

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2007

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

PHA Plan Agency Identification

PHA Name: Housing Authority of the City Pawtucket
PHA Number: RI002

PHA Fiscal Year Beginning: (04/01) 2007

PHA Programs Administered:

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

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

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

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

A. Mission

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

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

Mission Statement: The mission of the Pawtucket Housing Authority is to provided safe, decent, and affordable housing and to establish programs that will educate, enhance and empower the lives of all the people in the community we serve.

B. Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies: **Vacancies have been reduced from 53 on 3/31/05 to 8 as of 9/30/06 a reduction of 85%. Goal is to maintain vacancies at 1% PHA wide**
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing

Objectives:

- Improve public housing management: (PHAS score) **fy2006 84**
- Improve voucher management: (SEMAP score) **Fiscal Year 2006: 100%**
- Increase customer satisfaction:
- Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
- Renovate or modernize public housing units:
- Demolish or dispose of obsolete public housing:
- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)

- PHA Goal: Increase assisted housing choices

Objectives:

- Provide voucher mobility counseling: **All new families are briefed with respect to their right to utilize their voucher in any jurisdiction with the PHA, as long as the Payment Standard within that jurisdiction is equal to or less than the PHA's payment standard.**
- Conduct outreach efforts to potential voucher landlords: **Continue to market the Section 8 Program to entice new landlord participation.**
- Increase voucher payment standards**
- Implement voucher homeownership program: **PHA currently offers a Section 8 Homeownership Program.**
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

- PHA Goal: Provide an improved living environment

Objectives:

- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
- Implement public housing security improvements: **Additional security cameras have been added and upgraded at all our developments as well as the recording devices**

Designate developments or buildings for particular resident groups (elderly, persons with disabilities) **Fogarty and Burns Manors have been designated as “elderly only”**

Other: (list below)

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

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

Objectives:

Increase the number and percentage of employed persons in assisted families:

Provide or attract supportive services to improve assistance recipients’ employability: **Subject to additional HUD-assisted funding.**

Provide or attract supportive services to increase independence for the elderly or families with disabilities. **Subject to additional HUD-assisted funding.**

Other: (list below)

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

PHA Goal: Ensure equal opportunity and affirmatively further fair housing

Objectives:

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:

Undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion national origin, sex, familial status, and disability:

Undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required:

Other: (list below)

Other PHA Goals and Objectives: (list below)

- PHA Goal: Implement the requirements of Violence Against Women Act (VAWA):
Objectives:
 - To protect certain victims of criminal domestic violence, dating violence, sexual assault, or stalking (as well as members of victims' immediate families) from losing their HUD assisted housing as a consequence of the abuse of which they were the victim.
 - Undertake affirmative measures to make tenants participating in the Section 8 Voucher and Public Housing Programs aware of the requirements of VAWA.
 - Undertake affirmative measures to make Owners participating in the Section 8 Voucher Program and Public Housing Program Managers aware of the requirements of VAWA.
 - Other: (list below)

**Annual PHA Plan
PHA Fiscal Year 20**
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

Standard Plan

Troubled Agency Plan

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

Maximize the number of housing units by employing effective maintenance and management policies to minimize the number of public housing units off-line, reducing turn-over time for vacated public housing units, an by reducing the time needed to renovate public housing units.

Increase the number of affordable housing units by applying for additional Section 8 units, should they become available and by pursuing housing resources, other than public housing or Section 8 tenant-based assistance.

Target available assistance to families at or above 30% of AMI by adopting rent policies to support and encourage work.

Target available assistance to families with disabilities by applying for special-purpose vouchers for families with disabilities if they become available. Will affirmatively market to local non-profit agencies that assist families with disabilities.

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

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

- Description of Homeownership Programs, if applicable – **Attachment B**

Optional Attachments:

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

- A. Section 8 Home Program Capacity Statement**
B. Section 8 Home Program
C. Notice Requirements
D. Statement of Progress for Mission & Goals
E. Notice of No Significant Deviation, Modification or Admendment to the five year plan
F. Deconcentration Policy
G. PHA Certification of Compliance with PHA Plan and Related Regulations Form
H. The Certification by State or Local Official
I. Drug Free Work Place Certification
J. Disclosure of Lobbying Activities Certification
K. Resident Advisory Board
L. Board of Commissioner
M. Community Service

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
x	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
x	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
x	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	initiatives to affirmatively further fair housing that require the PHA's involvement.	
x	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
x	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
x	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
x	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
x	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
x	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
x	Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
x	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant	Annual Plan: Capital Needs

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	year	
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
X	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 <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
N/A	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
x	FSS Action Plan/s for public housing and/or Section 8	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)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	2782	5	5	4	4	4	N/A
Income >30% but <=50% of AMI	765	5	5	4	4	4	N/A
Income >50% but <80% of AMI	102	3	3	3	4	3	N/A
Elderly	2144	3	3	3	2	2	N/A
Families with Disabilities	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Race/Ethnicity	N/A	N/A	N/A	N/A	N/A	N/A	N/A

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

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	570		
Extremely low income <=30% AMI	439	77%	
Very low income (>30% but <=50% AMI)	103	18%	
Low income (>50% but <80% AMI)	26	5%	
Families with children			
Elderly families	72	13%	
Families with Disabilities	190	33%	
White	445	78%	
Black	111	20%	
American Indian/ Alaskan Native	8	1%	
Asian	6	1%	
Characteristics by			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)			
1BR	281	49%	
2 BR	196	34%	
3 BR	51	9%	
4 BR	31	6%	
5 BR	11	2%	
5+ BR	0	0%	
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes: The elderly/disabled list is open for efficiency or (0-BR). The 1& 2- BR list is closed for elderly disabled. The family 4 & 5 bedroom list is open. The family 1, 2 & 3 BR lists are closed.</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

Housing Needs of Families on the Waiting List			
<p>Waiting list type: (select one)</p> <p><input checked="" type="checkbox"/> Section 8 tenant-based assistance</p> <p><input type="checkbox"/> Public Housing</p> <p><input type="checkbox"/> Combined Section 8 and Public Housing</p> <p><input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)</p> <p>If used, identify which development/sub jurisdiction:</p>			
	# of families	% of total families	Annual Turnover
Waiting list total	168		
Extremely low income <=30% AMI	132	79%	
Very low income (>30% but <=50% AMI)	36	21%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	132	79%	

Housing Needs of Families on the Waiting List			
Elderly families	4	2%	
Families with Disabilities	27	16%	
White	113	67%	
Black	52	31%	
American Indian/Alaska Native	2	1.4%	
Asian	1	0.6%	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	n/a	n/a	n/a
2 BR	n/a	n/a	n/a
3 BR	n/a	n/a	n/a
4 BR	n/a	n/a	n/a
5 BR	n/a	n/a	n/a
5+ BR	n/a	n/a	n/a
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 65			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2005 grants)		
a) Public Housing Operating Fund	2,859,461	Operations
b) Public Housing Capital Fund	1,529,000	Operations & Cap. Exp
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	100,000	FSS, Home Ownership, Neigh. Net
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)	2,500,000	Operations & Capital Improvements
3. Public Housing Dwelling Rental Income	3,529,700	Operating Expenses
4. Other income (list below)	85,000	Operating Expenses
4. Non-federal sources (list below)	15,000	Elderly Security

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Total resources	10,618,161	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other (describe)

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

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

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

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list
(select all that apply)

- Community-wide list
- Sub-jurisdictional lists
- Site-based waiting lists
- Other (describe)

b. Where may interested persons apply for admission to public housing?

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

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

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?
For family applicants and non –elderly applicants there are only two choices

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

(4) Admissions Preferences

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

(5) Occupancy

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

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

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

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

(6) Deconcentration and Income Mixing

a. Yes No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the need for measures to promote deconcentration of poverty or income mixing?

b. Yes No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

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

- Adoption of site based waiting lists
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments
If selected, list targeted developments below:

Other (list policies and developments targeted below)

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

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

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

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

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

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

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

B. Section 8

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

(1) Eligibility

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

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

- b. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
- Other (describe below)

Names, addresses and telephone numbers of former landlords

(2) Waiting List Organization

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

(3) Search Time

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

If yes, state circumstances below:

- **If the family has a documented medical condition that has made it difficult to locate a unit;**

- **If the family has a disabled family member;**
- **If the family's composition requires that they need a 4-bedroom or larger unit; and**
- **If the family has filled out the Request for Extension Form and has documented the landlord name, address of unit, and rental amount of all units the family has looked at.**

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

1. Yes No: Has the PHA established preferences for admission to section 8 tenant-based assistance? (other than date and time of application) (if no, skip to subcomponent **(5) Special purpose section 8 assistance programs**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences

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

Other preferences (select all that apply)

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

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

X Date and Time

Former Federal preferences

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)

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

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other (list below)

Notices are sent to social services agencies that target special admission for Special Purpose Section 8 Assistance Programs.

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income
 Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

- For household heads
 For other family members
 For transportation expenses
 For the non-reimbursed medical expenses of non-disabled or non-elderly families
 Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

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

Other (list below)

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

(2) Flat Rents

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

- The section 8 rent reasonableness study of comparable housing
 Survey of rents listed in local newspaper
 Survey of similar unassisted units in the neighborhood
 Other (list/describe below)

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

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

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

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

Other (list below)

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

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

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

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	1077	180
Section 8 Vouchers	646	14%
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	Mainstream: 75	10%
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

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

- (1) Public Housing Maintenance and Management: (list below)**
 - a. Admission and Continued Occupancy Policy**
 - b. Grievance Policy**
 - c. Transfer Policies**
 - d. Reasonable Accommodation Policy**
 - e. Community Service and Self Sufficiency Policy**
 - f. EIV Policy**

- g. Pet Policy**
- h. Equal Opportunity Housing Policy**
- i. Equal Employment Opportunity Policy**
- j. Homeownership Policy**
- k. Criminal Record Check Policy**
- l. Banning Policy**
- m. Assigned Parking Policy**
- n. Key Policy**
- o. Stipend policy**
- p. Operations Guidebook**
- q. Resident Handbook**
- r. Wading Pool Policy**
- s. Fence Policy**
- t. Christmas Decorations Policy**
- u. Emergency On Call Policy**
- v. Pager Policy**
- w. Shade Policy**
- x. Stock Ordering Policy**
- y. Service Systems Inspection Plan**
- z. Snow Removal Plan**
- aa. Outstanding Work Order Plan**
- bb. Landscape Plan**

(2) Section 8 Management: (list below)

- a. Section 8 Administrative Plan;**
- b. Reasonable Accommodation Policy;**
- c. Tenant Handbook; and**
- d. Landlord Handbook.**

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-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

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

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
 Revitalization Plan submitted, pending approval

- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

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

<p>5. Number of units affected:</p> <p>6. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>
<p>7. Timeline for activity:</p> <p>a. Actual or projected start date of activity:</p> <p>b. Projected end date of activity:</p>

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description
<p>1a. Development name: : John F. Fogarty Manor/Robert Burns Manor</p> <p>1b. Development (project) number: :RI43002004 RI43002007</p>
<p>2. Designation type:</p> <p>Occupancy by only the elderly <input checked="" type="checkbox"/></p> <p>Occupancy by families with disabilities <input type="checkbox"/></p> <p>Occupancy by only elderly families and families with disabilities <input type="checkbox"/></p>
<p>3. Application status (select one)</p>

Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(04/05/2004)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 342 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question)

<input type="checkbox"/> Other (explain below)
3. <input type="checkbox"/> Yes <input type="checkbox"/> No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) <input type="checkbox"/> Conversion Plan in development <input type="checkbox"/> Conversion Plan submitted to HUD on: (DD/MM/YYYY) <input type="checkbox"/> Conversion Plan approved by HUD on: (DD/MM/YYYY) <input type="checkbox"/> Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) <input type="checkbox"/> Units addressed in a pending or approved demolition application (date submitted or approved: <input type="checkbox"/> Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) <input type="checkbox"/> Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) <input type="checkbox"/> Requirements no longer applicable: vacancy rates are less than 10 percent <input type="checkbox"/> Requirements no longer applicable: site now has less than 300 units <input type="checkbox"/> Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: Housing Authority of the City of Pawtucket 1b. Development (project) number: : RI002 16
2. Federal Program authority: <input type="checkbox"/> HOPE I <input checked="" 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 checked="" 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: (02-23-2002))
5. Number of units affected: 2 6. Coverage of action: (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

B. Section 8 Tenant Based Assistance

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

high performer status. **High performing PHAs** may skip to component 12.)

2. Program Description: **Section 8 Homeownership Program:**

a. Size of Program

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

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

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

b. PHA established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (1)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Homeownership Program	20 per class	Mailings to Residents	All PHA Offices	Both
Computer Training	20 per class	Mailings to residents	All PHA Offices	Both
YWCA Job Readiness	20 per class	Mailings to residents	All PHA Offices	Both
Debt Management-PCU	15 per class	Mailings to residents	All PHA Offices	Both

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 10/28/2006)
Public Housing	25	9
Section 8		30

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

C. Welfare Benefit Reductions

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

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies

- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports

- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

Have implemented NCIC III nationwide criminal background check on applicants

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

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

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

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

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

C. Coordination between PHA and the police

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

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

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

Criminal background screening nationwide through NCIC III, utilizing local police fingerprinting services

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

PET POLICY

**THE HOUSING AUTHORITY OF THE
CITY OF PAWTUCKET, RHODE ISLAND**

Date of Adoption: 6/18/02
Resolution # 851

Tenant: _____ Telephone No. _____

Development _____ Apartment No. _____

Description of Pet: _____

City License No. _____ Vet Vac. Date: _____

I agree to accept full responsibility for my pet as follows:

CERTIFICATE OF APPROVAL

1. My pet will be approved in writing by the Housing Authority prior to moving upon Authority grounds and I will keep my written approval available. Once a year on the anniversary date of my leasing, I will update my pet registration. I understand that I must renew my approval with the Authority yearly.

2. That certificate of annual licensing by the City of Pawtucket will be provided to the Authority prior to approval of the pet and I shall file all renewals annually.
3. I agree to abide by all local animal regulations.
4. My pet is neutered or spayed and I will provide written veterinary certificate of such to the Authority prior to bringing the animal on to the premises. If the animal is too young, I agree to have it neutered or spayed when it reaches the age of six months.
5. I will provide written proof of yearly distemper boosters and rabies boosters. I understand that my pet is required to be inoculated in accordance with State and local laws and will provide written proof of such inoculations.

DEPOSIT

1. I agree to pay a pet deposit upon leasing or if after leasing I receive approval from the Authority to bring a pet into my apartment. This deposit shall be paid in advance. The initial deposit will be \$50.00 and an additional \$10.00 will be paid monthly until a total of \$200 or one month's rent. In no event will the deposit be more than one month's rent. This deposit pertains to dogs and cats only.

Pet deposit will be used toward repairs, cleaning, treatment for flea infestation or replacement of any part of apartment or premises damaged by my pet and/or removal, care and nurture of the animal. This deposit is refundable if no damage is done as certified by the Authority, after either my pet or I vacate the premises.

PET RESTRAINT

1. Cats and dogs will be kept inside the apartment and not allowed to roam freely. They must be walked on a leash at all times and away from the apartment grounds. They must be on a leash when entering or exiting the building.
2. Pets shall not use common areas inside of building, including community rooms, except for the purpose of passing to the outside of the buildings affected in an elevator designated for pets and transported to and from apartment to the outdoors in pet carrying cases (except for seeing eye dogs).
3. A litter box will be provided, by me, if my pet is a cat and sanitary conditions must be maintained at all times. Litter box must be cleaned twice a week and disposed of in the area designated by the Authority.
4. The litter box must be kept in the apartment at all times.
5. Fecal droppings outside of the building, if any, shall be picked up and disposed of immediately in a sanitary manner by pet owner in the area designated by the Authority. Failure to remove pet waste as required will result in a \$5.00 charge for removal.
6. I shall take adequate precautions to eliminate any pet odor within the apartment and to maintain the apartment in a sanitary condition at all times.
7. I shall take adequate precautions to prevent pets from disturbing neighbors (e.g. barking, howling, loud meowing, scratching, biting, etc...)
8. I shall not alter the apartments, patios or any other portion of the premises to create an enclosure for an animal.

9. No pet may be kept in violation of humane or health laws.
10. The types of animals allowed as pets shall be limited as follows:
 - a. One (1) dog not exceeding 20 pounds in weight or 12 inches in height at maturity.
 - b. One (1) cat.
 - c. No more than two (2) small caged birds (i.e. canaries, parakeets, finches, etc...).
Birds must be confined to a cage at all times.
 - d. Aquariums may be no larger than 20 gallons and must be sealed against leakage.
 - e. One (1) gerbil, or one (1) hamster, or one (1) rabbit.
 - f. No birds of prey or other dangerous species may be kept.
11. Only one pet per tenant at any one time.
12. Tenants are prohibited from feeding stray animals and birds. Feeding of strays or birds shall constitute having a pet without permission from the Housing Authority.
13. Visitors or guests are prohibited from bringing any unauthorized pets on to the grounds or into a unit.

PET CARE

1. In case of an emergency or illness, the following person will remove my pet from my apartment and be responsible for its care.

Name _____

Address _____

Relation to Resident _____ Telephone # _____

Signature of Responsible Person _____

The pet will be removed by the Pawtucket Housing Authority if:

- a. The pet becomes a threat to health and safety.
 - b. The owner becomes incapacitated and the responsible person named is not available.
2. I understand that if for any reason, my pet is left unattended for 24 hours or more, the Authority has the right to enter the apartment to remove the pet and transfer it to the proper authorities, e.g. the local animal shelter, or humane society. I will hold harmless the Authority in such circumstances.
3. If the Authority determines that a pet is a nuisance or threat to the safety or security of person or property, it may request the removal of the pet from the premises. A copy of the Housing Authority's Grievance Procedures will be made available to you upon request.
4. The Authority will be entering your apartment within sixty (60) days or at all reasonable times thereafter after you have signed this agreement to see that the pet and the apartment are being cared for. Should we find any damages to your apartment resulting from the pet, you will be responsible for the damages.

5. I agree to abide by all Rules and Policies regarding pets established by the Authority now and in the future.
6. Tenants who violate these rules are subject to:
 - a. Being required to get rid of the pet within ten (10) days of notice by the Housing Authority and/or
 - b. Eviction
7. I agree to move to a designated area of the complex, for those residents with pets, should the Housing Authority deem this necessary. The Authority will assist in the moving effort.
8. I agree to renew this Agreement at the expiration date and at the expiration of the City License.
9. Pet rule violation procedures:

A. Notice of Pet Rule Violation:

If the Authority determines on the basis of objective facts supported by written statements, that a pet owner has violated a rule governing the owning or keeping of pets; the Authority may serve a written notice of pet rule violation on the pet owner. The notice must:

- (1) Contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated.
- (2) State the pet owner has 10 days from the effective date of service of the notice to correct the violation (including, in appropriate circumstances, removal of the pet) or to make a written request for a meeting to discuss the violation.
- (3) State that the pet owner is entitled to be accompanied by another person of his/her choice at the meeting.
- (4) State that the pet owner's failure to correct the violation, to request a meeting, or to appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

B. Pet Rule Violation Meeting

If the pet Owner makes a timely request for a meeting to discuss alleged pet rule violation, the Authority shall establish a mutually agreeable time and place for the meeting but not later than 15 days from the effective day of service of the notice of pet rule violation. At the meeting, the pet owner and the Authority shall discuss any alleged pet rule violation and attempt to correct it. The Authority may, as a result of the meeting, give the pet owner additional time to correct the violation.

C. Notice for Pet Removal

If the pet owner and Authority are unable to resolve the pet rule violation at the pet rule violation meeting, or if the Authority determines that the pet owner has failed to correct the pet rule violation within any additional time provided, the Authority may serve a written notice on the pet owner to remove the pet. This notice must contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated

and state the effective date of service of the notice of pet removal and state that failure to remove the pet may result in initiation of procedures to terminate the pet owner's tenancy.

- D. Initiation of procedures to remove a pet or terminate the pet owner's tenancy.

The Authority may not initiate procedures to terminate a pet owner's tenancy based on a pet rule violation, unless; the pet owner has failed to remove the pet or correct a pet rule violation within the applicable time period specified in this section and the pet rule violation is sufficient to begin procedures to terminate the pet owner's tenancy under the terms of the lease and applicable regulations. The Authority may initiate procedures to remove a pet under Section 22 at any time, in accordance with the provisions of applicable State or local law.

I understand the permission to keep my pet on the premises can be revoked by the Authority if I fail to comply with the rules and regulations or permit my pet to become a nuisance.

Tenant's Signature

Date

License Expiration

PHA Expiration

Executive Director

Date

Note: One pet per form

All local ordinances and State laws are applicable to this pet policy.

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

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

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. Yes No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name)
 Provided below:
3. In what manner did the PHA address those comments? (select all that apply)

- Considered comments, but determined that no changes to the PHA Plan were necessary.
- The PHA changed portions of the PHA Plan in response to comments
List changes below:
- Other: (list below)

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

- 1. Yes No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
- 2. Yes No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

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

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe) residents submitted resume to Mayor of the City of Pawtucket

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) Appointed by Mayor of the City of Pawtucket, RI

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here)

City of Pawtucket, Rhode Island

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

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

- Other: (list below)

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

Supports the need for affordable housing and is working to maintain and preserve housing sources in our area.

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.

Attachment A:

SECTION 8 HOMEOWNERSHIP PROGRAM

CAPACITY STATEMENT

The Housing Authority of the City of Pawtucket certifies to the following in its demonstration to administer a Homeownership Program under its Section 8 Housing Voucher Program:

The PHA will establish a minimum homeowner down payment requirement of at least three percent and require that at least one percent of the down payment come from the family's resources;

The PHA plans to require that financing for purchase of a home under its Section 8 Homeownership Program will be provided, insured or guaranteed by the state or Federal government; comply with secondary mortgage market underwriting requirements; or comply with generally accepted private sector underwriting standards.

Attachment B:

SECTION 8 HOMEOWNERSHIP PROGRAM

On September 12, 2000, HUD released the final rule that will allow individuals and families to use Section 8 Vouchers for Homeownership. The new rule became effective on October 12, 2000.

The use of Section 8 vouchers for homeownership will give many Americans who have low incomes the opportunity to purchase their own homes. In addition, the use of Section 8 vouchers for homeownership will provide many new opportunities for people to contribute to our local economy. Homeownership will allow individuals and families to obtain loans from their local banks, hire members of their communities to perform maintenance and work on their homes, and pay property taxes that contribute to the purchase of local services enjoyed by community members. Homeowners express a feeling of greater safety, security, and belonging in their community.

The Pawtucket Housing Authority (PHA) is not federally-mandated to implement a Homeownership Program, but in the PHA's aspiration to expand homeownership opportunities to our participants, this program concurs with the PHA's mission statement; whereby, the PHA will establish programs that will educate, enhance and empower the lives of all the people in the community we serve.

There is no additional funding or separate funding for a Homeownership Program. In general, the funding for this program comes from the PHA's Annual Contributions Contract executed with HUD for the Section 8 Housing Voucher Program.

Homeownership Option:

- ◆ The homeownership option is used to assist a family residing in a home purchased and owned by one or more members of the family.

- ◆ A family assisted under the homeownership option must be an existing Section 8 participant who has been receiving housing assistance under the Section 8 Housing Voucher Program for at least one year.
- ◆ The PHA must approve a live-in aide if needed as a reasonable accommodation so that the program is readily accessible to and useable by persons with disabilities in accordance with 24 CFR 982.316.

The PHA will comply with the following requirements in managing its Homeownership Program:

- a. The PHA has established a minimum homeownership down payment requirement of at least 3 percent (3%) of the purchased price for participation in its Section 8 Homeownership Program and requires that at least one percent (1%) of the purchase price come from the family's personal resources;
- b. The PHA requires that financing for purchase of a home under its Section 8 Homeownership Program:
 - a. Be provided, insured, or guaranteed by the state or federal government;
 - b. Comply with secondary mortgage market underwriting requirements; or
 - c. Comply with generally accepted private sector underwriting standards;
- c. The PHA has demonstrated above that it has the capacity to successfully operate a Section 8 Homeownership Program.

Attachment C

NOTICE REQUIREMENTS

In compliance with federal statute regarding the development of the five-year plan, the agency conducted the following hearings.

Publication of proposed five-year and annual plans (Draft)	Date: 10/5/05
Family development meetings Galego Court 560 Prospect Street	Date: 11/08/06 11/30/06
Senior/ handicapped development meetings Fogarty Manor Burns Manor Kennedy Manor St. Germain Manor	Date: 11/20/06 11/20/06 11/21/06 11/21/06
Public hearing at Fogarty Manor	Date: 12/14/06
Board approval and submission to HUD	Date:

Attendance sheets and responses to comments received are contained in the "Attachments" at the end of the One Year Plan.

Attachment D

STATEMENT OF PROGRESS FOR MISSION AND GOALS

The Housing Authority of The City of Pawtucket has submitted its goals and objectives within the PHA Plan and certifies that it has submitted its progress report within the goals and objectives of the 5 year plan.

Signature on file

Patrick Morganelli
Executive Director
Pawtucket Housing Authority

Attachment E

NOTICE OF NO SIGNIFICANT DEVIATION, MODIFICATION OR ADMENDMENT TO THE FIVE-YEAR PLAN

Please be advised that for this submittal of our annual plan the Pawtucket Housing Authority has not made any significant deviations, modifications, or amendments to our five- year plan. The PHA does not foresee any need in the future to make any changes to the plan, such as a change in our preferences for our wait list or eligibility requirements for housing.

Sincerely

Patrick Morganelli
Executive Director

Attachment F

HOUSING AUTHORITY OF THE CITY OF PAWTUCKET. DECONCENTRATION POLICY

To deconcentrate poverty the Pawtucket Housing Authority in compliance with 24 CFR 903 will:

1. Determine average income of all families residing in all covered developments
2. Determine average income of all families residing in each covered development
3. Determine which developments are outside of the established income range. The established income range is defined as those covered developments where the average income is between 85 percent and 115 percent (inclusive of those percentages) of the PHA-wide average for covered developments.

Attachment G

PHA Certifications of Compliance with the PHA Plans and Related Regulations Form

This form has been completed and signed by Kevin J. Rabbitt, Jr., Chairman, Board of Commissioners. Signed copy will be sent with the hard copy.

Attachment H

The Certification by State or Local Official of PHA Plans has been signed by James E. Doyle, Mayor of the City of Pawtucket.

Signed copy will be sent with the hard copy of the Plan.

Attachment I

The form, Certification for a Drug-Free Workplace has been signed by Patrick Morganelli, Executive Director of the Housing Authority of the City of Pawtucket.

Signed copy will be sent with the hard copy of the Plan.

Attachment J

The form, Disclosure of Lobbying Activities, has been completed and signed by Patrick Morganelli, Executive Director of the Housing Authority of the City of Pawtucket.

A hard copy of his form will be enclosed with the Plan.

Attachment K
Resident Advisory Board

<u>Fogarty Manor</u>		
Agnes Condon, President	(Apt. 202)	724-7886
Mary Allen, Vice President	(Apt. 114)	723-6773
Winifred Normandin, Secretary	(Apt. 712)	725-8503
Robert Mackenzie, Treasurer	(Apt. 211)	729-9997

Meetings are held the first Thursday of each month. No regularly scheduled meetings are held in June, July, or August.

<u>Kennedy Manor</u>		
Richard Santos, President	(Apt. C011)	722-6828
Diane Fagan, Vice President	(Apt. 013)	728-0130
John Fagan, Secretary	(Apt. 013)	728-0130
Katherine McCarthy, Treasurer	(Apt. B003)	724-6177

Meetings are held the second Thursday of each month.

<u>Burns Manor</u>		
Lourdes Mossor, President	(Apt. C213)	728-7921
Dorothy Frati, Vice President	(Apt. A208)	724-4713
Mary Battersby, Secretary	(Apt. A102)	727-3659
Agnes Cleveland, Treasurer	(Apt. D103)	723-1752

Meetings are held on the third Tuesday of each month.

<u>St. Germain Manor</u>		
Stanley Baker, President	(Apt. B203)	726-8566
Alice Gilligan, Vice President	(Apt. B201)	722-0070
Secretary, vacant		
Treasurer, vacant		

The Tenant Association used to meet on the second Tuesday of each month; however, they have not met in quite a while. Stanley Baker is not feeling well, and no other tenant is willing to take the office of President. Mr. Baker's physician said that he cannot undertake any extra activities until at least November 2006. Mr. Baker is planning a meeting for some time in June to ask the membership what they want to do with their funds.

<u>Galego Court</u>		
Carrie Perez, President	(Apt. 0010)	749-7686
Lillian Lavallee, Vice President	(Apt. 141C)	727-2065
Diane Legrand, Secretary	(Apt. 0231)	724-0087
Tammy Renaud, Treasurer	(Apt. 112A)	475-5606

Meetings are held on the second Wednesday of each month.

560 Prospect Street

Judith Jorge-Feliciano, President	(Apt. 317)	728-8291
Roberta Lara, Vice President	(Apt. 341)	727-0347
Maria Burgo, Secretary	(Apt. 215)	725-4651
Ruth Gaye, Treasurer	(apt. 142)	728-7489

The Tenant Association meets on the last Thursday of each month.

A meeting of the Resident Advisory Board was held on October 11, 2006, beginning at 11:00am, in the community room at Fogarty Manor. There were also meeting held at each development to discuss the PHA's Annual and Five Year Plan. The issues discussed are included within the plan and are below:

5 YEAR/ANNUAL PLAN MEETING

RAB Meeting
Fogarty Manor
October 11, 2006

The resident advisory board members reviewed the PHA plan and expressed approved of the plan and the capital plan work items.

BURNS MANOR RESIDENT COMMENTS 11/20/06 9:30 AM

1. The resident expressed approval for the work planned for the porches.
2. The residents did not like the loudness of the smoke alarms
Response: Loudness determined by state code.
3. The residents would like more ventilation in the hallways. They stated that it becomes to hot in the hallways in the summer.
Response: It will be considered in the future to improve ventilation in the hallways.
4. The residents complained about the noise when the hallway doors and laundry doors are closed.
Response: The doors have been adjusted. Residents need to be more careful when they close the doors .
5. One resident requested new stoves.
Response: The request will be considered and added to the list for the future.
6. One resident requested that the screen doors are the porches be replaced.
Response: The request will be considered and added to the list for the future

FOGARTY MANOR RESIDENT COMMENTS 11/20/06 11:00 AM

1. Question :A resident mentioned that the water leaks into the hallway on the 8 floor.

Response: Waterproofing the building is included in the five year plan

2. A resident requested that the new caulking be placed on the window due to them leaking during wind driven storms

Response: Caulking of windows will be part of the waterproofing work

3. A resident asked that fans being installed in the bathrooms.

Response: That item is not included in the five year plan at this time. It will added to the list for future consideration.

4. Several resident requested new stoves. They indicated that the temperature in the oven is not regulated correctly and food is often burnt.

Response: Replacement of stoves at this development is not included in the five year plan. It will be added to the list for future consideration.

5. One resident requested fans in the elevators.

Response: This is not par of the five year plan at this time. To be considered for the future.

ST. GERMAIN MANOR
RESIDENT COMMENTS
11/21/06 9:30 AM

The residents did not make any requests to add items to the five year plan. They were happy with the recent improvements and were happy to see that the five year plan included connecting two of the buildings.

KENNEDY MANOR
RESIDENT COMMENTS
11/21/06 11:00 AM

1. Residents mentioned the water leaks and asked when the work will be done.

Response: The work is the number one capital fund item for this Authority and is included in our annual and five year plans. The work will start this winter.

2. A few residents their concern over mold being in the building due to the water leaks.

Response: For all the apartments affecting by the leaks the Authority will have them tested for mold.

3. One resident was concerned about the odor coming into the apartments from the emergency generator when it turns on.

Response: The emergency generator comes on only once a week for a short time as a test to make sure that the generator is working. There are no plans to change its source of fuel at this time.

GALEGO COURT
RESIDENT COMMENTS

1. A resident requested fans for ventilation in the bathrooms in the wood frame buildings.
Response: The request would be considered and added to list of items for future grants
2. A resident requested new cabinets for the kitchen.
Response: The request will be considered and added to the list for the future.
3. A resident asked that in the future the stove be relocated within the apartment. Currently the stove is near a window and the breeze from the window can blow the pilot out.
Response: The request would be considered but there are no plans at the present time to relocate the stove in the kitchen.
4. Another resident requested a spray pool in part of the parking lot in the rear of the development.
Response: The request will be considered and added to the list for the future.

560 PROSPECT STREET
NOVEMBER 30, 2006
RESIDENT COMMENTS

1. Request : A resident requested that the kitchen cabinets be replaced or refinished especially under the kitchen sink and countertops.
Response: The request would be considered and added to list of items for future grants
2. Request : A resident requested that the countertops be replaced
Response: Request would be considered and added to the list of items for future grants

Attachment L

**HOUSING AUTHORITY OF THE CITY OF PAWTUCKET
BOARD OF COMMISSIONERS**

Attachment M

A. Background and Purpose

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

B. Definitions

Community Service is volunteer work which includes:

- Work at the Authority to help improve physical conditions;
- Work at the Authority to help with children's programs;
- Work at the Authority to help with senior programs;
- Working through resident organization to help other residents with problems, serving as an officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.
- The Authority may consider other forms of volunteer work if special circumstances exist

NOTE: Political activity is excluded.

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

- Job readiness programs;
- Job training programs;
- GED classes;
- Substance abuse or mental health counseling;
- English proficiency or literacy (reading) classes;
- Apprenticeships;
- Budgeting and credit counseling;
- Any kind of class that helps a person toward economic independence; and
- Full time student status at any school, college or vocational school.

Exempt Adult - an adult member of the family who

- Is 62 years of age or older;
- Has a disability that prevents him/her from being gainfully employed;
- Is the caretaker of a disabled person;
- Is working at least 30 hours per week, or
- is participating in welfare to work program.

Special Circumstances – mean

- specific facts and specific circumstances
- related to a particular individual

- that demonstrate to the reasonable satisfaction of the Authority
- hardship as related to that particular individual's compliance with the requirements of law and regulations related to this policy and
- considering such hardship, it would be manifestly unjust to take official action against that particular individual under the terms of this policy if a reasonable alternative exists
- The Authority may find – but is not required to find – that Special Circumstances exist on a case-by-case basis

C. Requirements of the Program

1. The eight (8) hours per month may be either volunteer work, as defined herein under Community Service, or self sufficiency program activity, or a combination of the two.
2. At least eight (8) hours of activity must be performed each month. An individual may not skip a month and then double up the following month, unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule.
3. Activities must be performed within the community and not outside the jurisdictional area of the Authority.
4. Noncompliance with the Requirements of the Program will result in a non-renewal of, or termination of a particular lease

5. Family obligations

- At lease execution or re-examination after January 1, 2006, all adult members (18 or older) of a public housing resident family must
 1. provide documentation that they are exempt from Community Service requirement if they qualify for an exemption, and
 2. sign a certification that they have received and read this policy and understand that if they are not exempt, failure to comply with the Community Service requirement will result in non-renewal or termination of their lease.
- On a monthly basis, non-exempt family members must present a completed documentation form (to be provided by the Authority) of activities performed over the previous month. This form will include places for signatures of supervisors, instructors, or counselors certifying to the number of hours contributed.
- If a family member is found to be noncompliant, the Authority will issue a notice of noncompliance to the head of household allowing the head of household a right to cure the noncompliance unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule at a private conference. If the deviation is allowed, the head of household, and the noncompliant family member, if applicable, will sign an agreement to make up the deficient hours over the next month. If the head of household fails to show for a private conference, the Authority may proceed to send the head of household a notice of termination of tenancy that includes an option for the head of household to request a grievance hearing pursuant to the Authority's Grievance Procedure
- If the head of household does not request a Grievance Hearing, or if the matter remains unresolved after proceeding through the Grievance Procedure, the Authority may proceed to

file an eviction action against the leaseholder/head of household and the entire family will have to vacate unless the noncompliant member agrees to move out of the unit.

6. Change in exempt status:

- If, during the year, a non-exempt person becomes exempt, it is his/her responsibility to report this to the Authority and provide written documentation of such.
- If, during the year, an exempt person becomes non exempt, it is his/her responsibility to report this to the Authority. The Authority will provide the person with the Recording/Certification documentation form and a list of agencies in the community that provide volunteer and/or training opportunities.

D. Authority obligations

1. To the greatest extent possible and practicable, the Authority will:
 - provide in-house opportunities for volunteer work or self sufficiency programs.
2. The Authority will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
3. The Authority will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the Authority's Grievance Procedure if they disagree with the Authority's determination.
4. Noncompliance of family member:
 - On a monthly basis and/or at least thirty (30) days prior to annual re-examination and/or lease expiration, the Authority will begin reviewing the exempt or non-exempt status of family members;
 - If a family member is found to be noncompliant, the Authority will issue a notice of noncompliance to the head of household allowing the head of household a right to cure the noncompliance unless special circumstances warrant special consideration. The Authority will make the determination of whether to allow or disallow a deviation from the schedule at a private conference. If the deviation is allowed, the head of household, and the noncompliant family member, if applicable, will sign an agreement to make the deficient hours over the next month. If the head of household fails to show for a private conference, the Authority may proceed to send the head of household a notice of termination of tenancy that includes an option for the head of household to request a grievance hearing pursuant to the Authority's Grievance Procedure or the Authority may refuse to renew the lease.
 - If the head of household does not request a Grievance Hearing, or, if the matter remains unresolved after proceeding through the Grievance Procedure, or if the Authority refuses to renew the lease, the Authority may proceed to file an eviction action against the lease holder/head of household and the entire family will have to vacate unless the noncompliant member agrees to move out of the unit.

CAPITAL FUND PROGRAM TABLES START HERE

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority of the City of Pawtucket, RI		Grant Type and Number Capital Fund Program Grant No: RI143P50107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	320,200			
4	1410 Administration	125,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	95,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvement				
10	1460 Dwelling Structures	860,900			
11	1465.1 Dwelling Equipment—Nonexpendable	0			
12	1470 Nondwelling Structures	13,000			
13	1475 Nondwelling Equipment	115,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: The Housing Authority of the City of Pawtucket, RI	Grant Type and Number Capital Fund Program Grant No: RI143P50107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,529,100			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority of the City of Pawtucket Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P002501 07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Management Improvements							
	Resident Service Programs	1408		170,200				
	Security Program	1408		150,000				
		1408 Total		320,200				
PHA Wide	Administration							
	Executive Director	1410		20,000				
	Executive Secretary	1410		12,000				
	Administrative Assistant	1410		15,000				
	Director Of Finance	1410		15,000				
	Director of Modernization	1410		35,000				
	Bookkeeper	1410		6,500				
	Modernization Assistant	1410		21,500				
		1410 Total		125,000				
PHA Wide	Clerk of the Works	1430		35,000				
	A & E Fees	1430		60,000				
		1430 Total		95,000				

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

PHA Name: The Housing Authority of the City of Pawtucket Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P002501 07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Non-Dwelling Equipment							
	Maintenance Equipment	1475		55,000				
	Computer Equipment	1475		10,000				
	Security Equipment	1475		50,000				
		1475	Total	115,000				
RI-2-1								
560 Prospect St.	Heat System	1460		118,900				
	504 Compliance	1460		50,000				
			Total	168,900				
RI-2-2								
Galego Court	Laundry Facilities	1470		13,000				
	504 Compliance	1460		50,000				
			Total	63,000				
RI-2-3								
Kennedy Manor	Central Security System	1460		42,000				
	Fire Supression System	1460		94,100				
	Exterior Doors	1460		35,000				
			Total	171,100				

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

PHA Name: The Housing Authority of the City of Pawtucket Housing Authority		Grant Type and Number Capital Fund Program Grant No: RI43P002501 07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
RI-2-4								
Fogarty Manor	Fire Supression	1460		94,000				
		Total		94,000				
RI-2-5								
St. Germain	Fire Supression	1460		30,000				
	Porches	1460		47,000				
	Walkways & Railings	1450		34,900				
	Interior/Exterior Doors	1460		110,000				
		Total		221,900				
RI-2-6								
Burns Manor	Fire Supression	1460		30,000				
	Porches	1460		35,000				
	Interior/Exterior Doors	1460		90,000				
		Total		155,000				

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

PHA Name:		Grant Type and Number Capital Fund Program No: 2007 RI43P002501 07 Replacement Housing Factor No:					2007
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
All Sites	03/31/2009			03/31/2011			

CAPITAL FUND PROGRAM TABLES START HERE

Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Housing Authority of the City of Pawtucket Housing Authority		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 08 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 09 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 10 PHA FY: 2010	Work Statement for Year 5 FFY Grant: 11 PHA FY: 2011
	Annual Statement				
HA Wide Operations					
Management Improvements		320,200	320,200	320,200	320,200
Administration		125,000	125,000	125,000	125,000
Other Fees		95,000	95,000	95,000	95,000
Non Dwelling Structures					
Non Dwelling Equipment		70,000	70,000	70,000	60,000
Debt Services – Sprinkler Systems		193,100	193,100	193,100	193,100
RI 2-1 560 Prospect Street		0	210,000	15,000	0
RI 2-2 Galego Court		11,910	45,000	380,000	0
RI 2-3/5 Kennedy Manor		50,500	195,800	0	0
RI 2-4 Fogarty Manor		558,000	275,000	295,800	500,000
RI 2-7.1 St. Germain		7,600	0	0	235,800
RI 2-7.2 Burns Manor		97,790	0	35,000	
RI 2-16 Scattered Sites					
CFP Funds Listed for 5-year planning		1,529,100	1,529,100	1,529,100	1,529,100
Replacement Housing Factor Funds					

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2008 PHA FY:			Activities for Year: <u>3</u> FFY Grant: 2009 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>See</i>						
<i>Annual Statement</i>	HA Wide	1408 Management Improvements		HA Wide	1408 Management Improvements	
		Resident Services Program.	170,200		<i>Resident Services Program</i>	170,200
		Security Program	150,000		<i>Security Program</i>	150,000
	HA Wide	1410 Administration – Salaries	125,000	HA Wide	1410 Administration – Salaries	125,000
	HA Wide	1430 Other Fees		HA Wide	1430 Other Fees	
		A & E Fees	60,000		<i>A & E Fees</i>	60,000
		Contract Fees	35,000		<i>Contract Fees</i>	35,000
	HA Wide	1475 Non Dwelling Equipment		HA Wide	1475 Non Dwelling Equipment	
		Computer Equipment	10,000		Computer Hardware/Software	10,000
		Security Equipment	40,000		Security Equipment	40,000
		Maintenance Equipment	20,000		Maintenance Equipment	20,000
	HA Wide	1501 Debt Services		HA Wide	1501 Debt Services	
		Sprinkler Systems	193,100		Sprinkler Systems	193,100
	RI 2-2			RI 2-1		
	Galego Court	1460-Flooring	11,910	560 Prospect St/	1460 Water Intake Filters	160,000
					1450 Site Improvements-Walkways	50,000
	RI 2-3/5					
	Kennedy Manor	1460 Fire Doors/Hallways	50,500	RI 2-2		
				Galego Court	1450 Site Improvements-Walkways	45,000
	RI 2-4					
	Fogarty	Suspended Ceilings	250,000	RI 2-3/5		
		Corridor Upgrades	300,000	Kennedy Manor	1460 Suspended Ceilings	187,800
		Water Intake Filters	8,000		1460 Water Intake Filters	8,000

	RI 2-7.1			RI 2-4	Interior Upgrades-Corridors	275,000
	St. Germain	1460 Water Intake Filters	7,600			
	RI 2-7.2	1450 Site Improvements lot Rehab	91,790			
		1460 Water Intake Filters	6,000			
	Total CFP Estimated Cost		1,529,100			1,529,100

Capital Fund Program Five-Year Action Plan						
Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :_4____ FFY Grant: 2010 PHA FY:			Activities for Year: 5____ FFY Grant: 2011 PHA FY:		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
<i>See</i>						
<i>Annual Statement</i>	HA Wide	1408 Management Improvements		HA Wide	1408 Management Improv.	
		Resident Services Program.	170,200		<i>Resident Services Program</i>	170,200
		Security Program	150,000		<i>Security Program</i>	150,000
	HA Wide	1410 Administration – Salaries	125,000	HA Wide	1410 Administration – Salaries	125,000
	HA Wide	1430 Other Fees		HA Wide	1430 Other Fees	
		A & E Fees	60,000		<i>A & E Fees</i>	60,000
		Contract Fees	35,000		<i>Contract Fees</i>	35,000
	HA Wide	1475 Non Dwelling Equipment		HA Wide	1475 Non Dwelling Equipment	
		Computer Hardware & Software	10,000		Computer Hardware & Software	10,000
		Security Equipment	40,000		Security Equipment	40,000
		Maintenance Equipment	20,000		Maintenance Equipment	10,000
	HA Wide	1501 Debt Services		HA Wide	1502 Debt Services	
		Sprinkler Systems	193,100		Sprinkler Systems	193,100
	RI 2-1			RI 2-4		
	560 Prospect Street	1450 Site Improvements-Fence	15,000	Fogarty Manor	1460 Exterior Improvements-Waterproofing	450,000
					1460 Exterior Improvements-Balcony	50,000
	RI 2-2					
	Galego Court	1450 Site Improvements-Fence	25,000	RI 2-7.1		
		1460-Exterior Improvements-Staircase	175,000	St. Germain	Interior Improvements-Bldg Connections	195,800
		1460 Bulkheads	20,000		Carpets	40,000

		1460 Water Intake Filters	160,000			
	RI 2-4					
	Fogarty Manor	1460 Interior Improvements Ceilings	250,000			
		1460 Exterior Improvements-Roof Stacks	45,800			
	RI2-7.2					
	Burns Manor	1460-Alarm Work	35,000			
Total CFP Estimated Cost			1,529,100			1,529,100

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I Summary					
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. RI43P002501 02 Replacement Housing Grant No.		2002	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters/Emergencies			<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2)		
<input checked="" type="checkbox"/> Performance and Evaluation Report Period Ending: 05-30-2006			<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	178,729	254,729	254,729	254,729
3	1408 Management Improvements	344,000	369,000	369,000	369,000
4	1410 Administration	70,000	45,000	45,000	45,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	147,000	147,000	147,000	147,000
8	1440 Site Acquisition				
9	1450 Site Improvements	127,741	127,741	127,741	105,341
10	1460 Dwelling Structures	880,717	880,717	880,717	864,516
11	1465.1 Dwelling Equipment - Nonexpendable	0	0	0	
12	1470 Nondwelling Structures	0			0
13	1475 Nondwelling Equipment	100,000	24,000	24,000	24,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Services	0	0		
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$ 1,848,187	\$ 1,848,187	\$ 1,848,187	\$ 1,809,586
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	177,000	213,000	213,000	213,000
25	Amount of line 21 Related to Security - Hard Costs	85,000	28,451	28,451	28,451
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II Supporting Pages									
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002501 02 Replacement Housing Grant No.				Federal FY of Grant: 2002		
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 Oligated	Funds Expended		
Operations	Operations	1406		178,729	254,729	254,729	254,729	in progress	
		1406	Total	\$178,729	\$254,729	\$254,729	\$254,729		
HA-Wide	Resident Services Programs	1408		157,000	146,000	146,000	146,000	Complete	
Management	Resident Services Coordinator	1408		0	0	0	-		
Improvements	Security Program	1408		177,000	213,000	213,000	213,000	In Progress	
	Assisted Living Study	1408		0	0	0	-		
	Computer Software & Training	1408		10,000	10,000	10,000	10,000	In Progress	
		1408	Total	\$344,000	\$369,000	\$369,000	\$369,000		
Administration	Salaries	1410		70,000	45,000	45,000	45,000	Complete	
		1410	Total	\$70,000	\$45,000	\$45,000	\$45,000		
Other	Architectural Fees	1430		60,000	62,000	62,000	62,000	Complete	
	Contract Fees	1430		87,000	85,000	85,000	85,000	Complete	
A&E Fees	Assisted Living/Land Use	1430		0	0	0	-		
		1430	Total	\$147,000	\$147,000	\$147,000	\$147,000		
Dwelling	Equipment (Appliances)	1465.1		\$0	\$0		-		
Equipment			Total	\$0	\$0				

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II Supporting Pages									
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002501 02 Replacement Housing Grant No.				Federal FY of Grant: 2002		
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 Oligated	Funds Expended		
HA_Wide	Computer Hardware & Software	1475		20,000	20,000	20,000	20,000	In Progress	
Non-Dwelling Equipment	Security Equipment	1475		60,000	4,000	4,000	4,000	In Progress	
	Maintenance Equipment	1475		20,000	0	0	-		
		1475	Total	\$100,000	\$24,000	\$24,000	\$24,000		
RI 2-1	Landscaping/Site Impvts.	1450		10,000	22,400	22,400	22,400		
560 Prospect S	Security Improvements	1460		0	0		-		
	Kitchen Repairs & Impvts.	1460		0	0		-		
	Lead Safe Program	1460		178,000	301,987	301,987	301,987	In Progress	
		RI 2-1	Total	\$188,000	\$324,387	\$324,387	\$324,387		
RI 2-2	Site Improvements	1450		10,000	0	0	-		
Galego Court	Playground/Recreat. Impvts.	1450		107,741	105,341	105,341	105,341	Complete	
	Security Improvements	1460		10,000	0	0	-		
		RI 2-2	Total	\$20,000	\$105,341	\$105,341	\$105,341		
RI 2-16	Interior Improvements	1460		\$5,000	\$0		-		
Scattered Sites	Exterior Improvements	1460		\$15,000	\$20,000	\$20,000	20,000	In Progress	
		RI 2-16	Total	\$20,000	\$20,000	\$20,000	\$20,000		
RI 2-3/5	Security Improvements	1460		10,000	10,000	10,000	10,000		

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II Supporting Pages									
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002501 02 Replacement Housing Grant No.				Federal FY of Grant: 2002		
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		
	Elevators	1460		0	0		-		
Kennedy Manor	Interior Imprvts/existing units	1460		200,000	0		-		
		RI 2-3/5	Total	\$210,000	\$10,000	\$10,000	\$10,000		
RI 2-4	Security Improvements	1460		15,000	14,451	14,451	14,451	In Progress	
	Elevators	1460		240,000	306,588	306,588	306,588	In Progress	
	Fire Alarms	1460			16,201	16,201	16,201		
Fogarty Manor	Remodel Existing Units	1460		207,717	211,490	211,490	211,490	complete	
		RI 2-4	Total	\$462,717	\$548,730	\$548,730	\$548,730		
RI 2-7.1	Site Improvements	1450		0	0	0	-		
St. Germain Manor	Security Improvements	1460		0	0	0	-		
	Building Connector Construct	1460		0	0	0	-		
	Elevators	1460		0	0	0	-		
		RI 2- 7.1	Total	\$130,000	\$0	\$0	\$0		
RI 2-7.2							-		
Burns Manor	Security Improvements	1460		0	0	0	-		
		RI 2- 7.2	Total	\$0	\$0	\$0	\$0		

General Description of Maor Work Catagories
Operations
Resident Services Programs
Resident Service Coord.
Security Program
Computer Software & Training
Salaries
Architectural Fees
Contract Fees
Maintenance Equipment
Site Improvements
Site Improvements
Security Improvements
Unit Modifications
Common Area Improvements
Unit Modifications
fire alarms
Common Area Improvements
Fire Alarms
Security & Fire Alarm Improvements

gaskel
j smith

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I Summary					
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. RI43P002501 03 Replacement Housing Grant No.		2003	
<input type="checkbox"/> Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statemet (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report		Period Ending: 09-30-2006		<input checked="" type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	278,273	278,273	278,273	278,273
3	1408 Management Improvements	286,900	286,900	286,900	286,900
4	1410 Administration	125,000	125,000	125,000	125,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	95,000	95,000	95,000	95,000
8	1440 Site Acquisition				
9	1450 Site Improvements	175,000	0	0	0
10	1460 Dwelling Structures	429,717	649,717	649,717	649,717
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	45,000	0	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Services				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$ 1,434,890	\$ 1,434,890	\$ 1,434,890	\$ 1,434,890
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	150,000	139,857	139,857	139,857
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-
\$	-	\$	-

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II Supporting Pages									
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002501 03 Replacement Housing Grant No.				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Maor Work Catagories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Oligated	Funds Expended		
Operations	Operations	1406		278,273	278,273	278,273	278,273	complete	
		1406	Total	278,273	278,273	278,273	278,273		
HA-Wide									
Management Improvements	Resident Services Programs	1408		76,900	87,043	87,043	87,043	complete	
	Resident Service Coord.	1408		50,000	50,000	50,000	50,000	complete	
	Security Program	1408		150,000	139,857	139,857	139,857	complete	
	Computer Software & Training	1408		10,000	10,000	10,000	10,000	complete	
		1408	Total	286,900	286,900	286,900	286,900		
Administration									
	Salaries	1410		125,000	125,000	125,000	125,000	complete	
		1410	Total	125,000	125,000	125,000	125,000		
Other									
	Architectural Fees	1430		60,000	50,025	50,025	50,081	complete	
A&E Fees	Contract Fees	1430		35,000	44,975	44,975	44,919	complete	
		1430	Total	95,000	95,000	95,000	95,000		
HA_Wide									
Non-Dwelling Equipment	Maintenance Equipment	1475		45,000	-	-	-		
		1475	Total	45,000	-	-	-		
RI 2-1									
560 Prospect St.	Site Improvements	1450		100,000	-	-	-		
		RI 2-1	Total	100,000	-	-	-		
RI 2-2									
Galego Court	Site Improvements	1450		75,000	-	-	-		
	Security Improvements	1460		-	-	-	-		
		RI 2-2	Total	75,000	-	-	-		
RI2-3/5									
Kennedy Manor	Unit Modifications	1460		125,000	-	-	-		
			Total	125,000	-	-	-		
RI 2-4									
Fogarty Manor	Common Area Improvements	1460		107,717	-	-	-		
	Unit Modifications	1460		-	-	-	-		
	fire alarms			-	175,000	175,000	175,000	complete	
		RI 2-4	Total	107,717	175,000	175,000	175,000		

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II Supporting Pages									
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002501 03 Replacement Housing Grant No.				Federal FY of Grant: 2003		
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		
RI 2-7.1									
St. Germain	Common Area Improvements	1460		197,000	429,717	429,717	429,717	complete	
Manor	Fire Alarms	1460		-	45,000	45,000	45,000	complete	
		RI 2- 7.1	Total	197,000	474,717	474,717	474,717		
RI 2-7.2									
Burns	Security & Fire Alarm Improvem	1460		-			-		
Manor							-		
		RI 2- 7.1	Total	-	-	-	-		

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I Summary					
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. RI43P002502 03 Replacement Housing Grant No.		2003	
<input type="checkbox"/> Original Annual Statement Reserve for Disasters/Emergencies			Revised Annual Statement (revision no:)		
<input checked="" type="checkbox"/> Performance and Evaluation Report Period Ending: 9/30/06			<input type="checkbox"/> Final Performance and Evaluation Report		
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0			
3	1408 Management Improvements	0			
4	1410 Administration	0			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	0			
8	1440 Site Acquisition	0			
9	1450 Site Improvements	0			
10	1460 Dwelling Structures	303,060	303,060	303,060	294,579
11	1465.1 Dwelling Equipment - Nonexpendable	0			
12	1470 Nondwelling Structures	0			
13	1475 Nondwelling Equipment	0			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Services				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$303,060	\$303,060	\$303,060	\$294,579
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

revised	expended vs obligated
\$ 8,481	\$ 8,481

\$ 8,481	\$ 8,481
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Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II Supporting Pages									
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002502 03 Replacement Housing Grant No.				Federal FY of Grant: 2003		
Development Number Name/HA-Wide Activities	General Description of Maor Work Catagories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Oligated	Funds Expended		
RI 2-7.1									
St. Germain Manor	Common Area Improvements	1460		133,433	153,320	<u>153,320</u>	153,320	complete	
			Total	<u>133,433</u>	<u>153,320</u>	<u>153,320</u>	<u>153,320</u>		
RI 3-5									
Kennedy Manor	Concrete Repair	1460		169,627	-	-	-		
	Fire Alarm	1460			149,740	149,740	141,259	in progress	
			Total	<u>169,627</u>	<u>149,740</u>	<u>149,740</u>	<u>141,259</u>		

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I Summary					
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. RI43P002501 04 Replacement Housing Grant No.		2004	
<input type="checkbox"/> Original Annual Statement		Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1)	
<input checked="" type="checkbox"/> Performance and Evaluation Report		Period Ending: 09/30/06		<input type="checkbox"/> Final Performance and Evaluation Report	
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	223,193	342,629	342,629	66,225
3	1408 Management Improvements	138,003	338,392	338,392	22,819
4	1410 Administration	94,889	176,081	176,081	76,999
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	95,000	79,050	79,050	23,485
8	1440 Site Acquisition				
9	1450 Site Improvements	142,000	10,550	10,550	0
10	1460 Dwelling Structures	1,002,999	784,814	784,814	552,289
11	1465.1 Dwelling Equipment - Nonexpendable				
12	1470 Nondwelling Structures		29,568	29,568	0
13	1475 Nondwelling Equipment	65,000	0	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Services				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$ 1,761,084	\$ 1,761,084	\$ 1,761,084	\$ 741,817
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	0	190,772	190,772	0
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II Supporting Pages								
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. RI43P002501 04 Replacement Housing Grant No.				Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Maor Work Catagories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Oligated	Funds Expended	
Operations	Operations	1406		223,193	342,629	342,629	66,225	
		1406	Total	223,193	342,629	342,629	66,225	
HA-Wide								
Management	Resident Services Programs	1408		138,003	132,620	132,620	22,819	in progress
Improvements	Resident Service Coord.	1408		-	-	-	-	
	Security Program	1408		-	190,772	190,772	-	in progress
	Computer Software & Training	1408		-	15,000	15,000	-	in progress
		1408	Total	138,003	338,392	338,392	22,819	
Administration								
	Salaries	1410						in progress
	Executive Director			22,773	42,259	42,259	76,999	
	Executive Secretary			11,387	21,130	21,130	-	
	Administrative Assistant			5,693	10,565	10,565	-	
	Finance Director			17,080	31,695	31,695	-	
	Bookeeper			11,387	21,130	21,130	-	
	Modernization Assistant			26,569	49,303	49,303	-	
		1410	Total	94,889	176,081	176,081	76,999	
Other								
	Architectural Fees	1430		60,000	70,650	70,650	15,085	in progress
A&E Fees	Contract Fees	1430		35,000	8,400	8,400	8,400	complete
		1430	Total	95,000	79,050	79,050	23,485	
HA_Wide								
Non-Dwelling	Security Equipment	1475		20,000	-	-	-	
Equipment	Maintenance Equipment			45,000	-	-	-	
		1475	Total	65,000	-	-	-	
RI 2-1								
	Site Improvements - Speed Bumps	1450		43,000	10,550	10,550	-	in progress
560 Prospect St.	Rakes and Soffits	1460		68,446	-	-	-	
		RI 2-1	Total	111,446	10,550	10,550	-	
RI 2-2								
Galego Court	Site Improvements - Drainage	1450		72,000	-	-	-	
	Speed Bumps	1450		27,000	-	-	-	
		RI 2-2	Total	99,000	-	-	-	
RI2-3/5								
Kennedy Manor	Exterior waterproofing/concrete	1460		-	-	-	-	
	Fire Alarms	1460		350,000	350,000	350,000	277,289	in progress
		RI2-3/5	Total	350,000	350,000	350,000	277,289	
RI 2-4								
Fogarty Manor	Fire alarms	1460		299,999	300,000	300,000	275,000	in progress
	General Office Renovations	1470		-	29,568	29,568	-	in progress

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I Summary					
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. RI43P002501 05 Replacement Housing Grant No.		2005	
<input checked="" type="checkbox"/> Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
Performance and Evaluation Report Period Ending: 09-30-06		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	85,411	320,021	320,021	85,411
3	1408 Management Improvements	175,000	320,021	28,952	0
4	1410 Administration	125,000	160,050	160,050	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	95,000	95,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvements	124,194	0	0	0
10	1460 Dwelling Structures	976,890	686,403	0	0
11	1465.1 Dwelling Equipment - Nonexpendable	0	0	0	
12	1470 Nondwelling Structures	0			0
13	1475 Nondwelling Equipment	20,000	20,000	0	0
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Services		0		
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$ 1,601,495	\$ 1,601,495	\$ 509,023	\$ 85,411
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	175,000	150,000	0	0
25	Amount of line 21 Related to Security - Hard Costs			0	0
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part II Supporting Pages									
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002501 05 Replacement Housing Grant No.				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Obligated	Funds Expended		
Operations	Operations	1406		85,411	320,021	320,021	85,411		
		1406	Total	\$85,411	\$320,021	\$320,021	\$85,411		
HA-Wide									
Management Improvements									
	Security Program	1408		165,000	150,000	0			
	Computer Software & Training	1408		10,000	10,000	10,000			
	Resident Service Programs	1408		0	160,021	18,952			
		1408	Total	\$175,000	\$320,021	\$28,952	\$0		
Administration									
	Salaries	1410							
	Executive Director			30,000	38,412	38,412			
	Executive Secretary			15,000	19,206	19,206			
	Administrative Assistant			7,500	9,603	9,603			
	Finance Director			22,500	28,809	28,809			
	Bookkeeper			15,000	19,206	19,206			
	Modernization Assistant			35,000	44,814	44,814			
		1410	Total	\$125,000	\$160,050	\$160,050	\$0		
Other									
	Architectural Fees	1430		60,000	60,000				
A&E Fees	Contract Fees	1430		35,000	35,000				
		1430	Total	\$95,000	\$95,000	\$0	\$0		
Debt Service									
		1501		\$265,000	\$0		-		
			Total	\$265,000	\$0				
HA_Wide									
Non-Dwelling Equipment	Computer Equipment	1475		20,000	20,000				
		1475	Total	\$20,000	\$20,000	\$0	\$0		

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II Supporting Pages								
PHA Name: The Housing Authority of the City of Pawtucket			Grant Type and Number Capital Fund Program Grant No. RI43P002501 05 Replacement Housing Grant No.			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Maor Work Catagories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Oligated	Funds Expended	
RI 2-1	Basketball Court	1450		84,194	0			
560 Prospect St.	Roof Repairs	1460		300,000	300,000			
		RI 2-1	Total	\$384,194	\$300,000	\$0	\$0	
RI 2-2								
Galego Court	Interior Improvements	1460		40000	0			
	Roof Repairs	1460		135000	0			
		RI 2-2	Total	\$175,000	\$0	\$0	\$0	
RI 2-16	Interior Improvements	1460						
Scattered Sites	Exterior Improvements	1460						
		RI 2-16	Total		\$0	\$0	\$0	
RI 2-3/5	Fire Alarms	1460		242,000	0	0		
Kennedy Manor	Fire Supression System	1460		130,000				
	Concrete Waterproofing			0	250,000			
		RI 2-3/5	Total	\$372,000	\$250,000	\$0	\$0	

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II Supporting Pages								
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. RI43P002501 05 Replacement Housing Grant No.				Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Maor Work Catagories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Oligated	Funds Expended	
RI 2-4								
Fogarty Manor	Fire Supression System	1460		135,000	0			
		RI 2-4	Total	<u>\$135,000</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	
RI 2-7.1								
St. Germain Manor	Int. Improvements-carpet/wall	1460			100,000			
		RI 2- 7.1	Total		<u>\$100,000</u>	<u>\$0</u>	<u>\$0</u>	
RI 2-7.2								
Burns Manor	Site Improvements	1460		34,890	36,403			
		RI 2- 7.2	Total	<u>\$34,890</u>	<u>\$36,403</u>	<u>\$0</u>	<u>\$0</u>	

Annual Statement/Performance and Evaluation Report					
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I Summary					
PHA Name: The Housing Authority of the City of Pawtucket		RI43P002501 06		2006	
<input checked="" type="checkbox"/> Original Annual Statement		Reserve for Disasters/Emergencies		Revised Annual Statement (revision no:)	
Performance and Evaluation Report Period Ending: 09/30/2006		<input type="checkbox"/> Final Performance and Evaluation Report			
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	0	0		
3	1408 Management Improvements	320,200			
4	1410 Administration	125,000			
5	1411 Audit	0			
6	1415 Liquidated Damages	0			
7	1430 Fees and Costs	95,000			
8	1440 Site Acquisition	0			
9	1450 Site Improvements	34,900			
10	1460 Dwelling Structures	826,000			
11	1465.1 Dwelling Equipment - Nonexpendable	0			
12	1470 Nondwelling Structures	13,000			
13	1475 Nondwelling Equipment	115,000			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Services				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2-20)	\$1,529,100	\$0	\$ -	\$ -
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 Compliance				
24	Amount of line 21 Related to Security - Soft Costs				
25	Amount of line 21 Related to Security - Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II Supporting Pages								
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. R143P002501 06 Replacement Housing Grant No.			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA Wide	Operations	1406		-				
		1406	Total	-				
PHA-Wide	Management Improvements							
	Resident Services Programs	1408		170,200				
	CCTV-Central Security Station	1408		150,000				
		1408	Total	320,200				
PHA Wide	Administration							
	Executive Director	1410		20,000				
	Executive Secretary	1410		12,000				
	Administrative Assistant	1410		15,000				
	Director of Finance	1410		15,000				
	Dir of Modernization	1410		35,000				
	Bookkeeper	1410		6,500				
	Modernization Clerk	1410		21,500				
		1410	Total	125,000				
PHA Wide	Clerk of Works	1430		35,000				
	A & E Fees	1430		60,000				
			Total	95,000				
HA Wide	Non-Dwelling Equipment	1475						
	Maintenance Equipment	1475		55,000				
	Computer Equipment	1475		10,000				
	Security Equipment	1475		50,000				
		1475	Total	115,000				
RI 2-1				-				
560 Prospect St.	Heat System	1460		118,900				
	504 Compliance	1460		50,000				
			Total	168,900				
RI 2-2	Laundry Facilities	1470		13,000				
Galego Court	504 Compliance	1460		50,000				
			Total	63,000				

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II Supporting Pages								
PHA Name: The Housing Authority of the City of Pawtucket		Grant Type and Number Capital Fund Program Grant No. R143P002501 06 Replacement Housing Grant No.			Federal FY of Grant: 2006			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
RI 2-4								
Fogarty Manor	Fire Suppression-Sprinklers	1460		94,000				
			Total	94,000				
RI2-3/5								
Kennedy Manor	Central Security System	1460		42,000				
	Fire Suppression-Sprinklers	1460		94,100				
	Exterior Doors	1460		35,000				
			Total	171,100				
RI 2-7.1								
St. Germain	Fire Suppression-Sprinklers	1460		30,000				
	Porches	1460		47,000				
	Walkway & Railings	1450		34,900				
	Interior/Exterior Doors	1460		110,000				
			Total	221,900				
RI 2-7.2								
Burns	Fire Suppression-Sprinklers	1460		30,000				
	Porches	1460		35,000				
	Interior/Exterior Doors	1460		90,000				
Manor			Total	155,000				

February 13, 2006

Vacant

Leave

Workers'
Compensation

Board of Commissioners

THE HOUSING AUTHORITY OF THE CITY OF PAWTUCKET

