	2
Families with Disabilities	351	5	3	N/A	4	3	3
Race/Ethnicity W	253	5	3	N/A	4	3	3
Race/Ethnicity B	160	5	3	N/A	4	4	3
Race/Ethnicity H	672	5	3	N/A	4	4	3
Race/Ethnicity O	10	5	3	N/A	4	3	3

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:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- X Other sources: (list and indicate year of information)  
2005 Waiting lists and interview experience.

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover PH S8
Waiting list total	604		
Extremely low income <=30% AMI	437	72%	
Very low income (>30% but <=50% AMI)	132	22%	
Low income (>50% but <80% AMI)	35	6%	
Families with children	314	52%	
Elderly families	69	11%	
Families with Disabilities	261	43%	
Race/ethnicity W	143	24%	
Race/ethnicity H	344	57%	
Race/ethnicity B	109	18%	
Race/ethnicity O	8	1%	
1BR	261	44%	
2 BR	159	26%	
3 BR	141	23%	
4 BR	43	7%	
5 BR			
5+ BR			

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub-jurisdiction:			
	# of families	% of total families	Annual Turnover PH S8
Waiting list total	556		
Extremely low income <=30% AMI	396	71%	
Very low income (>30% but <=50% AMI)	139	25%	
Low income (>50% but <80% AMI)	21	4%	
Families with children	348	63%	
Elderly families	50	9%	
Families with Disabilities	108	19%	
Race/ethnicity W	131	24%	
Race/ethnicity H	359	64%	
Race/ethnicity B	61	11%	
Race/ethnicity O	5	1	
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

<b>Housing Needs of Families on the Waiting List</b>
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes 58
If yes:
How long has it been closed (#of months)? 5/04 19 Months
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Does the PHA permit specific categories of families onto the waiting list, even if Generally closed? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes Katrina and Federal Disaster Victims

### C. Strategy for Addressing Needs

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

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

- X Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- X 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

- 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

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

**Need: Specific Family Types: Families with Disabilities**

**Strategy 1: Target available assistance to Families with Disabilities:**

Select all that apply

- Seek designation of public housing for families with disabilities
- 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

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

**Strategy 2: Conduct activities to affirmatively further fair housing**

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2006) grants)</b>		
a) Public Housing Operating Fund	\$ 5,187,000.00	PH operations 2007 Operating
b) Public Housing Capital Fund (2006)	\$ 2,310,329.00	2006 CAPITAL FUND Capital Improvements & PH operations
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$3,050,000.00	Estimated 2007 HAP & ADM FEES
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self- Sufficiency Grants	\$80,000.00	Application made- Outcome not known
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (un- obligated funds only) 2005 Balance</b>	\$262,540.00	Capital Fund Capital Improvements
<b>3. Public Housing Dwelling Rental Income</b>	\$ 3,200,000.00	PH Operations
Interest on Investments	\$330,000.00	PH Operations
<b>4. Other income (list below)</b>		
Washer, Dryer, Cable, others	\$120,000.00	PH Operations
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	<b>\$14,539,869.00</b>	

### **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: 2/3 Months (state time) 2-4 MONTHS  
X Other: (describe) At time of application

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) Local Utility Account Balances

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? Indirectly, through FBI reporting.

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)

- One  
 Two  
 Three or More

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

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

### **(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

Emergencies

- Overhoused
- Underhoused
- X Medical justification / reasonable accommodation
- X Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- X Other: (list below) Natural disaster, sinkholes

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:

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

Other preferences: (select below)

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

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
- 3  Residents who live and/or work in the jurisdiction
- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)
- 2  Elderly/Disabled in our Jurisdiction
- 1  Katrina and other Federal Disaster Victims

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) BULLENTIN BOARDS, WEBSITE, NEWSLETTERS

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

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

If yes, list these developments as follows:

c. If the answer to b was yes, what changes were adopted? (select all that apply)

Adoption of site based waiting lists  
If selected, list targeted developments below:

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

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

**Other** (list policies and developments targeted below)

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

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

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

Other (list below)  
Adoption of flat rents for all developments

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

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

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

Not applicable: results of analysis did not indicate a need for such efforts

List (any applicable) developments below:

## **B. Section 8**

Exemptions: PHAs that do not administer section 8 are not required to complete sub-component 3B.

**Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

### **(1) Eligibility**

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

- Criminal or drug-related activity only to the extent required by law or regulation  
X Criminal and drug-related activity, more extensively than required by law or regulation  
X More general screening than criminal and drug-related activity (list factors below)  
Credit Reports  
 Other (list below)

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

c. X Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes? Indirectly from FBI when submitting fingerprints.

d. X 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  
X Other (describe below)  
History and Family Composition

### **(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)

- X None (not merged-however; we use a combined alphabetical list for PH, HR & S8)  
 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  
X Other (list below) List Closed May 2004

**(3) Search Time**

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

If yes, state circumstances below: Requesting for extension by voucher holder, providing they document they tried to find a unit-newspaper ads, a log sheet provide by BHA, etc.

**(4) Admissions Preferences**

- a. Income targeting

- Yes X 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. X 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  
X 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  
X Other preference(s) (list below) Elderly/Disabled Living or working in our jurisdiction

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
- 3  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)
- 1  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)
- 2  Elderly/Disabled in our Jurisdiction
- 1  Katrina & other Federal Disaster Victims

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

- X  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)

- X  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)

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

**(5) Special Purpose Section 8 Assistance Programs**

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

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

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

- Through published notices
- Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

- \$0
- \$1-\$25

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:

Minimum Rent Exemptions:

- My household would be evicted if the minimum rent requirement was imposed.
- My household lost eligibility for a federal, state, or local assistance program in the past 60 days.
- My household is awaiting an eligibility determination for a federal, state, or local assistance program.
- My household's income decreased in the past 60 days because of changed circumstances, including the loss of employment.
- An income contributor to the household died in the past 60 days.

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)

X 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)

50% Child Support Deduction when paid to another BHA resident Family

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)
- 95<sup>th</sup> percentile rents
- 75 percent of operating costs
- 100 percent of operating costs for general occupancy (family) developments
- Operating costs plus debt service
- The "rental value" of the unit
- Other (list below)

f. Rent Re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- X Other (list below)  
Anytime there is a Family Composition change or income change.

- 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  
 Survey of rents listed in local newspaper  
 Survey of similar unassisted units in the neighborhood  
X Other (list/describe below)  
Fair Market Rents and Payment Standard Tables for our area.  
MLS Board of Realtors Information.  
Any other available information from local Board of Realtors

**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.

Payment Standards are set at 10% more than Fair Market Rent.

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

- At or above 90% but below 100% of FMR  
X 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)  
Same as Public Housing (See Page 26b.3)

**5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

**A. PHA Management Structure**

Describe the PHA's management structure and organization.

(select one)

- An organization chart showing the PHA's management structure and organization is attached. (See Page 72)
- 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	1431	247
Section 8 Vouchers	470	25
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	37	0
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	N/A
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal Programs(list individually)	N/A	N/A

## 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)

Admissions & Continued Occupancy Policy & Appendices, Lease, CFR Manuals, FHEO/ADA/504 Policy, Pet Policy and all related HUD handbooks, Maintenance Paint and Shade Policy, Maintenance Charge List, Maintenance Extermination Policy.

(2) Section 8 Management: (list below)

Administrative Plan and Appendices, All related HUD handbooks, CFR Manuals, FHEO/ADA/504 Policy, City and BOCA Code Manuals.

## 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)
- PHA main administrative office  
 PHA development management offices  
 Other (list below)

### **B. Section 8 Tenant-Based Assistance**

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

If yes, list additions to federal requirements below:

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

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

### **A. Capital Fund Activities**

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

### **(1) Capital Fund Program Annual Statement**

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

Select one:

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

-or-

X The Capital Fund Program Annual Statement.  
See Table Library Pages 47-50.

## **(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:

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

-or-

X The Capital Fund Program 5-Year Action Plan is provided on Pages 51 to 62.

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

Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:  
Using a vacant piece of land in our Fairmount Development, we are considering building 18 to 20 units and offering to sell them to our public housing and Section 8 tenants.

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

<b>Demolition/Disposition Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Activity type: Demolition <input type="checkbox"/>	
Disposition <input type="checkbox"/>	
3. Application status (select one)	
Approved <input type="checkbox"/>	
Submitted, pending approval <input type="checkbox"/>	
Planned application <input type="checkbox"/>	
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)	
5. Number of units affected:	

6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

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

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>

<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected:</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

## **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.

<b>Conversion of Public Housing Activity Description</b>
<p>1a. Development name:</p> <p>1b. Development (project) number:</p>
<p>2. What is the status of the required assessment?</p> <p><input type="checkbox"/> Assessment underway</p> <p><input type="checkbox"/> Assessment results submitted to HUD</p> <p><input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)</p> <p><input type="checkbox"/> Other (explain below)</p>
<p>3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)</p>
<p>4. Status of Conversion Plan (select the statement that best describes the current status)</p> <p><input type="checkbox"/> Conversion Plan in development</p> <p><input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY)</p>

- 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**

**Component 10 (B) Voluntary Conversion Initial Assessments**

- a. How many of the PHA’s developments are subject of the Required Initial Assessments?  

11
- b. How many of the PHA’s developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy project)?  

5
- c. How many Assessments were conducted for the PHA’s covered developments?  

6
- d. Identify PHA developments that may be appropriate for conversion based on the required Initial Assessments: **NONE – See Page 70 of PHA Plan**

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

**11. Homeownership Programs Administered by the PHA**

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

- 1.  Yes  No: Does the PHA administer any homeownership programs administered by the PHA under an approved section 5(h)

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

2. Activity Description

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

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

**B. Section 8 Tenant Based Assistance**

1. X 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

X 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)

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

Home ownership is a “work in progress” this information is currently being worked on.

**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:

X Yes  No: Has the PHA 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? 02/17/00

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)  
 Coordinate the provision of specific social and self-sufficiency services and programs to eligible families

- Jointly administer programs
- Partner to administer a HUD Welfare-to-Work voucher program
- Joint administration of other demonstration program
- Other (describe)

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

<b>Services and Programs</b>				
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)
Family Self-Sufficiency Program This program is intended to promote the development of local strategies to coordinate the use of public and private resources to	50	Served as they come up on Waiting List.	BHA, CACLV, NCC, BCTC, PIC-Career Link, N.C.D.P.W. Hispanic/American organization,	Public Housing and Section 8 residents who are unemployed or underemployed.

help eligible families achieve economic independence and self sufficiency. 1310 Dover Lane Bethlehem, PA 18017			Northeast Ministry, Alliance for Building Communities, Community Action Development Corporation of Bethlehem, Drug Elimination Program of Bethlehem	
--	--	--	---	--

**(2) Family Self Sufficiency Programs**

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	42	34 – 12/3/05
Section 8	8	8 – 12/3/05

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)

- Adopting appropriate changes to the PHA’s public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- X 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
- X 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
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- X PHA employee reports
- X Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- X Other (describe below) Resident Satisfaction Survey Results

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

Pembroke, Marvine, Fairmount, Parkridge, Lynfield

#### **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

- Activities targeted to at-risk youth, adults, or seniors
- Volunteer Resident Patrol/Block Watchers Program
- Other (describe below)

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

Pembroke, Marvine, Fairmount, Lynfield and Parkridge

**C. Coordination between PHA and the police**

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

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

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

Pembroke, Marvine, Fairmount, Lynfield and Parkridge

**D. Additional information as required by PHDEP/PHDEP Plan**

PHAs eligible for FY 2000 PHDEP funds must provide a PHDEP Plan meeting specified requirements prior to receipt of PHDEP funds.

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)



## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

### **PET POLICY – REQUIRED ATTACHMENT**

**5 YR. PLAN UPDATE**

In compliance with the Quality Housing and Work Responsibility Act (QHWRA) of 1998, which provides that public housing authority residents cannot be prevented from owning pets, the Bethlehem Housing Authority (BHA) in conjunction with the Resident Advisory Board (RAB) and Resident Councils has established a PET POLICY.

This policy was adopted by the BHA Board of Commissioners at their regular meeting on January 8, 2001 by unanimous vote.

All family developments and three senior citizen/disabled developments are now eligible to apply for pet permits, according to the agreement.

The PET POLICY AGREEMENT outlines the following:

Definition of Common Household Pet – Dog, cat, bird or fish that is traditionally kept in the home for pleasure.

Dogs are limited in size and weight, not to exceed 30 pounds.

Cats are limited in size and weight, not to exceed 20 pounds.

Birds, limited to not more than two(2), are to be kept in a cage.

Fish must be kept in an approved fish tank, limited to 20 gallons.

No other living creature will be considered to be a common household pet.

One pet is permitted per household.

An application is required in order to be approved for a PET PERMIT.

### **CONDITIONS FOR ISSUANCE OF PET PERMIT**

Tenant must comply with local, state and federal laws governing owning a pet.

Ownership of a dog requires a license from the County they reside and must be worn at all times.

Pets must be inoculated and proof provided prior to bringing pet into development.

Female cats and dogs must be spayed and male cats and dogs neutered and proof provided.

### **PET DEPOSIT/NUISANCE CHARGE**

A deposit of \$300.00 is required for those tenants requesting a permit for a dog or a cat. Initial deposit is to be no less than \$50.00 and the balance paid in installments for those with a financial hardship.

A \$25.00 nuisance charge will be imposed if an inspector or maintenance worker cannot enter unit due to an unrestrained animal.

**THE COMPLETE PET POLICY AGREEMENT IS ON FILE AT BHA OFFICE.**

## **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. (Certification will be submitted to the field office in hard copy.)

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

1. X Yes  No: Is the PHA engaging in any activities that will contribute to the long term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?
2. What types of asset management activities will the PHA undertake? (select all that apply)  
 Not applicable  
 Private management  
X Development-based accounting  
X 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. X Yes  No : Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
X Attached at Attachment (File name) Public Hearing Comments (Page 74)  
 Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply)  
X 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:  
  
X Yes: Other: (list below)

Considering all RAB recommendations to be included in Capital Fund or Operating Budget next year.

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

#### 3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations  
 Candidates could be nominated by any adult recipient of PHA assistance

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

Other: (describe)

b. Eligible candidates: (select one)

- Any recipient of PHA assistance  
 Any head of household receiving PHA assistance

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

c. Eligible voters: (select all that apply)

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

**C. Statement of Consistency with the Consolidated Plan**

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

1. Consolidated Plan jurisdiction: City of Bethlehem, Pennsylvania
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)

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

The BHA and Administration of the City of Bethlehem work in concert during the planning and administration of projects that effect our best interests.

**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.

**INCOME TARGETING  
DECONCENTRATION  
HOUSING ADMISSION & CONTNUED OCCUPANCY POLICY**

In accordance with the Quality Housing and Work Responsibility Act of 1998, and in order to achieve deconcentration of poverty and a greater range of incomes within each development, income targeting will be the method that the Housing Authority will use.

Not less than 40% of the new admissions to public housing shall have incomes at or below 30% of the area median income, as adjusted for household size. Up to 60% of new admissions may have incomes above 30% but not more than 80% of the area median income, as adjusted for household size, to the extent that income eligible households have applied for housing and are on the waiting list.

# 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: (01/2006)

X Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	460,000
3	1408 Management Improvements	30,000
4	1410 Administration	230,000
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	20,000
8	1440 Site Acquisition	
9	1450 Site Improvement	110,000
10	1460 Dwelling Structures	1,380,000
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	50,000
13	1475 Nondwelling Equipment	10,000
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	20,000
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>2,310,329</b>
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	450,000

**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
PA26-02 Marvine	Construct parking lot for First Tee center	1450	20,000
	Replace smoke detectors	1460	60,000
	Construct boiler rooms (34)	1460	450,000
	Instal HVAC system in First Tee center	1470	50,000
PA26-08 Monocacy	Repave parking lot	1450	40,000
	Construct retaining wall	1450	50,000
PA26-09 Fairmount	Replace smoke detectors	1460	18,000
	Replace mechanical room doors (26)	1460	10,000
	Replace roofs (120)	1460	247,329
PA26-10 Lynfield 1	Replace windows (100 apts)	1460	280,000
	Replace smoke detectors		15,000
PA26-11 Lyhfield	Replace windows (97 apts)	1460	271,000
	Replace smoke detectors	1460	14,000
PA26-12 Parkridge	Replace smoke detectors	1460	15,000
BHA Wide	Administration	1410	230,000
	Operations	1406	460,000
	A/E work	1430	20,000
	Computer equipment	1475	10,000
	Computer software	1408	30,000
	Relocation costs	1495	20,000

**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)
PA26-02 Marvine	9/09	9/11
PA26-08 Monocacy	9/09	9/11
PA26-09 Fairmount	9/09	9/11
PA26-10 Lynfield I	9/09	9/11
PA26-11 Lynfield II	9/09	9/11
PA26-12 Parkridge	9/09	9/11
BHA - Wide	9/09	9/11



## 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
PA-026-01	Pembroke	5	2.5%
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
<b>Upgrade building exteriors</b> <b>New countertops</b> <b>Install bathroom cabinets (196)</b> <b>Install wood baseboard</b> <b>Replace mechanical room doors (196)</b>			<b>150,000</b> <b>155,000</b> <b>70,000</b> <b>255,000</b> <b>80,000</b>
			<b>FY2008</b> <b>FY2008</b> <b>FY2009</b> <b>FY2010</b> <b>FY2011</b>
<b>Total estimated cost over next 5 years</b>			<b>710,000</b>

## 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 years. 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	
PA26-02	Marvine	10	2.5%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace shingles on porch roofs (389)			50,000	FY 2008
Install vinyl on porch ceilings (389)			50,000	FY2008
Renovate kitchens and bathrooms (120)			1,500,000	FY 2008
Replace windows and sills (120)			500,000	FY 2008
Replace DHW heaters (100)			100,000	FY 2009
Site work and landscaping			100,000	FY 2009
Renovate kitchens and bathrooms (52)			700,000	FY 2010
Replace windows and sills (52)			200,000	FY2010
Replace roof at CSS bldg.			40,000	FY2010
Upgrade building exteriors (81)			500,000	FY 2010
Renovate kitchens and bathrooms (165)			2,475,000	FY 2011
<b>Total estimated cost over next 5 years</b>			<b>6,215,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-05	Pfeifle	1	2%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace site lights			40,000	FY 2008
Replace roofs			60,000	FY 2009
<b>Total estimated cost over next 5 years</b>			<b>100,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-06	Litzenberger	2	2%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace canopy roof			15,000	FY 2008
Replace closet doors (100 apts)			150,000	FY 2009
Replace trash chute			20,000	FY 2009
Upgrade hallway ventilation			140,000	FY 2010
Install DHW valves			50,000	FY 2010
<b>Total estimated cost over next 5 years</b>			<b>375,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-07A	Bodder House	0	0%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Renovate bathrooms (51)			50,000	FY 2008
Upgrade hallway HVAC system			50,000	FY 2009
Replace roof			60,000	FY 2010
<b>Total estimated cost over next 5 years</b>			<b>160,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-07B	Bartholomew House	1	1.5%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Renovate bathrooms (51)			50,000	FY 2008
Upgrade hallway HVAC system			50,000	FY 2009
Replace roof			60,000	FY 2010
Construct rear entrance canopy			20,000	FY2011
<b>Total estimated cost over next 5 years</b>			<b>180,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-08	Monocacy Tower	0	0%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Replace parking lot lights (6)			10,000	FY2008
Replace Community room HVAC			40,000	FY2008
Upgrade apartment lighting (149)			180,000	FY 2009
Replace fire alarm panel and detectors			110,000	FY 2010
Renovate kitchens and baths (148)			444,000	FY2011
<b>Total estimated cost over next 5 years</b>			<b>784,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-09	Fairmount	1	1%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Regrade along rear patios (120)			75,000	FY2008
Replace convectors, piping and boilers (40)			400,000	FY 2009
Replace convectors, piping and boilers (40)			400,000	FY 2010
Replace rear curbs and walks (16,000 sf)			175,000	FY2010
Repave parking lots (36,400 sf)			80,000	FY2010
Replace convectors, piping and boilers (40)			400,000	FY 2011
<b>Total estimated cost over next 5 years</b>			<b>1,530,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-10	Lynfield I	1	1%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
Misc. site work (erosion)			200,000	FY 2008
Replace flooring (100 apts.)			150,000	FY 2008
Install wood baseboard			135,000	FY 2008
Repave driveways and courts (100)			275,000	FY 2009
Replace site lighting			10,000	FY 2009
Renovate kitchens and bathrooms			600,000	FY 2010
Replace sidewalks			500,000	FY 2010
Replace furnaces (29)			25,000	FY 2011
<b>Total estimated cost over next 5 years</b>			<b>1,895,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
PA26-11	Lynfield II	1	1%
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>
<b>Planned Start Date (HA Fiscal Year)</b>			
Repave driveways and courts (97)		<b>225,000</b>	<b>FY 2008</b>
Remove/grade handball court		<b>50,000</b>	<b>FY 2009</b>
Replace site lighting		<b>10,000</b>	<b>FY 2009</b>
Replace siding (97)		<b>180,000</b>	<b>FY 2009</b>
Replace flooring (97)		<b>150,000</b>	<b>FY 2010</b>
Install wood baseboard (97)		<b>131,000</b>	<b>FY 2010</b>
Replace sidewalks		<b>500,000</b>	<b>FY 2010</b>
Renovate kitchens and baths (97)		<b>600,000</b>	<b>FY 2011</b>
Replace mech. room doors (97)		<b>40,000</b>	<b>FY 2011</b>
Replace furnaces & drywall mech rooms (97)		<b>110,000</b>	<b>FY 2011</b>
Misc. site work		<b>40,000</b>	<b>FY 2011</b>
<b>Total estimated cost over next 5 years</b>			<b>2,036,000</b>

## 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.

<b>Optional 5-Year Action Plan Tables</b>				
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>	
PA26-12	Parkridge	1	1%	
<b>Description of Needed Physical Improvements or Management Improvements</b>			<b>Estimated Cost</b>	
			<b>Planned Start Date (HA Fiscal Year)</b>	
Repair boiler flues			10,000	FY 2008
Replace site lighting			10,000	FY 2008
Site work and landscaping			30,000	FY 2009
Replace roofs (100)			150,000	FY 2009
Replace windows (100)			240,000	FY 2010
Replace siding (100)			200,000	FY2010
Replace sidewalks			500,000	FY 2010
Replace light fixtures (100)			15,000	FY 2011
Renovate kitchens and baths (100)			100,000	FY 2011
Install wood baseboard (100)			135,000	FY 2011
<b>Total estimated cost over next 5 years</b>			<b>1,390,000</b>	

## 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.

<b>Optional 5-Year Action Plan Tables</b>			
<b>Development Number</b>	<b>Development Name (or indicate PHA wide)</b>	<b>Number Vacant Units</b>	<b>% Vacancies in Development</b>
	<b>BHA Wide</b>		
<b>Description of Needed Physical Improvements or Management Improvements</b>		<b>Estimated Cost</b>	<b>Planned Start Date (HA Fiscal Year)</b>
A/E work		60,000	FY 2008
Computer upgrades		25,000	FY 2008
Security		50,000	FY 2008
Operations		400,000	FY 2008
Administration		200,000	FY 2008
Relocaton		20,000	FY2008
A/E work		60,000	FY 2009
Computer upgrades		25,000	FY 2009
Security		50,000	FY 2009
Operations		400,000	FY 2009
Administration		200,000	FY 2009
Relocation		20,000	FY2009
A/E work		60,000	FY2010
Computer upgrades		25,000	FY 2010
Security		50,000	FY 2010
Operations		400,000	FY 2010
Administration		200,000	FY 2010
Relocation		20,000	FY 2010
A/E work		60,000	FY 2011
Computer upgrades		25,000	FY 2011
Security		50,000	FY 2011
Operations		400,000	FY 2011
Administration		200,000	FY 2011
<b>Total estimated cost over next 5 years</b>		<b>3,000,000</b>	

## **FIVE YEAR PLAN GOALS UPDATE**

Plan Update January 2007

The following is a brief statement describing progress in meeting the goals and objectives outlined in the current 5- Year Plan.

### **PHA Goal One: Expand the supply of assisted housing**

#### **Objective 1: Apply for twenty-five Additional Rental Vouchers**

- We have been unable to obtain extra additional vouchers due to budgetary cutbacks at the Federal level.

#### **Objective 2: Acquire twenty-four Units (Lynfield and Bayard)**

- Drawings and spec's done. HUD responded in May. We made the changes and sent it back to HUD. The Bayard Street Project similar to Pfeifle, more modern. Working on development plans. We joined in a Capital Bond Pool with other housing authorities to increase the pool of funds to build it.

### **PHA Goal Two: Improve the quality of assisted housing**

#### **Objective 1: Translate Lease and other documents**

**Note:** Lease updates approved by Board on Commissioners on October 2006

- We have updated the lease and have contracted with a local firm to translate the document in Spanish, beginning this January.

#### **Objective 2: Renovate Marvine, Pfeifle (332 Units)**

- This program is well underway. Marvine project is ongoing.

### **PHA Goal Three: Increase assisted housing choices**

#### **Objective 1: Create Voucher Mobility Counseling Brochure**

- We began working on this but stopped when we were informed that HUD announced the arrival of flexible vouchers. We are waiting to learn which direction we need to go.

**Objective 2: Conduct Outreach to Potential HCV Landlords**

- We participated in a comprehensive “landlord fair”, designed to lure property owners to participate in the program. More than 500 potential landlords took part and we considered the fair a success.

**Objective 3: Implement Homeownership Voucher Program**

- As of September 2005, training designed to assist eligible HCV participants was held. BHA is partnering with several local agencies on the initiative.

**PHA Goal Four: Promote self-sufficiency and asset development of families and individuals**

**Objective 1: Conduct Job Training Seminars**

- BHA partners with various local agencies to provide job training for tenants. Agencies include Northampton Community College, the Center for Adult Literacy and Workplace Development, Hispanic American Organization, YWCA- WAND (Woman Achieving New Directions), CACLV (Community Action Committee of the Lehigh Valley and PIC.

**PHA Goal Five: Ensure Equal Opportunity in Housing for all Americans**

**Objective 1: Work Closely with Other Agencies**

- As demonstrated above, the housing authority partners with many local agencies. In addition to these, BHA has ongoing relations with the faith-based organizations such as Northeast Ministry and the Bethlehem Christian Training Center, who provide a wide array of social services to tenants. Also, we partner with locally based agencies such as Musikfest, Arts Quest and Touchstone Theater to provide arts exposure to tenants, particularly children. Other agencies include Boys/Girls Club, Embrace Your Dreams, Illick’s Mill Partnership, and many more.

## **APPENDIX VII**

### **BETHLEHEM HOUSING AUTHORITY MINIMUM RENT/HARDSHIP EXEMPTION POLICY**

#### **Minimum Rent**

As required by 24 CFR 5.630 the BHA must charge a family no less than a minimum monthly rent of \$25.

#### **Financial Hardship Exemption from Minimum Rent**

The BHA must grant an exemption from payment of minimum rent if the family is unable to pay the minimum rent because of financial hardship as described below:

- When the family has lost eligibility for or is awaiting an eligibility determination for a Federal, State, or local assistance program, including a family that includes a member who is a noncitizen lawfully admitted for permanent residence under the Immigration and Nationality Act who would be entitled to public benefits but for Title IV of the Personal Responsibility and Work Opportunity Act of 1996;
- When the family would be evicted because it is unable to pay the minimum rent;
- When the income of the family has decreased because of changed circumstances, including loss of employment;
- When a death has occurred in the family; and
- Other circumstances determined by the BHA or HUD.

If a family requests a financial hardship exemption, the BHA must suspend the minimum rent requirement beginning the month following the family's request for a hardship exemption until the BHA determines whether there is a qualifying financial hardship, and whether such hardship is temporary or long term.

The BHA must promptly determine whether a qualifying hardship exists and whether it is temporary or long term.

If the BHA determines that a qualifying financial hardship is temporary, the BHA must not impose the minimum rent during the 90-day period beginning the month following the date of the family's request for a hardship exemption. At the end of the 90-day suspension period, the BHA must reinstate the minimum rent from the beginning of the suspension. The family must be offered a reasonable repayment agreement, on terms and conditions established by the BHA, for the amount of back rent owed by the family.

If the BHA determines there is no qualifying financial hardship exemption, the BHA must reinstate the minimum rent, including back rent owed from the beginning of the suspension. The family must pay the back rent on terms and conditions established by the BHA.

If the BHA determines a qualifying financial hardship is long term, the BHA must exempt the family from the minimum rent requirements so long as such hardship continues. Such exemption shall apply from the beginning of the month following the family's request for a hardship exemption until the end of the qualifying financial hardship.

The financial hardship exemption only applies to payment of the minimum rent (as determined pursuant to 24 CFR 5.628(a)(4) and 24 CFR 5.630), and not to the other elements used to calculate the total tenant payment (as determined pursuant to 24 CFR 5.628(a)(1),(a)(2) and (a)(3).

**BETHLEHEM HOUSING AUTHORITY**  
**645 MAIN STREET**  
**BETHLEHEM PA 18018-3899**  
**(610) 865-8300    FAX: (610) 865-8318    TDD: (610) 865-8333**

**NOTICE TO SECTION 8 PARTICIPANTS**

**PROCEDURES FOR REVIEW OF ADMINISTRATIVE DETERMINATIONS**

The Housing Authority will provide the opportunity for a hearing to participants to consider if a housing authority decision is “in accordance with law, HUD regulations and Housing Authority rules, and relates to the family individual circumstances”.

A participant may request a hearing after being notified in writing of the following determinations listed below. This must be done within 10 days from the date of your notification letter.

- A determination of the amount of the family contribution to rent.
- A decision to deny /or terminate assistance on behalf of the participant.
- A determination that a participant is residing in a unit with a larger number of bedrooms than allowed under housing authority unit size standards, or to deny the participant’s request for an exception from the standards.
- A determination of the number of bedrooms to be entered on the certificate of a participant.
- A determination to deny issuance of a new certificate to a participant who wants to move.

The participant shall have the opportunity to present written or oral objections to any of the above housing decisions.

At his own expense, participants may be represented by legal counsel or other representative.

Review will be conducted by person(s) designated by the Housing Authority other than the person or subordinate of the person who made or approved the decision under review.

Prompt written notice of the final Housing Authority decision, including a brief statement of the reasons will be provided.

Applicant/Tenant	Date
Co-Applicant/Tenant	Date
Witness	Date

**BETHLEHEM HOUSING AUTHORITY**  
**645 MAIN STREET**  
**BETHLEHEM PA 18018-3899**  
**(610) 865-8300    FAX: (610) 865-8318    TDD: (610) 865-8333**

**AVISO A LOS PARTICIPANTES DEL PROGRAMA DE SECCION 8**

**PROCESO PARA LA REVISION DE DETERMINACIONES ADMINISTRATIVAS**

La autoridad de vivienda proveera la oportunidad de una vista a los participantes para considerar si alguna decision de la autoridad de vivienda este “de acuerdo con las leyes, reglamentos de HUD y de la Autoridad de Vivienda y que se relacione a las circunstancias individuales de esa familia.”

Un participante puede pedir una vista, por escrito, sobre las siguientes determinaciones listadas abajo: Tendra que hacer esto dentro de diez (1) dias de la fecha de su carta de notificacion.

- Una determinacion sobre la cantidad que la familia contribuye a la renta..
- Una decision denegando o terminando la asistencia del participante..
- Una determinacion que el participante esta residiendo en una unidad con una cantidad de dormitorios mas grande de lo que es permitido por las normas de la Autoridad de Vivienda sobre tamano o por denegar el pedido de un participante sobre excepcion a las normas.
- Una determinacion sobre el numero de dormitorios que van a ser puestos en el certificado del participante..
- Una determinacion denegando la expedicion de un nuevo certificado a un participante que desea mudarse.

El participante tendra la oportunidad de presentar por escrito u oralmente las objeciones a cualquier decision antedicha hecha por la Autoridad de Vivienda.

A su costo, los participantes pueden ser representados por consejero legal u otro representante..

La revision sera conducida por personal(s) asignadas por la Autoridad de Vivienda ademas de la persona o subordinado de la persona que tomo o aprobo la decision bajo revision..

Puntualmente se le proveera la decision tomada por la Autoridad de Vivienda por escrito incluyendo un breve informe sobre las razones.

\_\_\_\_\_  
Firma del Apicante/Arrendatario

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Firma del Co-Apicante/Arrendatario

\_\_\_\_\_  
Fecha

\_\_\_\_\_  
Testigo

\_\_\_\_\_  
Fecha

## **VOLUNTARY CONVERSION**

Although in our 2002 Plan Update we concluded that the conversion of our Public Housing Developments into tenant-based Section 8 assisted units would be inappropriate; in October 2002, we contracted with a Financial Group to perform a Financial Assessment to be included in our 2003 Plan update.

HJ Financial Group performed a Financial Assessment of our Public Housing Units to see if there would be a cost saving benefit in converting any of our Public Housing units to Section 8 units. A financial analysis was done on each individual site, in accordance with the HUD regulations cited in the Federal Register. Based on this Analysis, the Net Present Value cost and the New Budget Authority cost of our Public Housing units is less than the Section 8 per unit costs.

In conclusion, the report finds that it is not feasible for the Bethlehem Housing Authority to convert their public housing units to Section 8 units.

The complete report is on file at the Bethlehem Housing Authority's Central Office, 645 Main Street, Bethlehem, PA 18018, for those interested in reviewing the Analysis.

# BETHLEHEM HOUSING AUTHORITY

## RESIDENT ADVISORY BOARD

Monocacy Tower	William W. Long 645 Main Street, Apt #305 Bethlehem, PA 18018	610-954-0810
Bartholomew	Dorothy Saby 512 Elm Street, Apt #G101 Bethlehem, PA 18018	610-868-9045
Litzenberger	Miguel Gerena 225 E. 4th Street, Apt #812 Bethlehem, PA 18015	610-974-9533
Bodder	Floyd Gingles 645 Leibert Street, Apt #402 Bethlehem, PA 18018	610-867-5335
Northeast	Linda Lenner 1250C Woodbine Street Bethlehem, PA 18017	610-954-9167
Parkridge	Karen Gatanis 1993 Brookside Drive Bethlehem, PA 18018	610-865-4179
Lynfield	Miriam Butterfield 957 Argus Street Bethlehem, PA 18015	610-691-0945
Section 8	Carlos Musses 509 E. 4 <sup>th</sup> Street Bethlehem, PA 18015	610-758-8928

# **BETHLEHEM HOUSING AUTHORITY**

## **RESIDENT ON THE BOARD**

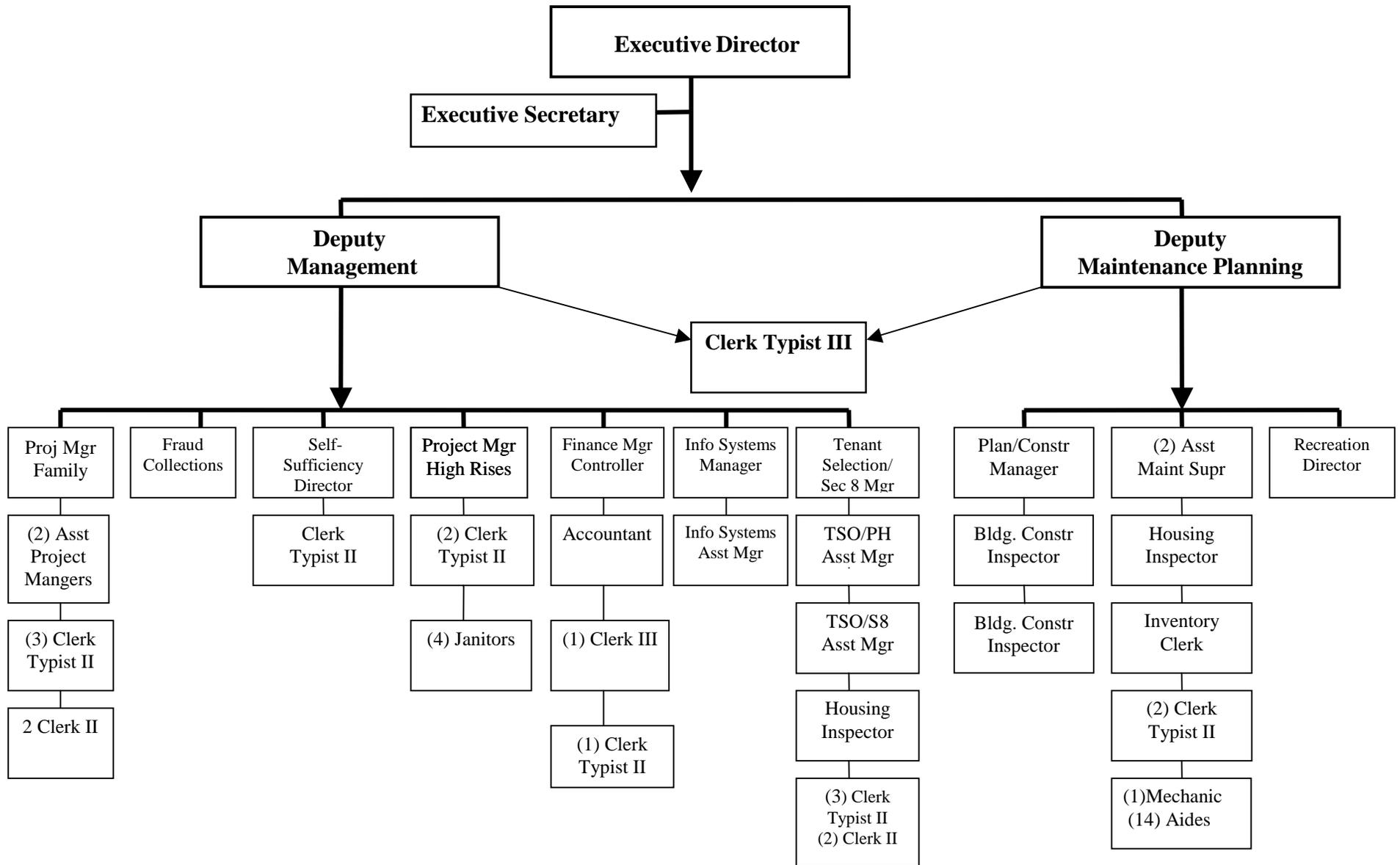
MAYOR JOHN B. CALLAGAN APPOINTED MR PAUL REITMEIR TO THE BOARD OF COMMISSIONERS OF THE BETHLEHEM HOUSING AUTHORITY EFFECTIVE JANUARY 05. HIS TERM EXPIRED AUGUST 2006.

HE WAS REAPPOINTED TO A NEW 5-YEAR TERM BY MAYOR JOHN B. CALLAHAN IN JUNE 2006 (TO MAY 2011).

MR. PAUL REITMEIR IS A RESIDENT OF SECTION 8 AT 555 SPRING STREET, BETHLEHEM, PA 18018.

**BHA Organization  
October 2006**

Approved by Board of Commissioners August 2003



**BETHLEHEM HOUSING AUTHORITY  
FIVE YEAR / ANNUAL PLAN  
PUBLIC HEARING  
NOVEMBER 9, 2006**

**COMMENTS ON PLAN**

- 1) William Long, Monocacy Tower, Apt 305 (Resident Advisory Board Member)

**Question:** Does BHA pay property taxes?

**Response:** In a sense. One thing we do is make a “pilot” payment to the City of Bethlehem in lieu of taxes. They distribute that money accordingly between Bethlehem’s two counties, Northampton and Lehigh. I know the schools get most of the taxes. In lieu of taxes, we support the schools and the City takes their cut. Our payment extensively helps to defray the cost of doing business with them.

**Question:** Is the Bayard Development actually the same project as what they are doing at the Easton Housing Authority, the Hope VI project? Are these units going to be built from scratch?

**Response:** Yes we are building new units on the 1500 block of Woodbine Street. No, it is not a Hope VI grant. This is land that is available and belongs to us.

- 2) Kevin Lynn, Monocacy Tower, Apt 802 (Tenant)

**Question:** Are these units going to replace the senior units.

**Response:** The Bayard units are in part replacement units, replacing ACC units lost over the past 10 years, due to reconfiguring two apartment buildings.

**Question:** If you build new units will the City raise your taxes.

**Response:** We are safe with that. We have a contract with the City. The contract says, we will be granted tax exempt status. We have to do a good job in providing affordable low income housing to our citizens.

- 3) Dorothy Saby, Bartholomew House, Apt #G101 (Resident Advisory Board Member and Tenant Council President)

**Question:** As far as homeownership aren't you building another house? Didn't we get a house at Ettwein Street?

**Response:** The home on Ettwein Street was made available to an HCV Family as part of our ongoing effort to provide affordable housing opportunities for tenants who qualify.

- 4) Edna Bonner, (S8 Tenant)

**Question:** Why are some rents higher in the Philadelphia area in comparison to Bethlehem?

**Response:** Well, it all depends on the rental market of the area you live in. For example: here in Bethlehem if you live in West Bethlehem the rents will be higher than Center City. One and two bedrooms in Wilkes Barre may cost less than in Bethlehem. We don't have control of the amount of rent that a specific area charges. HUD sets the rate for our voucher participants.

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

PHA Name: <b>BETHLEHEM HOUSING AUTHORITY</b>	Grant Type and Number Capital Fund Program Grant No: <b>PA26-P011-502-03</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2003</b>
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Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision no. )  
 Performance and Evaluation Report for Program Year Ending **2005**     
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	89,717.00	22,474.00	22,474.00	22,474.00
3	1408 Management Improvements	30,000.00	-	-	-
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	295,000.00	430,621.00	430,621.00	376,545.00
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	-	-	-	-
13	1475 Nondwelling Equipment	60,000.00	21,622.00	21,622.00	21,622.00
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 474,717.00	\$ 474,717.00	\$ 474,717.00	\$ 420,641.00
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	20,000.00	6,965.00	6,965.00	6,965.00
26	Amount of line 21 Related to Energy Conversation Measures	-	-	204,455.00	204,455.00

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

PHA Name:		Grant Type and Number				Federal FY of Grant:			
<b>BETHLEHEM HOUSING AUTHORITY</b>		Capital Fund Program Gra <b>PA26-P011-502-03</b> Replacement Housing Fac <b>0</b>				<b>2003</b>			
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		
PA26-01	Replace smoke detectors	1460.00	126	-	53,076.00	53,076.00		From CF06	
PA26-06	Repair building façade	1460.00	1120 sf	75,000.00	-			From CF02	
PA26-08	Replace fire supply pipe	1460.00	80 lf	50,000.00	-			From CF01	
PA26-08	Replace closet doors	1460.00	141	150,000.00	145,040.00	145,040.00	145,040.00	Complete	
PA26-09	Install bath exhaust fans	1460.00	36	20,000.00	27,050.00	27,050.00	27,050.00	Complete	
PA26-10	Drywall mechanical rooms	1460.00	60	-	205,455.00	205,455.00	204,455.00	From CF03	
BHA WIDE	Security cameras	1475.00		20,000.00	6,965.00	6,965.00	6,965.00	Complete	
BHA WIDE	Computer software	1408.00		30,000.00	-				
BHA WIDE	Computer Equipment	1475.00		40,000.00	14,657.00	14,657.00	14,657.00		
BHA WIDE	Operations	1406.00		89,717.00	22,474.00	22,474.00	22,474.00		





















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**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>BETHLEHEM HOUSING AUTHORITY</b>	Comprehensive Grant Number <b>PA26-P011-502-03</b>
	FFY of Grant Approval <b>2003</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 474,717.00</b>
B. Revised Funds Approved	<b>474,717.00</b>
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	<b>420,641.00</b>
E. Amount to be Recaptured (A-D)	<b>54,076.00</b>
F. Excess of Funds Advanced (C-D)	<b>\$ (420,641.00)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;  
 3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;  
 4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and  
 5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature  <b>X</b>	Date  <b>01/04/2007</b>
---------------------------	-------------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>BETHLEHEM HOUSING AUTHORITY</b>	Modernization Project Number: <b>PA26-P011-502-03</b>
--	--

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	<b>474,717.00</b>
B. Funds Disbursed	\$	<b>420,641.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>420,641.00</b>
D. Amount to be Recaptured (A - C)	\$	<b>54,076.00</b>
E. Excess of Funds Disbursed (B - C)	\$	<b>-</b>

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Executive Director & Date:

X

**1/4/2007**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X

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PHA Forms



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

PHA Name: <b>Bethlehem Housing Authority</b>	Grant Type and Number Capital Fund Program Grant No: <b>PA26-P011-501-04</b> Replacement Housing Factor Grant No:	Federal FY of Grant: <b>2004</b>
---	---	-------------------------------------

Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement (revision no.    )  
 Performance and Evaluation Report for Program Year Ending     
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	275,856.00	-	-	-
3	1408 Management Improvements	31,000.00	-	-	-
4	1410 Administration	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	89,712.00	3,600.00	3,600.00	3,600.00
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	395,000.00	585,483.00	585,483.00	545,007.00
10	1460 Dwelling Structures	1,832,000.00	2,089,433.00	2,089,433.00	1,368,879.00
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	95,000.00	80,052.00	80,052.00	80,052.00
13	1475 Nondwelling Equipment	40,000.00	-	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	-	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,758,568.00	\$ 2,758,568.00	\$ 2,758,568.00	\$ 1,997,538.00
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	854,978.00	1,039,107.00	593,061.00	593,061.00

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

PHA Name:		Grant Type and Number				Federal FY of Grant:			
<b>Bethlehem Housing Authority</b>		Capital Fund Program Grant No: <b>PA26-P011-501-04</b> Replacement Housing Factor Grant				<b>2004</b>			
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		
PA26-01	Paint ext. of Comm. Bldg.	1470.00	1	15,000.00	-			deleted	
PA26-02	New heat pipes & rad.	1460.00	42	422,000.00	115,653.00	115,653.00	115,653.00	Complete	
PA26-02	Renovate kitchens & baths	1460.00	52	700,000.00	-			FY2009	
PA26-02	Replace windows & sills	1460.00	52	200,000.00	-			FY2009	
PA26-02	Replace sewer lines	1460.00	52	50,000.00	-			deleted	
PA26-02	Misc. site work	1450.00		40,000.00	-			FY2008	
PA26-02	Construct basketball court	1450.00	4,928 sf	30,000.00	95,007.00	95,007.00	95,007.00	Complete	
PA26-02	Replace underground gas mains	1450.00	8,650 lf	-	490,476.00	490,476.00	450,000.00	from CF06	
PA26-02	Construct boiler rooms	1460.00	12	-	432,978.00	432,978.00	432,978.00	from CF05	
PA26-05	Kitchen/bath/electrical upgrade	1460.00	50	-	1,496,372.00	1,496,372.00	775,818.00	from CF06	
PA26-06	Replace heat control valves	1460.00	100	30,000.00	-			To CF03	
PA26-06	Replace stairtower windows	1460.00	16	15,000.00	-			To CF05	

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

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>Bethlehem Housing Authority</b>		Capital Fund Program Grant No: <b>PA26-P011-501-04</b> Replacement Housing Factor Grant: <b>0</b>				<b>2004</b>		
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	
PA26-07A	Replace heat control valves	1460.00	75	20,000.00	-			To CF03
PA26-07B	Replace heat control valves	1460.00	75	20,000.00	-			To CF03
PA26-08	Renovate 4th floor offices	1470.00	1	80,000.00	80,052.00	80,052.00	80,052.00	Complete
PA26-08	Replace parking lot lights	1450.00	1	10,000.00	-			FY2007
PA26-08	Repave parking lot	1450.00	1	40,000.00	-			FY2010
PA26-09								

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

PHA Name:		Grant Type and Number				Federal FY of Grant:		
Bethlehem Housing Authority		Capital Fund Program Grant PA26-P011-501-04 Replacement Housing Factor 0				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	
PA26-10	Repave driveways	1450.00	100	250,000.00	-			FY2008
PA26-10	Drywall mechanical rooms	1460.00	15	-	44,430.00	44,430.00	44,430.00	From CF03
PA26-11	Replace siding	1460.00	97	100,000.00	-			FY2008
PA26-11	Construct 1 bedroom apts	1460.00	3	250,000.00				
PA26-11	Remove & grade h/ball court	1450.00	1	20,000.00	-			FY2008
PA26-12	Misc. site work	1450.00		5,000.00	-			FY2007
PA26-12	Repair bathroom sinks	1460.00	100	15,000.00	-			deleted
PA26-12	Replace boiler flues	1460.00	100	10,000.00	-			FY2007
BHA WIDE	A/E work	1430.00		89,712.00	3,600.00	3,600.00	3,600.00	
BHA WIDE	Computer equipment	1475.00		40,000.00	-			FY2007
BHA WIDE	Computer s/ware & programs	1408.00		21,000.00	-			FY2007
BHA WIDE	Security	1408.00		10,000.00	-			FY2007
BHA WIDE	Operations	1406.00		275,856.00	-			













**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>Bethlehem Housing Authority</b>	Comprehensive Grant Number <b>PA26-P011-501-04</b>
	FFY of Grant Approval <b>2004</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 2,758,568.00</b>
B. Revised Funds Approved	<b>2,758,568.00</b>
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	<b>1,997,538.00</b>
E. Amount to be Recaptured (A-D)	<b>761,030.00</b>
F. Excess of Funds Advanced (C-D)	<b>\$ (1,997,538.00)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature  <b>X</b>	Date  <b>01/04/2007</b>
---------------------------	-------------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>Bethlehem Housing Authority</b>	Modernization Project Number: <b>PA26-P011-501-04</b>
--	--

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	<b>2,758,568.00</b>
B. Funds Disbursed	\$	<b>1,997,538.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>1,997,538.00</b>
D. Amount to be Recaptured (A - C)	\$	<b>761,030.00</b>
E. Excess of Funds Disbursed (B - C)	\$	<b>-</b>

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Executive Director & Date:

X

**1/4/2007**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X

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Input Range						
Acct	Original	Revised	Obligated	Expended	Acct	Original
1470	15,000.00	0.00	0.00	0.00	1406	275,856.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1408	31,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1410	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	422,000.00	115,653.00	115,653.00	115,653.00	1411	0.00
1460	700,000.00	0.00	0.00	0.00	ACCT	
1460	200,000.00	0.00	0.00	0.00	1415	0.00
1460	50,000.00	0.00	0.00	0.00	ACCT	
1450	40,000.00	0.00	0.00	0.00	1430	89,712.00
1450	30,000.00	95,007.00	95,007.00	95,007.00	ACCT	
1450	0.00	490,476.00	490,476.00	450,000.00	1440	0.00
1460	0.00	432,978.00	432,978.00	432,978.00	ACCT	
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#VALUE!				0.00	ACCT	
1460	0.00	#####	#####	775,818.00	1460	#####
#VALUE!				0.00	ACCT	
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0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1470	95,000.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	30,000.00	0.00	0.00	0.00	1475	40,000.00
1460	15,000.00	0.00	0.00	0.00	ACCT	
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0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1490	0.00
0	0.00	0.00	0.00	0.00	ACCT	
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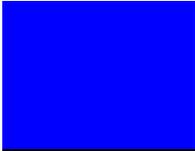












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## Annual Statement / Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name:  <b>Bethlehem Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA26-P011-501-05</b></span> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2005</b>
---	---	--

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no.    )

Performance and Evaluation Report for Program Year Ending     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	-	-	-	-
3	1408 Management Improvements	30,000.00	6,901.00	-	-
4	1410 Administration	-	-	-	-
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	41,000.00	45,929.00	45,929.00	45,929.00
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	80,000.00	435,150.00	386,719.00	121,209.00
10	1460 Dwelling Structures	710,963.00	977,413.00	977,413.00	882,189.00
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	10,000.00	981,919.00	981,919.00	829,174.00
13	1475 Nondwelling Equipment	10,000.00	8,700.00	1,861.00	1,861.00
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	1,737,147.00	163,098.00	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,619,110.00	\$ 2,619,110.00	\$ 2,393,841.00	\$ 1,880,362.00
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	310,963.00	688,988.00	688,988.00	626,191.00

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

PHA Name:		Grant Type and Number				Federal FY of Grant:			
<b>Bethlehem Housing Authority</b>		Capital Fund Program Grant No: <b>PA26-P011-501-05</b> Replacement Housing Factor Grant				<b>2005</b>			
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		
PA26-01	Enlarge Comm. Bldg parking lot	1450.00	1	40,000.00	18,431.00				
PA26-01	Replace site lighting	1450.00	15	10,000.00	-				
PA26-01	Replace Comm. Bldg. roof	1470.00	1	10,000.00	14,190.00	14,190.00	14,190.00	Complete	
PA26-02	Renovate kitchens and baths	1460.00	30	400,000.00	-				
PA26-02	Construct boiler rooms & equip.	1460.00	35	310,963.00	543,988.00	543,988.00	543,988.00		
PA26-02	Replace site lighting	1450.00	25	20,000.00	20,000.00				
PA26-02	Construct First Tee Center	1470.00	1	-	819,233.00	819,233.00	814,984.00	From CF06	
PA26-02	Renovate NE office for FSS	1470.00	1	-	148,496.00	148,496.00		From CF06	
PA26-05	Replace walks and steps	1450.00	22,000 sf	-	386,719.00	386,719.00	121,209.00	From CF07	
PA26-06	Repair façade at solariums	1460.00	1600 sf	-	175,720.00	175,720.00	175,720.00	From CF03	
PA26-06	Upgrade door entry system	1460.00	3 drs	-	16,420.00	16,420.00	12,037.00	From CF07	
PA26-71	Upgrade door entry system	1460.00	3 drs	-	15,529.00	15,529.00	12,037.00	From CF07	
PA26-72	Upgrade door entry system	1460.00	3 drs	-	15,474.00	15,474.00	12,038.00	From CF07	
PA26-08	Replace fire standpipe	1460.00	140 lf	-	44,100.00	44,100.00	29,128.00	From CF03A	
PA26-08	Upgrade door entry system	1460.00	3 drs	-	18,182.00	18,182.00	12,038.00	From CF07	
PA26-08	Replace heating boilers	1460.00	2	-	145,000.00	145,000.00	82,203.00	From CF08	
PA26-08	Replace windows (retainage)	1460.00		-	3,000.00	3,000.00	3,000.00	From CF03	
PA26-09	Construct elderly apartments	1499.00	20	1,737,147.00	163,098.00				
PA26-09	Replace site lighting	1450.00	15	10,000.00	10,000.00				















# Annual Statement / Performance and Evaluation Report

## Capital fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)

### Part III: Implementation Schedule

PHA Name: <b>Bethlehem Housing Authority</b>		Grant Type and Number Capital Fund Program Grant No: <b>PA26-P011-501-05</b> Replacement Housing Factor Grant No: <b>0</b>					Federal FY of Grant: <b>2005</b>	
Development Number Namw/HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates	
	Original	Revised	Actual	Original	Revised	Actual		
Pembroke PA26-01	8/17/2007		9/1/2005	8/17/2009		12/1/2005		
Marvine PA26-02	8/17/2007		9/1/2006	8/17/2009				
Pfeifle PA26-05		9/1/2006	9/1/2006	8/17/2009				
Litzenberger PA26-06		9/1/2006	9/1/2006	8/17/2009				
Bodder PA26-71		9/1/2006	9/1/2006	8/17/2009				
Bartholemew PA26-72		9/1/2006	9/1/2006	8/17/2009				
Monocacy PA26-08		9/1/2006	9/1/2006	8/17/2009				
Fairmount PA26-09	8/17/2007			8/17/2009				
BHA Wide	8/17/2007			8/17/2009				

**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>Bethlehem Housing Authority</b>	Comprehensive Grant Number <b>PA26-P011-501-05</b>
	FFY of Grant Approval <b>2005</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 2,619,110.00</b>
B. Revised Funds Approved	<b>2,619,110.00</b>
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	<b>1,880,362.00</b>
E. Amount to be Recaptured (A-D)	<b>738,748.00</b>
F. Excess of Funds Advanced (C-D)	<b>\$ (1,880,362.00)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature  <b>X</b>	Date  <b>01/04/2007</b>
---------------------------	-------------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>Bethlehem Housing Authority</b>	Modernization Project Number: <b>PA26-P011-501-05</b>
--	--

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	<b>2,619,110.00</b>
B. Funds Disbursed	\$	<b>1,880,362.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>1,880,362.00</b>
D. Amount to be Recaptured (A - C)	\$	<b>738,748.00</b>
E. Excess of Funds Disbursed (B - C)	\$	<b>-</b>

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Executive Director & Date:

X

**1/4/2007**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X

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PHA Forms

Input Range						
Acct	Original	Revised	Obligated	Expended	Acct	Original
1450	40,000.00	18,431.00	0.00	0.00	1406	0.00
1450	10,000.00	0.00	0.00	0.00	ACCT	
1470	10,000.00	14,190.00	14,190.00	14,190.00	1408	30,000.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1410	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1460	400,000.00	0.00	0.00	0.00	1411	0.00
1460	310,963.00	543,988.00	543,988.00	543,988.00	ACCT	
1450	20,000.00	20,000.00	0.00	0.00	1415	0.00
1470	0.00	819,233.00	819,233.00	814,984.00	ACCT	
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1460	0.00	16,420.00	16,420.00	12,037.00	ACCT	
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1460	0.00	15,529.00	15,529.00	12,037.00	ACCT	
0	0.00	0.00	0.00	0.00	1470	10,000.00
1460	0.00	15,474.00	15,474.00	12,038.00	ACCT	
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1460	0.00	44,100.00	44,100.00	29,128.00	ACCT	
1460	0.00	18,182.00	18,182.00	12,038.00	1485	0.00
1460	0.00	145,000.00	145,000.00	82,203.00	ACCT	
1460	0.00	3,000.00	3,000.00	3,000.00	1490	0.00
0	0.00	0.00	0.00	0.00	ACCT	
1499	#####	163,098.00		0.00	1492	0.00
1450	10,000.00	10,000.00		0.00	ACCT	
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6,901.00	0.00	0.00	1410.00	0.00	0.00	0.00
			1411.00	0.00	0.00	0.00
0.00	0.00	0.00	1415.00	0.00	0.00	0.00
			1430.00	41,000.00	45,929.00	45,929.00
0.00	0.00	0.00	1440.00	0.00	0.00	0.00
			1450.00	80,000.00	435,150.00	386,719.00
0.00	0.00	0.00	1460.00	710,963.00	977,413.00	977,413.00
			1465.10	0.00	0.00	0.00
45,929.00	45,929.00	45,929.00	1470.00	10,000.00	981,919.00	981,919.00
			1475.00	10,000.00	8,700.00	1,861.00
0.00	0.00	0.00	1485.00	0.00	0.00	0.00
			1490.00	0.00	0.00	0.00
435,150.00	386,719.00	121,209.00	1492.00	0.00	0.00	0.00
			1495.10	0.00	0.00	0.00
977,413.00	977,413.00	882,189.00	1499.00	#####	163,098.00	0.00
			1501.00	0.00	0.00	0.00
0.00	0.00	0.00	1502.00	0.00	0.00	0.00
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8,700.00	1,861.00	1,861.00				
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0.00	0.00	0.00				
0.00	0.00	0.00				
0.00	0.00	0.00				
163,098.00	0.00	0.00				
0.00	0.00	0.00				

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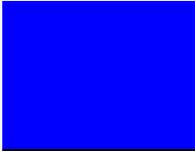












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# Annual Statement / Performance and Evaluation Report

## Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary

PHA Name:  <b>Bethlehem Housing Authority</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: <span style="float: right;"><b>PA26-P011-501-06</b></span> Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b>  <b>2006</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement (revision no. **1** )

Performance and Evaluation Report for Program Year Ending     
  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations	520,000.00	520,000.00	462,000.00	462,000.00
3	1408 Management Improvements	30,000.00	30,000.00	-	-
4	1410 Administration	260,000.00	260,000.00	112,000.00	22,206.00
5	1411 Audit	-	-	-	-
6	1415 Liquidated Damages	-	-	-	-
7	1430 Fees and Costs	40,000.00	40,000.00	-	-
8	1440 Site Acquisition	-	-	-	-
9	1450 Site Improvement	40,000.00	40,000.00	-	-
10	1460 Dwelling Structures	1,550,000.00	1,155,681.00	-	-
11	1465.1 Dwelling Equipment - Nonexpendable	-	-	-	-
12	1470 Nondwelling Structures	169,110.00	148,496.00	148,496.00	-
13	1475 Nondwelling Equipment	10,000.00	10,000.00	-	-
14	1485 Demolition	-	-	-	-
15	1490 Replacement Reserve	-	-	-	-
16	1492 Moving to Work Demonstration	-	-	-	-
17	1495.1 Relocation Costs	-	-	-	-
18	1499 Development Activities	-	106,152.00	-	-
19	1501 Collateralization or Debt Service	-	-	-	-
20	1502 Contingency	-	-	-	-
21	Amount of Annual Grant (Sum of lines 2-20)	\$ 2,619,110.00	\$ 2,310,329.00	\$ 722,496.00	\$ 484,206.00
22	Amount of line 21 Related to LBP Activities	-	-	-	-
23	Amount of line 21 Related to Section 504 Compliance	-	-	-	-
24	Amount of line 21 Related to Security - Soft Costs	-	-	-	-
25	Amount of line 21 Related to Security - Hard Costs	-	-	-	-
26	Amount of line 21 Related to Energy Conversation Measures	1,500,000.00	1,191,219.00	-	-

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

PHA Name:		Grant Type and Number				Federal FY of Grant:		
<b>Bethlehem Housing Authority</b>		Capital Fund Program Grant No: <b>PA26-P011-501-06</b> Replacement Housing Factor Grant				<b>2006</b>		
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	
PA26-01	Replace smoke detectors	1460.00	196 apts	50,000.00	50,000.00			
PA26-02	Construct boiler rooms & equip.	1460.00	34	1,500,000.00	1,105,681.00			
PA26-02	Renovate office for FSS	1470.00	1	169,110.00	148,496.00	148,496.00		
PA26-11	Construct 1 bedroom apts.	1499.00	3	-	106,152.00			From CF04
PA26-12	Replace sidewalks and patios	1450.00	3000sf	40,000.00	40,000.00			
BHA Wide	Administration (P&C salaries)	1410.00		260,000.00	260,000.00	112,000.00	22,206.00	
BHA Wide	Operations	1406.00		520,000.00	520,000.00	462,000.00	462,000.00	
BHA Wide	A&E work	1430.00		40,000.00	40,000.00			
BHA Wide	Computer equipment	1475.00		10,000.00	10,000.00			
BHA Wide	Computer software	1408.00		30,000.00	30,000.00			

















**Actual Comprehensive Grant  
Cost Certificate**  
Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157  
(Exp. 3/31/2002)

PHA/IHA Name  <b>Bethlehem Housing Authority</b>	Comprehensive Grant Number <b>PA26-P011-501-06</b>
	FFY of Grant Approval <b>2006</b>

The PHA/IHA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Comprehensive Grant, is as shown below:

A. Original Funds Approved	<b>\$ 2,619,110.00</b>
B. Revised Funds Approved	<b>2,310,329.00</b>
C. Funds Advanced	
D. Funds Expended (Actual Modernization Cost)	<b>484,206.00</b>
E. Amount to be Recaptured (A-D)	<b>2,134,904.00</b>
F. Excess of Funds Advanced (C-D)	<b>\$ (484,206.00)</b>

2. That all modernization work in connection with the Comprehensive Grant has been completed;
3. That the entire Actual Modernization Cost or liabilities therefor incurred by the PHA/IHA have been fully paid;
4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on public office where the same should be filed in order to be valid against such modernization work; and
5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729)

Signature  <b>X</b>	Date  <b>01/04/2007</b>
---------------------------	-------------------------------

**For HUD Use Only**

The Cost Certificate is approved for audit.

Approved for Audit (Director, Public Housing Division)  <b>X</b>	Date
--	------

The audited costs agree with the costs shown above.

Verified (Director, Public Housing Division)  <b>X</b>	Date
--	------

Approved (Field Office Manager)  <b>X</b>	Date
---	------

**Actual Modernization  
Cost Certificate**

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

OMB Approval No. 2577-0044 (exp. 12/31/99)  
OMB Approval No. 2577-0157 (exp. 12/31/99)

**Comprehensive Improvement Assistance Program (CIAP)  
Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 2 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Paperwork Reduction Project (2577-0044 and 0157), Office of Information Technology, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600. 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.

**Do not send this form to the above address.**

This collection of information requires that each Housing Authority (HA) submit information to enable HUD to initiate the fiscal closeout process. The information will be used by HUD to determine whether the modernization grant is ready to be audited and closed out. The information is essential for audit verification and fiscal close out. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

HA Name: <b>Bethlehem Housing Authority</b>	Modernization Project Number: <b>PA26-P011-501-06</b>
--	--

The HA hereby certifies to the Department of Housing and Urban Development as follows:

1. That the total amount of Modernization Cost (herein called the "Actual Modernization Cost") of the Modernization Grant, is as shown below:

A. Original Funds Approved	\$	<b>2,310,329.00</b>
B. Funds Disbursed	\$	<b>484,206.00</b>
C. Funds Expended (Actual Modernization Cost)	\$	<b>484,206.00</b>
D. Amount to be Recaptured (A - C)	\$	<b>1,826,123.00</b>
E. Excess of Funds Disbursed (B - C)	\$	<b>-</b>

2. That all modernization work in connection with the Modernization Grant has been completed;

3. That the entire Actual Modernization Cost or liabilities therefore incurred by the HA have been fully paid;

4. That there are no undischarged mechanics', laborers', contractors', or material-men's liens against such modernization work on file in any public office where the same should be filed in order to be valid against such modernization work; and

5. That the time in which such liens could be filed has expired.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Executive Director & Date:

X

**1/4/2007**

**For HUD Use Only**

**The Cost Certificate is approved for audit:**

Approved for Audit (Director, Office of Public Housing / ONAP Administrator)

Date:

X

**The audited costs agree with the costs shown above:**

Verified: (Designated HUD Official)

Date:

X

Approved: (Director, Office of Public Housing / ONAP Administrator)

Date:

X

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PHA Forms

Input Range						
Acct	Original	Revised	Obligated	Expended	Acct	Original
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#VALUE!				0.00	1408	30,000.00
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1460	#####	#####		0.00	ACCT	
1470	169,110.00	148,496.00	148,496.00	0.00	1415	0.00
#VALUE!				0.00	ACCT	
#VALUE!			0.00	0.00	1430	40,000.00
#VALUE!				0.00	ACCT	
#VALUE!				0.00	1440	0.00
#VALUE!				0.00	ACCT	
#VALUE!			0.00	0.00	1450	40,000.00
1499	0.00	106,152.00		0.00	ACCT	
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1450	40,000.00	40,000.00	0.00	0.00	ACCT	
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#VALUE!			0.00	0.00	ACCT	
#VALUE!			0.00	0.00	1475	10,000.00
1410	260,000.00	260,000.00	112,000.00	22,206.00	ACCT	
1406	520,000.00	520,000.00	462,000.00	462,000.00	1485	0.00
1430	40,000.00	40,000.00	0.00	0.00	ACCT	
1475	10,000.00	10,000.00	0.00	0.00	1490	0.00
1408	30,000.00	30,000.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1492	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1495	0.00
0	0.00	0.00	0.00	0.00	ACCT	
0	0.00	0.00	0.00	0.00	1499	0.00
#VALUE!	0.00	0.00	Federal FY o	0.00	ACCT	
#VALUE!		0.00		0.00	1501	0.00
#VALUE!	0.00	0.00	0.00	0.00	ACCT	

































01,

Criteria Range			Output Range			
Revised	Obligated	Expended	Acct	Original	Revised	Obligated
520,000.00	462,000.00	462,000.00	1406.00	520,000.00	520,000.00	462,000.00
			1408.00	30,000.00	30,000.00	0.00
30,000.00	0.00	0.00	1410.00	260,000.00	260,000.00	112,000.00
			1411.00	0.00	0.00	0.00
260,000.00	112,000.00	22,206.00	1415.00	0.00	0.00	0.00
			1430.00	40,000.00	40,000.00	0.00
0.00	0.00	0.00	1440.00	0.00	0.00	0.00
			1450.00	40,000.00	40,000.00	0.00
0.00	0.00	0.00	1460.00	#####	#####	0.00
			1465.10	0.00	0.00	0.00
40,000.00	0.00	0.00	1470.00	169,110.00	148,496.00	148,496.00
			1475.00	10,000.00	10,000.00	0.00
0.00	0.00	0.00	1485.00	0.00	0.00	0.00
			1490.00	0.00	0.00	0.00
40,000.00	0.00	0.00	1492.00	0.00	0.00	0.00
			1495.10	0.00	0.00	0.00
#####	0.00	0.00	1499.00	0.00	106,152.00	0.00
			1501.00	0.00	0.00	0.00
0.00	0.00	0.00	1502.00	0.00	0.00	0.00
148,496.00	148,496.00	0.00				
10,000.00	0.00	0.00				
0.00	0.00	0.00				
0.00	0.00	0.00				
0.00	0.00	0.00				
0.00	0.00	0.00				
106,152.00	0.00	0.00				
0.00	0.00	0.00				

0.00

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