

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

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# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

**Annual Plan for Fiscal Year 2007**

Pearsall Housing Authority

**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:** Pearsall Housing Authority

**PHA Number:** TX332

**PHA Fiscal Year Beginning:** 07/2007

**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) *The Housing Authority's mission is to serve the needs of low-income, very low-income and extremely low-income families in the PHA's jurisdiction and to (1) increase the availability of decent, safe and affordable housing in its communities; (2) ensure equal opportunity in housing; (3) improve community quality of life and economic viability; and to enable improvement of the physical conditions of housing developments; to continually upgrade the management and operations of the public housing agency, while developing and enhancing a stronger, healthier and viable economic initiative-related to low-income housing assistance; and to include any other housing opportunities available to public housing and assisted residents.*

**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.**

- X** PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - X** Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- X** PHA Goal: Improve the quality of assisted housing  
Objectives:
- X** Improve public housing management: (PHAS score)

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

**X PHA Goal: Increase assisted housing choices**

Objectives:

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

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

PHA Goal: Provide an improved living environment

Objectives:

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

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

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

Objectives:

- Increase the number and percentage of employed persons in assisted families:
- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

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

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2007**  
[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

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

**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 **Small rural community population 7,500**
- FY 2006 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 **Jessica Garza Res. Commissioner**
- Community Service Description of Implementation
- Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

**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)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
N/A	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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	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 checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <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 year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
N/A	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
N/A	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
N/A	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	283	4	3	4	3	4	2
Income >30% but <=50% of AMI	162	4	3	4	3	4	2
Income >50% but <80% of AMI	152	2	2	2	1	2	1
Elderly	445	5	5	5	4	4	2
Families with Disabilities	233	5	5	5	2	3	2
Race/Ethnicity <b>W</b>	85	1	1	1	1	2	2
Race/Ethnicity <b>B</b>	0	0	0	0	0	0	0
Race/Ethnicity <b>H</b>	693	3	3	4	3	3	2
Race/Ethnicity							

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset - **SCODS 2000**
- 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.

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
Section 8 tenant-based assistance			
<input type="checkbox"/>	Public Housing		
<input checked="" 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	L-R 104 Sec. 8 182		L-R 38 Sec. 8 33
Extremely low income <=30% AMI	L-R 73 Sec. 8 133	L-R 70 Sec. 8 73	
Very low income (>30% but <=50% AMI)	L-R 19 Sec. 8 36	L-R 18 Sec. 8 20	
Low income (>50% but <80% AMI)	L-R 12 Sec. 8 13	L-R 12 Sec. 8 7	
Families with children	L-R 85 Sec. 8 131	L-R 82 Sec. 8 72	
Elderly families	L-R 4 Sec. 8 5	L-R 4 Sec. 8 3	
Families with Disabilities	L-R 15 Sec. 8 25	L-R 14 Sec. 8 14	
Race/ethnicity <b>Wht.</b>	L-R 2 Sec. 8 2	L-R 1 Sec. 8 1	
Race/ethnicity <b>Bk</b>	0 0	0 0	
Race/ethnicity <b>Hisp</b>	L-R 102 Sec. 8 180	L-R 98 Sec. 8 99	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	L-R 24 Sec. 8 35	L-R 23 Sec. 8 19	
2 BR	L-R 47 Sec. 8 72	L-R 45 Sec. 8 40	

### Housing Needs of Families on the Waiting List

3 BR	L-R	33	L-R	32	
	Sec. 8	71	Sec. 8	39	
4 BR	L-R	0	L-R	0	
	Sec. 8	4	Sec. 8	2	
5 BR		0		0	
5+ BR		0		0	
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes If yes: How long has it been closed (# of months)? Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input 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 assistance.
- 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.

<b>Financial Resources: Planned Sources and Uses</b>
--

Sources	Planned \$	Planned Uses
<b>1. Federal Grants (FY 2006 grants)</b>		
a) Public Housing Operating Fund	\$78,297.00	
b) Public Housing Capital Fund	\$107,824.00	Amended \$111,010.00
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$395,002.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
		PHA Operations
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
TX59P332501-05	\$117,463.00	PHA Capital Improvements
TX59P332501-06	\$107,824.00	PHA Capital Improvements
<b>3. Public Housing Dwelling Rental Income</b>	\$161,965.63	PHA Operations
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		

### **3. PHA Policies Governing Eligibility, Selection, and Admissions**

[24 CFR Part 903.7 9 (c)]

#### **A. Public Housing**

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe) since this PHA is very small, we verify as units are projected to become available and if there are more eligible than units we keep information on file for 90 days.

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?

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

**(4) Admissions Preferences**

a. Income targeting:

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

b. Transfer policies:

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

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

c. Preferences

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

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

#### Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 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)

**(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: For medical and disability reasons.

**(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**) Date, time, working 32 hours or more in Pearsall, HHO is Elderly or disabled.

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. **Section 8 ONLY**

1 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

- The PHA applies preferences within income tiers

- Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

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

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

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

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

- Through published notices  
 Other (list below)

**4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

**A. Public Housing**

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

f. Rent re-determinations:

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

- Never
- At family option
- Any time the family experiences an income increase
- Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_
- 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) A large number of housing in Pearsall are older and not well kept. The rents in many cases are at or near 90%.

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: Commissioners, Executive Director with Section 8 Coordinator, Low-Rent Specialist and Maintenance Supervisor directly under him. Under the Maintenance Supervisor are one Mechanic A and a Gardner/Maintenance person.

### **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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	80	17%
Section 8 Vouchers	108	13%
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		
<b>USDA Rural</b>	24	3%

### **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)  
Included in Admissions and Continued Occupancy

(2) Section 8 Management: (list below)  
Included in Administrative Plan

## **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.)

<b>Demolition/Disposition Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Activity type: Demolition <input type="checkbox"/> Disposition <input type="checkbox"/>

3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. Number of units affected: 6. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

1.  Yes  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.) **This designation was already in PIC when the 5 Year Plan was submitted in 2005.**

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	
1b. Development (project) number:	
2. Designation type:	
Occupancy by only the elderly	<input type="checkbox"/>
Occupancy by families with disabilities	<input type="checkbox"/>
Occupancy by only elderly families and families with disabilities	<input checked="" type="checkbox"/>

<p>3. Application status (select one)</p> <p>Approved; included in the PHA's Designation Plan <input checked="" type="checkbox"/></p> <p>Submitted, pending approval <input type="checkbox"/></p> <p>Planned application <input type="checkbox"/></p>
<p>4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u></p>
<p>5. If approved, will this designation constitute a (select one)</p> <p><input type="checkbox"/> New Designation Plan</p> <p><input type="checkbox"/> Revision of a previously-approved Designation Plan?</p>
<p>6. Number of units affected: 18</p> <p>7. Coverage of action (select one)</p> <p><input type="checkbox"/> Part of the development</p> <p><input type="checkbox"/> Total development</p>

### **10. Conversion of Public Housing to Tenant-Based Assistance**

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

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

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

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

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

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

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

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

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

## B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (l)]

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

### **A. PHA Coordination with the Welfare (TANF) Agency**

#### 1. Cooperative agreements:

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

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

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

- 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)

**(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: DD/MM/YY)
Public Housing		
Section 8		

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)

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

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed "in and around" public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below) Navarro St. and Moreno St.

**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) Continue informal meetings with residents and employees who live and work in the affected properties.
2. Which developments are most affected? (list below) Navarro and Moreno Street properties.

**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) Local and State police provide additional tenant information as requested by the PHA.
2. Which developments are most affected? (list below) Moreno and Navarro Street.

**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)]

**Attached**

## **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)

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 the Mayor.

### **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) **State of Texas.**

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

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

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

**D. Other Information Required by HUD**

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

## Attachments

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

### PEARSALL HOUSING AUTHORITY

#### PET OWNERSHIP POLICY

##### A. Pet Rules

The following rules shall apply for the keeping of pets by Residents living in the units operated by the Housing Authority. These rules do not apply to animals used by persons with disabilities.

1. Common household pets as authorized by this policy means a domesticated animals, such as cats, dogs, fish, birds, (including rabbits) and turtles, that are traditionally kept in the home for pleasure rather than for commercial purposes. Keeping rodents is prohibited.
2. Residents will register their pets with the Authority **BEFORE** it is brought onto the Authority premises, and will update the registration annually. The registration will include: (*Appendix 1*)
  - a. Information sufficient to identify the pet and to demonstrate that it is a common household pet and a picture;
  - b. A certificate signed by a licensed veterinarian or a State or Local Authority empowered to inoculate animals, stating that the pet has received all inoculations required by applicable State and Local Law;
  - c. The name, address, and telephone number of one or more responsible parties who will care for the pet if the pet owner dies, is incapacitated, or is otherwise unable to care for the pet.
  - d. The registration will be updated annually at the annual re-examination of Residents' income.
  - e. A statement indicating that the pet owner has read the pet rules and agrees to comply with them; (*Appendix 2*)
  - f. The Authority may refuse to register a pet if:
    - 1) The pet is not a common household pet;
    - 2) The keeping of the pet would violate any applicable house pet rule;
    - 3) The pet owner fails to provide complete pet registration information;
    - 4) The pet owner fails annually to update the pet registration;
    - 5) The Authority reasonably determines, based on the pet owners' habits and practices and the pet's temperament, that the pet owner will be unable to keep

the pet in compliance with the pet rules and other legal obligations;

- 6) Financial ability to care for the pet will not be a reason for the Authority to refuse to register a pet.
- g. The Authority will notify the pet owner if the Authority refuses to register a pet. The notice will:
  - 1) State the reasons for refusing to register the pet;
  - 2) Be served on the pet owner in accordance with procedure outlined in paragraph B1 of this policy; and
  - 3) Be combined with a notice of a pet rule violation if appropriate.
3. Cats and dogs shall be limited to small breeds where total weight shall not exceed twenty (20) pounds and total height shall not exceed twelve (12) inches. Seeing-eye dogs are excluded to height and weight.
4. No chows, pit bulls, German police dogs, or any other known fighter breed will be allowed on the premises.
5. All cat and dog pets shall be neutered or spayed, and verified by veterinarian, cost to be paid by the owner. Pet owners will be required to present a certificate of health from their veterinarian verifying all required annual vaccines, initially and at re-examination.
6. A \$300.00 pet deposit shall be made to the Housing Authority. Such deposit minus cost of damages will be refundable. This change in deposit will go in effect beginning with all new rental agreements starting on or after August 1, 2007.
7. Pets shall be quartered in the Residents unit.
8. Dogs and cats shall be kept on a leash and controlled by a responsible individual when taken outside.
9. No dog houses will be allowed on the premises.
10. Pets (dogs and cats), shall be allowed to run only on the owners lawn and owners shall clean up after pets EACH day.
11. The City Ordinance concerning pets will be complied with.
12. Pets shall be removed from the premises when their conduct or condition is duly determined to constitute a nuisance or a threat to the health and safety of the pet owner and occupants of the Authority in accordance with paragraph B3 below.
13. Birds must be kept in regular bird cages and not allowed to fly throughout the unit.

14. Each resident family will be allowed to house only one (1) animal at any time. Visiting guests with pets will not be allowed.
15. Dishes or containers for food and water will be located within (indoors) the owners apartment. Food and/or table scraps, will not be deposited on the owners porches or yards.
16. Residents will not feed or water stray animals or wild animals.
17. Pets will not be allowed on specified common areas (under clotheslines, social rooms, office, maintenance space, etc.).
18. Each resident family will be responsible for the noise or odor caused by their pet. Obnoxious odors can cause health problems and will not be tolerated.

## **B. Pet Violation Procedure**

1. **NOTICE OF PET RULE VIOLATION (Appendix 3):** When the Authority determines on the basis of objective facts supported by written statements, that a pet owner has violated one or more of these rules governing the owning or keeping of pets, the Authority will:
  - a. Serve a notice of the pet rule violation on the owner by sending a letter by first class mail, properly stamped and addressed to the Resident at the leased dwelling unit, with a proper return address, or serve a copy of the notice on any adult answering the door at the Residents' leased dwelling unit, or if no adult responds, by placing the notice under or through the door, if possible, or else by attaching the notice to the door;
  - b. The notice of pet rule violation must contain a brief statement of the factual basis for the determination and the pet rule or rules alleged to be violated;
  - c. The notice must state that the pet owner has ten (10) days from the effective date of service of 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, (the effective date of service is that day that the notice is delivered or mailed, or in the case of service by posting, on the day that the notice was initially posted);
  - d. The notice must state that the pet owner is entitled to be accompanied by another person on his or her choice at the meeting;
  - e. The notice must state that the pet owners' 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 owners' residency.
2. **PET RULE VIOLATION MEETING:** If the pet owner makes a timely request for a meeting to discuss an alleged pet rule violation, the Authority shall establish a mutually agreeable time and place for the meeting to be held within fifteen (15) days from the effective date of service of the notice of pet rule violation (unless the Authority agrees to a later date).
  - a. The Authority and the pet owner shall discuss any alleged pet rule violation and attempt to correct it and reach an agreeable understanding.

- b. The Authority may, as a result of the meeting, give the pet owner additional time to correct the violation.
  - c. Whatever decision or agreements, if any, are made will be reduced to writing, signed by both parties, with one copy for the pet owner and one copy placed in the Authority's Resident file.
3. **NOTICE OF PET REMOVAL:** If the pet owner and the 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 for this purpose under paragraph B1 above (or at the meeting, if appropriate), requiring the pet owner to remove the pet. This notice must:
- a. Contain a brief statement of the factual basis for the determination and the pet rule or rules that have been violated;
  - b. State that the pet owner must remove the pet within ten (10) days of the effective date of service of notice or pet removal (or the meeting, if the notice is served at the meeting);
  - c. State the failure to remove the pet may result in initiation of procedures to terminate the pet owners' residency.
4. **INITIATION OF PROCEDURE TO TERMINATE PET OWNERS RESIDENCY:** The Authority will not initiate procedure to terminate a pet owners' residency based on a pet rule violation unless:
- a. The pet owner has failed to remove the pet or correct the pet rule violation within the applicable time period specified in paragraph 3b above;
  - b. The pet rule violation is sufficient to begin procedures to terminate the pet owners' residency under the terms of the lease and application regulations;
  - c. Provisions of Resident's Lease, Section XV: "Termination of Lease" will apply in all cases.

### **C. Protection of the Pet**

- 1. If the health or safety of a pet is threatened by the death or incapacity of the pet owner, or by other factors that render the pet owner unable to care for the pet, the Authority may:
  - a. Contact the responsible party or parties listed in the registration form and ask that they assume responsibility for the pet;
  - b. If the responsible party or parties are unwilling or unable to care for the pet, the Authority may contact the appropriate State or Local Authority (or designated agent of such Authority) and request the removal of the pet;

- c. If the Authority is unable to contact the responsible parties despite reasonable efforts, action as outlined in 1b above will be followed; and
- d. If none of the above actions reap results, the Authority may enter the pet owners' unit, remove the pet, and place the pet in a facility that will provide care and shelter until the pet owner or a representative of the pet owner is able to assume responsibility for the pet, but no longer than thirty (30) days. The cost of the animal care facility provided under this section shall be borne by the pet owner.

**D. NUISANCE OR THREAT TO HEALTH OR SAFETY**

Nothing in this policy prohibits the Pearsall Housing Authority or the Appropriate City Authority from requiring the removal of any pet from the Authority property. If the pet's conduct or condition is duly determined to constitute, under the provisions of State or Local Law, a nuisance or a threat to the health or safety or other occupants of the Authority property or of other persons in the community where the Public Housing property is located.

**E. APPLICATION OF RULES**

- 1. Pet owners will be responsible and liable for any and all bodily harm to other residents or individuals and destruction of personal property belonging to others caused by owner's pet will be the moral and financial obligation of the pet owner.
- 2. All pet rules apply to resident and/or resident's guests.

**PEARSALL HOUSING AUTHORITY**  
**Pet Agreement**

1. Management considers the keeping of pets a serious responsibility and a risk to each resident in the apartment. If you do not properly control and care for a pet, you will be held liable if it causes any damages or disturbs other residents.
2. **Conditional Authorization for Pet.** You may keep the pet that is described below in the apartment until Dwelling Lease is terminated. Management may terminate this authorization sooner if your right of occupancy is lawfully terminated or if you or your pet, your guests or any member of your household violates any of the rules contained in the Authority's pet Policy or this Agreement.
3. **Pet Deposit.** The Pet Deposit will be \$ 300.00 . The Pet Deposit is refundable, minus cost of any damages caused by the pet.
4. **Liability Not Limited.** The deposit under this Pet Agreement does not limit resident's liability for property damages, cleaning, deodorization, de-fleeing, replacements, or personal injuries.
5. **Description of Pet.** You may keep only one pet as described below. The pet may not exceed twelve (18) inches in height and twenty (30) pounds in weight. You may not substitute other pets for this one without amending this agreement, you may not keep any guard or attack dogs of any type.

Pet's Name \_\_\_\_\_ Type \_\_\_\_\_

Breed \_\_\_\_\_ Color \_\_\_\_\_ Weight \_\_\_\_\_ Age \_\_\_\_\_

Housebroken? \_\_\_\_\_ City of License \_\_\_\_\_ License No. \_\_\_\_\_

\_\_\_\_\_ Date of last Rabies shot \_\_\_\_\_

Name, address and phone number of person able to care for pet in case of resident's permanent or temporary inability to care for animals

Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

## Attachment 2

### Pearsall Housing Authority Community Service Requirements & Implementation Policy

#### General Requirements

As part of the Quality Housing and Work Responsibility Act of 1998, Congress imposed a requirement that all adult residents of federally funded public housing, unless exempted, must perform community service activities or participate in an economic self-sufficiency program to remain eligible for public housing assistance. Therefore, the federal public housing law now requires that all non-exempt residents must:

- Contribute eight (8) hours per month of community service (**for the purpose of this policy, political activity is not allowed**); or
- Participate in an economic self-sufficiency program for eight (8) hours per month; or
- Perform eight (8) hours each month of combined community service and self-sufficiency activities.

#### Definitions

**Community Service:** For the purpose of this policy, community service is the performance of voluntary work or duties for the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident in the community. Community service is not limited to a single type of activity or a single location. Acceptable community service activities include, but are not limited to, improving the physical environment of the resident's development; volunteer work in a local school, hospital, or child care center; working with youth organizations, human services agencies, tenant associations, or other non-profit organization; or helping neighborhood groups on special projects. By statute, political activity is not an eligible form of community service. Political activity is activity on behalf of candidates for elected public office or on behalf of a political party.

**Economic Self-Sufficiency Program:** For the purpose of this policy, an economic self-sufficiency program is any program designed to encourage, assist, train, or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include, but are not limited to: programs for job training, employment counseling, work placement, basic skills training, education, English language proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work, such as substance abuse or mental health treatment.

#### Notification of Residents

The Pearsall Housing Authority will notify all residents of the new community service requirement before the implementation of this policy. The notification will include any explanation of the program and will list the categories of individuals who are exempt from performing community service activities. The notification will describe the verification that will be required to establish an exemption. Definitions and examples of community service and economic self-sufficiency activities will be part of the notice.

The notification will also advise families when the community service obligation will begin. Non-exempt residents will be required to begin performing community service at their first annual re-determination date ("annuals") following the adoption of this policy. Notice of this requirement can also be found in your lease agreement.

**Initial notification:** shall be accomplished at the first intake and compliance will be verified at every annual recertification. Any notices sent to residents regarding this Policy shall include a statement that the resident has the right to request a hearing under the grievance procedure and shall include the names, addresses, and telephone numbers of the local tenant's organization and local legal services organizations.

#### Exemptions

Resident household members who are under 18 years of age are exempt. The following residents over the age of eighteen (18) are also exempt from this requirement:

1. Resident household members who are sixty (62) years old or older.
2. Resident household members who are blind or disabled as defined in the Social Security Act (Section 216(i)(1) or Section 1614 of the Social Security Act (42 U.S.C. 416(i)(1); 1382(c).

The Social Security Act defines disability as the "inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death or has lasted or can be expected to last for a continuous period of not less than twelve months."

Blindness is defined as "central visual acuity of 20/200 or less in the better eye with the use of a correcting lens. Any eye which is accompanied by a limitation in the field of vision such that the widest diameter of the visual field subtends an angle no less than 20 degrees shall be considered for purposes of this paragraph as having a central visual acuity of 20/200 or less."

Residents who claim exemption because of disability or blindness must also certify with proper medical documentation that because of this blindness or disability they are unable to comply with the community service requirement. If a resident does not meet this definition of blindness or disability and believes that he or she is unable to perform community service or economic self-sufficiency activity, he or she may apply for an exemption from the requirement as a reasonable accommodation.

3. Resident household members who are the primary caregivers of a blind or disabled individual as previously described.
4. Resident household members who are engaged in a work activity. Work activities include but are not limited to the following:
  - Unsubsidized employment; subsidized private sector employment;
  - Subsidized public sector employment;
  - Work experience, including work associated with refurbishing; publicly assisted housing, if sufficient private sector employment is not available;
  - On-the-job training;
  - Job search and job readiness assistance;
  - Community service programs;
  - Vocational education training not to exceed twelve (12) months;
  - Job skills training directly related to employment;
  - Education directly related to employment for a resident who has not received a high school diploma or a certificate of high school equivalency;
  - Satisfactory attendance at a secondary school or in a course of study leading to a certificate or general equivalence for a resident who has not completed high school or received such a certificate; or
  - The provision of childcare services to an individual who is participating in a community service program.

5. Resident household members who meet the requirements for being exempted from work activity under Part A of Title IV of the Social Security Act (42 USC Section 601, et seq.) or under any other state welfare program, including a state-administered welfare-to-work program.

6. Resident household member of a family receiving assistance, benefits or services under a state program funded under Part A of Title IV of the Social Security Act (42 USC 601, et. Seq.) or under any other state welfare program, including a state-administered welfare-to-work program, and who has not been found in non-compliance with that program.

In accordance with HUD guidelines, persons eligible for a disability deduction in rent are not automatically exempt from the community service requirement. A resident is exempt only to the extent the disability makes

the person "unable to comply" with the community service requirement.

### **Initial Determination of Exemption**

All applicants will be provided with an information sheet describing the community service/self-sufficiency requirement at the time they make their final application. At the time the lease is signed, the property manager will again provide the head of household with the community service information sheet. The head of household will be asked to declare which household members are exempt from community service and provide the appropriate verifications. In addition, all household members who are 18 or older will receive the same information and sign a form indicating acceptance and understanding of their responsibility as per this policy.

In order to establish an exemption, the following verification must be provided:

- Disability or blindness. Receipt by a household member of Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), or Emergency Aid to the Elderly, Disabled, and Children (EAEDC), disability benefits, or other state welfare program's work activity requirements shall be deemed proof of disability under this policy. A household member whose application for SSDI, SSI, or EAEDC disability benefits is pending shall be deemed disabled unless and until a denial of the application is received. Any resident who believes they meet the definition of disability included in this policy may submit a statement from their treating physician providing Pearsall Housing Authority (PHA) staff with facts that will assist them in determining whether the resident is disabled within the definition applicable under this policy. If a resident does not meet this definition but still believes that he or she is unable to perform community service, the resident may apply for a reasonable accommodation. Residents who are determined to be exempt because of blindness or disability under SSDI or SSI shall also sign a statement certifying that they are unable to comply with the community service requirement because of the blindness or disability.
- Primary caregiver of a disabled or blind person. A statement from the person being cared for or his or her guardian affirming that the resident seeking exemption acts as the primary caregiver and the period during which (s) he is expected to continue in that role shall be adequate verification.
- Engaged in work activity. The verification of employment income provided to PHA for rent determination shall be adequate for this purpose. Employment must be of no less than 20 hours per week. Verification of participation in job training or other qualifying program must be submitted by providing the appropriate paperwork.
- Exempt from work activity under state welfare/welfare to work program.
- Member of a family who receives assistance from a state welfare program and is not in non-compliance with that program. Verification of receipt of program assistance and that family member is not in non-compliance, should be obtained from the Department of Transitional Assistance.

The manager will make a determination of exempt status and notify the resident. If the resident disagrees with the determination, he or she may file a grievance under the PHA grievance procedure. The exemption status for each household member will be entered on the client worksheet.

### **Eligible Activities**

Community Service eligible activities include but are not limited to:

Are defined as any non paid volunteer work such as at schools, libraries, day care centers, churches, baby sitting for tenants who are in training programs or attending accredited educational courses or;

1. Work at local schools, hospitals, or child care centers.
2. work with youth organizations
3. Work at Authority to help improve physical conditions
4. Work helping neighborhood groups with special projects
5. Work at any public institution that serves the community at large.

Self Sufficiency Activities include but are not limited to:

1. Job training programs
2. Substance abuse or mental health counseling
3. English proficiency or literacy (reading) classes
4. Budgeting and credit counseling
5. Any classes that helps a person towards economic independence

### **Continuing Determination of Exemption and Compliance**

Each year, as part of the Tenant Status Review, the property manager will determine whether each non-exempt household member has complied with the community service requirement of 96 hours per year and whether each exempt household member continues to be exempt.

Included with the letter requesting the head of household to come to the office for the status review will be a reminder that resident compliance with and/or exemption from community service will be determined as part of the status review. A list of exemption categories, a reminder that certain exemptions from the community service requirement must be reviewed annually and a description of the documentation needed to support each exemption will be attached to the letter. Also included with the letter will be Verification of Compliance forms for each household member who was required to perform community service. These forms must be completed and returned to the property manager at least thirty (30) days before the lease term expires. The form includes confirmation of:

- The number of hours of community service/self-sufficiency work completed;
- The type of work completed;
- The community organization where the work was completed
- The signature, name, title, address and telephone number of the person supervising completion of the work.

At the time of the status review, the manager will reconfirm the exemption status of each household member. The head of household may provide the property manager with the required documentation for any change in status claimed by an adult family member. The manager will reconfirm the following exemption categories annually:

- Blindness or disability
- Primary caregiver
- Engaged in work activity
- Exempt from work activity under a state welfare program
- Exempt through receipt of assistance, benefits or services from a state welfare program and not in non-compliance with that program

If a household member becomes exempt from the community service requirement during a lease term and informs the manager so that the exemption can be verified, he or she shall be exempt from performing community service for the entire year. Unemployed residents, for example, may request an exemption if they find work or state a verifiable job-training program. If a resident is determined by PHA to become exempt during the year, s/he will be excused from the entire annual 96-hour requirement. There is no obligation for a resident to report a change in status from exempt to non-exempt during a lease term.

If the household is found to be in compliance with the community service/self-sufficiency requirement, the lease will be automatically renewed.

### **Non-Compliance**

If the PHA determines that a non-exempt resident has not complied with the community service/ self-sufficiency requirement, the property manager must notify the head of household of the noncompliance in writing. This notification must inform the resident that:

- A non-exempt member of their household has been found in non-compliance with a statement of the specific facts and sources of those facts supporting such determination;
- The determination of noncompliance is subject to the PHA's grievance procedure.
- Unless the resident enters into an agreement to cure or the non-compliant adult no longer resides in the unit, the lease of the family of which the non-compliant adult is a member shall not be renewed; and
- The resident has the opportunity to cure the noncompliance during the next twelve (12) month period.

To take advantage of the statutory opportunity to cure, the non-compliant adult and the head of household must sign an agreement stating that the non-compliant adult will complete, over the next twelve (12) month term of the lease, the additional hours of community service or economic self-sufficiency activity needed to reach the required total of 96 hours for the prior year. These additional hours must be performed in addition to the 96 hour requirement for the current lease year. If a non-compliant adult becomes employed during a period over the next twelve (12) month term of the lease, additional hours of community service or economic self-sufficiency activity must be provided to reach the required total of 96 hours for the prior year.

As is required by law, continued non-compliance after the opportunity to cure will result in the commencement of eviction proceedings against the entire household, unless the non-compliant family member is no longer part of the household documentation.

The property manager must retain documentation of community service or economic self-sufficiency participation and/or exemption in the resident's file.

At lease signing for new residents or at the Tenant Status Review for current residents, the manager must ensure a Certification of Exemption Status form is completed for each adult household member claiming an exemption from the community service/self-sufficiency requirement. Supporting documentation will be requested of the resident to verify exempt status and copies of the verification will be retained in the file.

At the time of the annual Tenant Status Review, the head of household is responsible for ensuring that a Verification of Compliance form is completed by the appropriate authority for every non-exempt household member. This form will also be maintained in the resident file.

#### Grievance Procedure

Upon filing a written request, as provided in the Pearsall Housing Authority Procedure, any resident who disagrees with the PHA action or failure to act in accordance with the Community Service Policy shall be entitled to a grievance hearing.

#### **Prohibition against the Replacement of Employees**

In implementing the community service requirement, the PHA will not substitute community service for work ordinarily performed by public housing employees or replace a job at any location where community work requirements are performed.

## Attachment 2

### COMMUNITY SERVICE EXEMPTION CERTIFICATION

I certify that I am eligible for an exemption from Community Service requirements for the following reason(s).

- I am 62 years old or older
- I have a disability which prevents me from working  
(Certification of Disability Form will serve as documentation)
- I am working at least 20 hours per week  
(Employment Verification form will serve as documentation)
- I am participating in a Welfare to Work Program  
(Must provide verification letter from agency mailed directly to PHA)
- I am receiving TANF and am participating in a required economic self sufficiency program  
or work activity  
(Must provide verification from the funding agency that you are complying with job training or  
work requirements)

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Tenant Signature

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Date

# Attachment 3

## COMMUNITY SERVICE COMPLIANCE CERTIFICATION

I/We have received a copy of, have read and understand the contents of the Authority's Community Service/Self Sufficiency Policy.

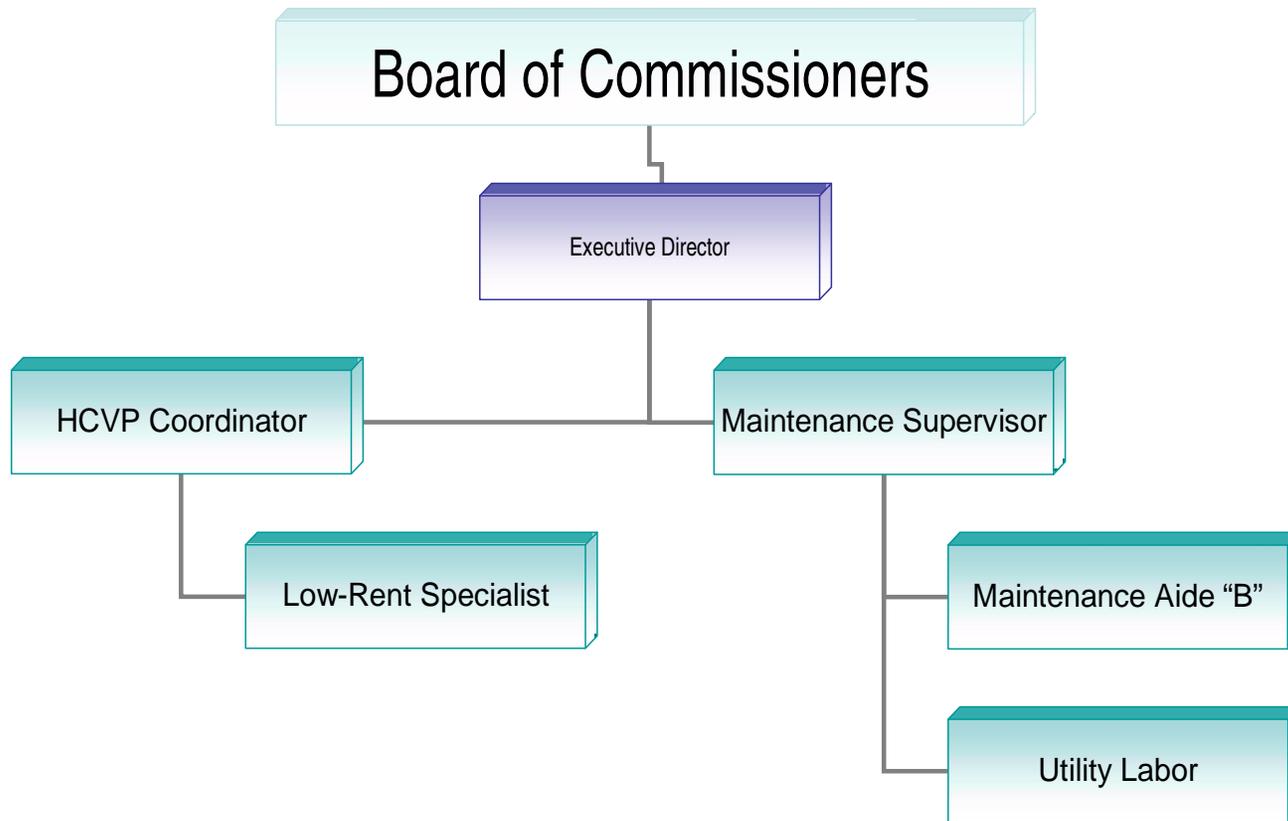
I/We understand that this is a requirement of the Quality Housing and Work Responsibility Act of 1998 and that if we do not comply with this requirement; our lease will not be renewed.

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

**Attachment 4**  
Pearsall Housing Authority  
Organizational Chart

# HOUSING AUTHORITY OF THE CITY OF PEARSALL



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

<b>PHA Name:</b> Pearsall Housing Authority	<b>Grant Type and Number</b> Capital Fund Program Grant No: TX332501-04 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2004
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 12/31/2006  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	\$29,000	\$10,000	0	0
3	1408 Management Improvements	\$10,000	0	\$1,567.80	\$1,567.80
4	1410 Administration	0	\$2,900	\$1,000	\$1,000
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	0	\$14,000	\$4,5000	\$4,5000
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	\$106,151	\$114,251	\$45,583	\$45,583
11	1465.1 Dwelling Equipment—Nonexpendable	0	\$4,000	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	0	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collaterization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>\$145,151</b>	<b>\$145,151</b>	\$52,651.76	\$52,651.76
22	Amount of line 21 Related to LBP Activities	0	0	0	0
23	Amount of line 21 Related to Section 504 compliance	0	0	0	0
24	Amount of line 21 Related to Security – Soft Costs	0	0	0	0
25	Amount of Line 21 Related to Security – Hard Costs	0	0	0	0
26	Amount of line 21 Related to Energy Conservation Measures	0	0	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: Pearsall Housing Authority		Grant Type and Number Capital Fund Program Grant No: <b>TX332501-04</b> Replacement Housing Factor Grant No:			Federal FY of Grant: 2004			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		\$29,000	\$10,000	0	0	
HA-Wide	Management Improvement Computer hardware/hardware Training, travel	1408		\$10,000	0	\$1,567.80	\$1,567.80	
HA-Wide	Administration CFP program admin.	1410		0	\$2,900	\$1,000	\$1,000	
HA-Wide	Fees & Costs Preparation of plan Design & Construction administration	1430		0	\$14,000 \$1,000 \$13,000	\$4,500	\$4,500.	
TX-1	Dwelling Structures Attic Insulation Bathroom Tile/Upgrades	1460		\$106,151 \$66,121 \$40,000	\$114,251	\$45,583.96	\$45,583.	
HA-Wide	Dwelling Equipment	1465		0	\$4,000	0	0	
HA-Wide	Non-Dwelling Equipment	1475		0	0	0	0	
	Contingency	1502		0	0	0	0	
	Program Total			\$145,151	\$145,151	\$52,651.	\$52,651.76	

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

PHA Name: Pearsall Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TX332501-04 Replacement Housing Factor No:				<b>Federal FY of Grant:</b> 2004	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	09/13/06			09/14/08			
TX1	09/13/06			09/14/08			

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: Pearsall Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX332501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/06 <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	\$10,000	0	0	0
3	1408 Management Improvements	\$6,000	0	0	0
4	1410 Administration	\$2,500	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	\$10,000	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	\$83,395	0	0	0
11	1465 Dwelling Equipment—Nonexpendable	\$5,000	0	\$1,702	\$1,702
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	\$5,000	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>\$121,895</b>	0	<b>\$1,702</b>	<b>\$1,702</b>
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				

Performance and Evaluation Report – 2005 CFP, 12/31/06

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Pearsall Housing Authority			Grant Type and Number Capital Fund Program Grant No: TX33250105 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		\$10,000	0	0	0	
HA-Wide	Management Improvements Computer hardware/software, travel, training	1408		\$6,000	0	0	0	
HA-Wide	Administration CFR program administration	1410		\$2,500	0	0	0	
HA-Wide	Fees and Costs Design and construction admin Plan preparation fee	1430		\$10,000 \$9,000 \$1,000	0	0	0	
TX-1	Dwelling Structures Insulation of buildings	1460		\$83,395	0	0	0	
TX-1	Dwelling Equipment Ranges, refrigerators	1465		\$5,000	0	\$1,702.00	\$1,702.00	
HA-Wide	Non-dwelling Equipment Maintenance, office equipment	1475		\$5,000	0	0	0	
						0	0	
	Program Total			\$121,895	0	\$1,702.	\$1,702.	

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

PHA Name: Pearsall Housing Authority		<b>Grant Type and Number</b> Capital Fund Program No: TX33250105 Replacement Housing Factor No:				Federal FY of Grant: 2005	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA-Wide	08/18/2007			08/18/2009			
TX1	08/18/2007			08/18/2009			

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Pearsall Housing Authority		Grant Type and Number Capital Fund Program Grant No: TX332501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2006 <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	\$10,000	0	0	0
3	1408 Management Improvements	\$6,000	0	0	0
4	1410 Administration	\$3,500	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	\$10,000	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	\$71,510.	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	\$5,000	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	\$5,000	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>\$111,010</b>	0	0	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: Pearsall Housing Authority			Grant Type and Number Capital Fund Program Grant No: TX332501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA-Wide	Operations	1406		\$10,000	0	0	0	
HA-Wide	Management Improvement	1408		\$6,000	0	0	0	
HA-Wide	Administration	1410		\$3,500	0	0	0	
HA-Wide	Fees & Costs Design & Construction administration	1430		<u>\$10,000</u> \$9,000 \$1,000	0	0	0	
TX-1	Dwelling Structures Kitchen/Bathroom water faucets & bathroom tile	1460		<u>\$71,510.</u> \$20,000 \$51,510.	0	0	0	
HA-Wide	Dwelling Equipment Ranges, refrigerators	1465		\$5,000	0	0	0	
HA-Wide	Non-Dwelling Equipment Office Computers, furniture	1475		\$5,000	0	0	0	
	Program Total			<b>\$111,010</b>				



Annual Statement CFP 2007

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Pearsall Housing Authority			Grant Type and Number Capital Fund Program Grant No: TX332501-07 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: 12/31/2006 <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	\$13,186	0	0	0
3	1408 Management Improvements	\$6,000	0	0	0
4	1410 Administration	\$3,500	0	0	0
5	1411 Audit	0	0	0	0
6	1415 Liquidated Damages	0	0	0	0
7	1430 Fees and Costs	\$10,000	0	0	0
8	1440 Site Acquisition	0	0	0	0
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structures	\$68,324	0	0	0
11	1465.1 Dwelling Equipment—Nonexpendable	\$5,000	0	0	0
12	1470 Nondwelling Structures	0	0	0	0
13	1475 Nondwelling Equipment	\$5,000	0	0	0
14	1485 Demolition	0	0	0	0
15	1490 Replacement Reserve	0	0	0	0
16	1492 Moving to Work Demonstration	0	0	0	0
17	1495.1 Relocation Costs	0	0	0	0
18	1499 Development Activities	0	0	0	0
19	1501 Collateralization or Debt Service	0	0	0	0
20	1502 Contingency	0	0	0	0
21	Amount of Annual Grant: (sum of lines 2 – 20)	<b>\$111,010</b>	0	0	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 CFP 2007

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part II: Supporting Pages								
PHA Name: Pearsall Housing Authority			Grant Type and Number Capital Fund Program Grant No: TX332501-07 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	
HA-Wide	Operations	1406		\$13,186	0	0	0	
HA-Wide	Management Improvement	1408		\$6,000	0	0	0	
HA-Wide	Administration	1410		\$3,500	0	0	0	
HA-Wide	Fees & Costs Design & Construction administration	1430		\$10,000	0	0	0	
TX-1	Dwelling Structures Kitchen/Bathroom water faucets & bathroom tile	1460		\$68,324	0	0	0	
HA-Wide	Dwelling Equipment Ranges, refrigerators	1465		\$5,000	0	0	0	
HA-Wide	Non-Dwelling Equipment Office Computers, furniture	1475		\$5,000	0	0	0	
	Program Total			\$111,010				

