OMB Approval No: 2577-0226
Expires:. 08/31/2009)

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

PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009
Annual Plan for Fiscal Year 2007

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

PHA Plan
Agency Identification

PHA Name: Housing Authority of the City of Wheeling

PHA Number: WV003

PHA Fiscal Year Beginning: (mm/yyyy) 10/2007

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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 Wheeling Housing Authority it committed to building strong neighborhoods by providing quality housing options and professional services for residents of Ohio County in partnership with the greater community.

B. Goals

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

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

☒ PHA Goal: Expand the supply of assisted housing
Objectives:
- ☐ Apply for additional rental vouchers:
- ☒ Reduce public housing vacancies: Reduce vacancies by 2% per year.
- ☒ Leverage private or other public funds to create additional housing opportunities: Utilizing RHFF, acquire tax credit financing or other financing to assist in the development of replacement housing by 9/30/2009.
- ☒ Acquire or build units or developments Utilizing RHFF, develop replacement housing by 9/30/2009.
- ☐ Other (list below)

☒ PHA Goal: Improve the quality of assisted housing
Objectives:
- ☐ Improve public housing management: (PHAS score)
- ☐ Improve voucher management: (SEMAP score)
- ☐ Increase customer satisfaction:

- ☒ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections) Provide ongoing staff training on implementation of site-based and project-based management and accounting.
- ☐ Renovate or modernize public housing units:
- ☐ Demolish or dispose of obsolete public housing:
- ☒ Provide replacement public housing: Utilizing RHFF, develop replacement housing by 9/30/2009.
- ☐ Provide replacement vouchers:
- ☐ Other: (list below)

☐ 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: Enhance existing security measures utilizing developing technology and methodology as it becomes available throughout this five year plan.
- ☐ 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. Continue and expand the utilization of existing programs provided by other agencies for elderly and families with disabilities and apply for available grants to be able to provide for supportive services not currently available from other agencies or to complement the services that are available.

☐ Other: (list below)

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

☒ PHA Goal: Ensure equal opportunity and affirmatively further fair housing
Objectives:

☒ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability: Continue to partner with other agencies and entities to determine what barriers exist and ways to eliminate or minimize those barriers; and continue to provide training to staff, landlords and others as determined necessary.

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

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

☐ Other: (list below)

Other PHA Goals and Objectives: (list below)

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**

Streamlined Plan:

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

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

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.

Table of Contents

	Page #
Annual Plan	
i. Executive Summary	
ii. Table of Contents	
1. Housing Needs	8
2. Financial Resources	14
3. Policies on Eligibility, Selection and Admissions	15
4. Rent Determination Policies	22
5. Operations and Management Policies	26
6. Grievance Procedures	27
7. Capital Improvement Needs	28
8. Demolition and Disposition	29
9. Designation of Housing	30
10. Conversions of Public Housing	31
11. Homeownership	33
12. Community Service Programs	34
13. Crime and Safety	36
14. Pets (Inactive for January 1 PHAs)	38
15. Civil Rights Certifications (included with PHA Plan Certifications)	38
16. Audit	38
17. Asset Management	38
18. Other Information	39

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:

☒ A Admissions Policy for Deconcentration Attachment A Page 43

☒ D FY 2007 Capital Fund Program Annual Statement Attachment D Page 46

☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

Optional Attachments:

☒ PHA Management Organizational Chart Attachment Q Page 100

☒ FY 2007 Capital Fund Program 5 Year Action Plan Attachment D Page 46

☐ 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)

Definition of Substantial Deviation and Significant Amendment included in Section 18. Page 41

WHA Resident Advisory Board Membership – Attachment B Page 44

Site Based Waiting List Assessment – Attachment C

Performance & Evaluation Reports for CFP/RHF Programs

CFP WV15P003501-06 – Attachment E Page 54

CFP WV15P003501-05 – Attachment F Page 58

CFP WV15P003501-04 – Attachment G Page 62

CFP WV15P003501-03 – Attachment H Page 66

CFP WV15P003502-03 – Attachment I Page 70

CFPRHF WV15R003501-01 – Attachment J Page 74

CFPRHF WV15R003501-04 – Attachment K Page 78

CFPRHF WV15R003501-05 – Attachment L Page 82

CFPRHF WV15R003501-06 – Attachment M Page 85

CFPRHF WV15R003502-04 – Attachment N Page 89

CFPRHF WV15R003502-05 – Attachment O Page 92

CFPRHF WV15R003502-06 – Attachment P Page 96

Pet Policy – Attachment R Page 101

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with	5 Year and Annual

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	the Consolidated Plan	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
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents ☒ 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 ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy	Annual Plan:

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Operations and Maintenance
X	Public housing grievance procedures ☒ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☒ 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
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
X	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
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
X	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	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
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program ☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan:

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
		Community Service & Self-Sufficiency
	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
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	2122	5	5	4	4	3	3
Income >30% but <=50% of AMI	2027	5	5	4	4	3	3
Income >50% but <80% of AMI	2256	4	5	4	4	3	3
Elderly	6787						
Families with Disabilities							
Race/Ethnicity White	29445						
Race/Ethnicity Black	1769						
Race/Ethnicity Asian/Pacific	374						

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Race/Ethnicity Amer Ind/Eskimo/other	193						

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

☒ Consolidated Plan of the Jurisdiction/s
Indicate year: 2005 - 2009
☐ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
☐ American Housing Survey data
Indicate year:
☐ Other housing market study
Indicate year:
☒ Other sources: (list and indicate year of information)
Census Dataset DP-1 2000
City of Wheeling (SOCDS CHAS Data)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☒ Public Housing ☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	200		108
Extremely low income <=30% AMI	189	95	
Very low income (>30% but <=50% AMI)	5	3	
Low income (>50% but <80% AMI)	2	1	
Families with	41	21	

Housing Needs of Families on the Waiting List			
children			
Elderly families	5	3	
Families with Disabilities	37	19	
Race/ethnicity white	169	85	
Race/ethnicity black	29	15	
Race/ethnicity AI	2	1	
Race/ethnicity multi	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	155	78	
2 BR	33	17	
3 BR	8	4	
4 BR	3	2	
5 BR	1	1	
5+ BR			

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

If yes:

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

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

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

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

☒ Section 8 tenant-based assistance

☐ Public Housing

☐ Combined Section 8 and Public Housing

☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	166		133
Extremely low income <=30% AMI	158	95	
Very low income (>30% but <=50% AMI)	5	3	
Low income (>50% but <80% AMI)	2	1	
Families with	81	49	

Housing Needs of Families on the Waiting List			
children			
Elderly families	8	5	
Families with Disabilities	42	25	
Race/ethnicity white	129	78	
Race/ethnicity black	34	20	
Race/ethnicity AI	2	1	
Race/ethnicity multi	1	1	
Characteristics by Bedroom Size (Public Housing Only)			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			

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

If yes:

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

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

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

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

☐ Reduce turnover time for vacated public housing units

☐ Reduce time to renovate public housing units

☒ Seek replacement of public housing units lost to the inventory through mixed finance development

☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources

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

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

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

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

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

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

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

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

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

Need: Specific Family Types: The Elderly

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

☐ Seek designation of public housing for the elderly
☐ Apply for special-purpose vouchers targeted to the elderly, should they become available

☒ Other: (list below) continue Elderly designation at Riverview Towers.

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

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

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

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

☐ Other: (list below)

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2007 grants)**		
a) Public Housing Operating Fund	1,360,915	
b) Public Housing Capital Fund (07)	694,209	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,824,696	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants	121,720	
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) (list below)		
WV15P003501-05	259,342	
WV15P003501-06	439,910	
WV15R003501-05	419,392	
WV15R003502-04	31,666	
WV15R003502-05	47,060	
WV15R003502-06	44,156	
3. Other income (list below)		
Interest/investments	60,000	
Other	6,000	
4. Non-federal sources (list below)		
Management fees	5,000	

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
Total resources	6,700,127	

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) Three
☐ When families are within a certain time of being offered a unit: (state time)
☒ Other: (describe) At time of application or unit availability.

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) Evidence of past debts to previous landlords or utility companies as shown on credit report.

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?5

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? All, if appropriate bed size unit is available.

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.

2 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

☒ 1 Working families and those unable to work because of age or disability
☐ 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) Current or most recent landlord name and address if requested.

(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:

One 30-day extension will be automatically upon written request from the family. Additional extensions will be approved only for the following reasons:

It is necessary as a reasonable accommodation for a person with disabilities

It is necessary due to reasons beyond a family's control, as determined by WHA.

The following is a list of extenuating circumstances that the WHA may consider in making its decision. The presence of these circumstances does not guarantee that an extension will be granted:

- Serious illness or death in the family
- Other family emergency
- Obstacles due to employment
- Whether the family has already submitted requests for tenancy approval that were not approved by the WHA
- Whether he family size or other special requirements make finding a unit difficult

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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**:**

See Admissions and Continued Occupancy Policy – Financial Hardships Affecting Minimum Rent

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:

Tenant selection of Flat Rent could result in rent that is less than 30% of adjusted income.

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)
☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

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

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

e. Ceiling rents

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

☐ Yes for all developments
☐ Yes but only for some developments

☒ No

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

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

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

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

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)
☐ Never
☒ At family option
☐ Any time the family experiences an income increase
☒ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_$2,500 annual increase____
☐ 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 below100% of FMR
☐ 100% of FMR
☒ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

☒ Annually
☐ Other (list below)

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

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

(2) Minimum Rent

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

☒ $0
☐ $1-$25
☐ $26-$50

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

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

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

B. HUD Programs Under PHA Management

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

Program Name	**Units or Families Served at Year Beginning 10/1/07**	**Expected Turnover**
Public Housing	620	100
Section 8 Vouchers	425	120
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)		

C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below)
Admissions and Continued Occupancy Policy
Maintenance Policy
Procurement Policy
Personnel Policy

(2) Section 8 Management: (list below)
Administrative Plan
Personnel Policy

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)

Section 8 Office, Exley Center, Angle Avenue, Wheeling, WV

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) Attachment D

-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 isprovided as an attachment to the PHA Plan at Attachment (state nameAttachment D

-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: Grandview Manor/Lincoln Homes
2. Development (project) number: WV003 P002/003
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:

Replacement Housing Development activities.

☒ 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:

Replacement Housing Development Activities.

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name:

1b. Development (project) number:
2. Activity type: Demolition ☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval ☐ Planned application ☐
4. Date application approved, submitted, or planned for submission: (DD/MM/YY)
5. Number of units affected: 6. Coverage of action (select one) ☐ Part of the development ☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: Riverview Towers 1b. Development (project) number: WV003-P005
2. Designation type: Occupancy by only the elderly ☒ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☒

Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (12/05/2005)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☒ Revision of a previously-approved Designation Plan? (Renewal of previously approved Designation Plan)
6. Number of units affected: 74 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

Designation of Public Housing Activity Description
1a. Development name: Garden Park Terrace 1b. Development (project) number: WV003-P007
2. Designation type: Occupancy by only the elderly ☒ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☒
4. Date this designation approved, submitted, or planned for submission: (03/01/2008)
5. If approved, will this designation constitute a (select one) ☒ New Designation Plan ☐ Revision of a previously-approved Designation Plan? (Renewal of previously approved Designation Plan)
6. Number of units affected: 155 7. Coverage of action (select one) ☐ Part of the development ☒ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) ☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) ☐ Units addressed in a pending or approved demolition application (date submitted or approved: ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) ☐ Requirements no longer applicable: vacancy rates are less than 10 percent ☐ Requirements no longer applicable: site now has less than 300 units ☐ Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA established eligibility criteria

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

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

☒ Yes ☐ 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? 10/1/99

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) WHA provides CWEP site and training for DHHR referrals

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: 03/30/2007)
Public Housing		30
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)

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

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

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

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

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

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

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)
☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
☐ Crime Prevention Through Environmental Design
☐ Activities targeted to at-risk youth, adults, or seniors
☒ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

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

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) Police provide reports of criminal activity

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

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)]

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: Comments – 1) residents do not receive enough information during re-exams 2) desire to have security patrols 3) at high-rises the issues with younger residents and the elderly

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)

C. Statement of Consistency with the Consolidated Plan

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

1. Consolidated Plan jurisdiction: (provide name here) City of Wheeling

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.

Progress on Meeting 5 year Goals

Expand the supply of assisted housing

Reduce public housing vacancies: Efforts continue to reduce vacancy rate. Conversion of efficiency units to one bedroom units at Garden Park Terrace are now completed.

Acquire or build units or developments: Construction of a duplex utilizing Replacement housing funds is nearing completion. Additional affordable housing is being explored and would utilize Replacement Housing Funds and leveraged by tax credits.

Improve the quality of assisted housing

Concentrate on efforts to improve specific management functions: Training of staff is scheduled for implementation of site-based management and project-based accounting.

Provide replacement public housing: Development of a duplex utilizing Replacement housing funds is in process. Working with our developer, additional projects are being reviewed.

Provide an improved living environment

Implement public housing security improvements: New intercom access is being installed at all high-rises.

Promote self-sufficiency and asset development of assisted households

Provide or attract supportive services to increase independence for elderly or families with disabilities: Supportive services are being provided through ROSS program grant funding.

Ensure equal opportunity in housing for all Americans

Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status and disability: On-going work with the Wheeling Human Rights Commission to increase outreach and identify areas of concern, so that those concerns can be addressed.

Definition of "Substantial Deviation" and "Significant Amendment or Modification"

The Wheeling Housing Authority has defined "Substantial Deviation" and Significant Amendment or Modification" as they relate to the Agency Plan as follows:

"Substantial deviation(s)" from the five year Action Plan shall be explained in the Annual Plan for the period in which they occur and shall include:

- Any change in rent or admissions policies or organization of the waiting list that is not the direct result of a change in federal regulation;
- Additions of non-emergency work items when dollar amounts exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget;

- And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

"Significant Amendment or Modification" to the Annual Plan means:

- Any change to rent or admissions policies or organization of the waiting list that is not the direct result of a change in federal regulation;
- Additions of non-emergency work items when dollar amount exceed 10% of Capital Fund Budget or the amount of replacement reserve funds that exceed 10% of the annual Capital Fund Budget;
- And any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

PHA Board Resident Membership

Name of Resident Commissioner:	Jerry Craig 1208 Warwood Avenue, Apt 723 Wheeling, WV 26003
Method of Selection:	Appointment by City Mayor
Term of Appointment:	April 18, 2006 to December 31, 2010

Attachment A – Admissions Policy for Deconcentration

A RESOLUTION
AMENDING THE WHEELING HOUSING AUTHORITY'S ADMISSION AND CONTINUED OCCUPANCY POLICIES TO PROVIDE FOR DECONCENTRATION OF POVERTY AND INCOME MIXING IN ITS PUBLIC HOUSING DEVELOPMENTS.

WHEREAS, the Quality Housing and Work Responsibility Act of 1998 requires public housing agencies to submit with their annual public housing agency plan an admission policy designed to provide for deconcentration of poverty and income mixing, by bringing higher income residents into lower income public housing communities and bringing lower income residents into higher income public housing communities; and

WHEREAS, the Authority operates public housing developments within its jurisdiction area and thus is subject to the requirements of the Quality Housing and Work Responsibility Act of 1998 as it pertains to the deconcentration of public housing developments.

NOW THEREFORE BE IT RESOLVED: That the Admission and Continued Occupancy Policies shall be amended as follows:

1. The Authority encourages deconcentration of poverty and income mixing in its public housing communities by encouraging higher income residents to move into lower income public housing communities and encouraging lower income residents to move into higher income communities, should there be a concentration of poverty in one over the other.

   (a) The Authority will periodically determine and compare the family incomes of each public housing community with the family incomes of census tracts in which each housing development is located.

   (b) In the event there appears to be a concentration of poverty in one or more public housing communities, the Authority will from time to time "skip" certain families on its waiting list to select families with a higher or lower income, as the case may be, to further its goal of deconcentration of poverty and income mixing. Such selection of families on the basis of income will be applied uniformly to meet the deconcentration of poverty and income mixing goals.

   (c) The Authority will make an offer to the next eligible family with the appropriate income needed to further the deconcentration of poverty and income mixing goals.

This Resolution is hereby adopted by the Housing Authority of the City of Wheeling's Board of Commissioners on this 30th day of June 1999.

Marsha Groover, Chairman

ATTACHMENT B – Resident Advisory Board Members

Booker T. Washington Plaza	Tom Piccard 1030 Chapline Street, Apt 309 Wheeling, WV 26003
Riverview Towers	Judith Kyle 601 Main Street, Apt 806 Wheeling, WV 26003
Luau Manor	Carol Pethtel 2230 Chapline Street, Apt 408 Wheeling, WV 26003
Garden Park Terrace	John Clemont 1208 Warwood Avenue, Apt 615 Wheeling, WV 26003
Hil-Dar	Connie Woods 1069 Hil-Dar Street Wheeling, WV 26003
HCVP	Ed Lenz 2224 Eoff Street Wheeling, WV 26003

ATTACHMENT C – SITE BASED WAITING LIST ASSESSMENT

WHEELING HOUSING AUTHORITY						
Assessment of Site Based Waiting List Development Demographic Characteristics 2007						
Name of Complex	Complex Number	[redacted]	Race %	[redacted]	Disability %	Ethnicity
		White	Black	Other		
Hil Dar	WV003004	66%	34%	0%	26%	100% Non Hispanic
Riverview Towers	WV003005	86%	14%	0%	45%	99% Non Hispanic
Luau Manor	WV003006	98%	1%	1%	47%	99% Non Hispanic
Garden Park Terrace	WV003007	94%	5%	1%	35%	99% Non Hispanic
Booker T. Washington & 54 13th Street	WV003010	86%	14%	0%	41%	96% Non Hispanic

Race Comparison 2005 to 2006						
Complex	White 06	White 07	Black 06	Black 07	Other 06	Other 07
Hil Dar	65%	66%	35%	34%	0%	0%
Riverview Towers	87%	86%	13%	14%	0%	0%
Luau Manor	95	98%	3%	1%	2%	1%
Garden Park Terrace	93%	94%	6%	5%	1%	1%
Booker T. Washington & 54 13th Street	87%	86%	13%	14%	0%	0%

ATTACHMENT D

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority P.O. Box 11 Community Street Wheeling, WV 26003	Grant Type and Number Capital Fund Program Grant No: WV15 P003501-07 Replacement Housing Factor Grant No WV15R00350107	Federal FY of Grant: 2007

X **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
☐ **Performance and Evaluation Report for Period Ending:** ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	$138,000.00			
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration	$69,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$22,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	$102,000.00			
10	1460 Dwelling Structures	$328,209.00			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority P.O. Box 11 Community Street Wheeling, WV 26003	Grant Type and Number Capital Fund Program Grant No: WV15 P003501-07 Replacement Housing Factor Grant No WV15R00350107	Federal FY of Grant: 2007

X **Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:)**
☐**Performance and Evaluation Report for Period Ending:** ☐**Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines…..)	$694,209.00			
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	$121,000.00			
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: **Wheeling Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: WV15 P003501-07 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
WV 3-4	Siding replacement	FA	1460	14	$117,000.00				
WV 3-4	Site Improvement		1450	1	$10,000.00				
WV 3-4	Vacancy reduction	FA	1460	1	$5,000.00				
WV 3-5	Patch and paint balconies/ fire towers	FA	1460	9	$10,000.00				
WV 3-5	Door Closures	FA	1460	74	$10,609.00				
WV 3-5	Vacancy Reduction	FA	1460	1	$3,000.00				
WV 3-6	Building Clean & Paint		1460	1	$92,000.00				
WV 3-6	Vacancy Reduction	FA	1460	1	$3,000.00				
WV 3-7	Re-pave Parking lot		1450	23	$92,000.00				
WV 3-7	Radiator Valve Replacement	FA	1460	155	$19,600.00				
WV 3-7	Vacancy Reduction	FA	1460	1	$4,000.00				
WV 3-10	Building Clean & Paint		1460	1	$90,000.00				
WV 3-10	Rear Door/ Screen Door Replacement	FA	1460	4	$4,000.00				
WV 3-10	Vacancy Reduction	FA	1460	1	$5,000.00				

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

PHA Name: **Wheeling Housing Authority**	**Grant Type and Number** Capital Fund Program Grant No: WV15 P003501-07 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

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: WV15-P003501-07 Replacement Housing Factor No	**Federal FY of Grant:** 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	3/30/09			9/30/11			
WV 3-4	3/30/09			9/30/11			
WV 3-5	3/30/09			9/30/11			
WV 3-6	3/30/09			9/30/11			
WV 3-7	3/30/09			9/30/11			

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: WV15-P003501-07 Replacement Housing Factor No	**Federal FY of Grant:** 2007

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
WV 3-10	3/30/09			9/30/11			
WV 3-14	3/30/09			9/30/11			

Capital Fund Program Five-Year Action Plan
Part I: Summary

PHA Name Wheeling Housing Authority				X**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 501-08 PHA FY: 2008	Work Statement for Year 3 FFY Grant: 501-09 PHA FY: 2009	Work Statement for Year 4 FFY Grant: 501-10 PHA FY: 2010	Work Statement for Year 5 FFY Grant:501-11 PHA FY: 2011
	Annual Statement				
Administration		$69,000.00	$69,000.00	$69,000.00	$69,000.00
A & E		$14,400.00	$8,000.00	$16,000.00	$20,000.00
Management					
Operations		$138,000.00	$138,000.00	$138,000.00	$138,000.00
Site Acquisition					
WV 3-4		$144,000.00	$208,200.00	$160,000.00	$140,209.00
WV 3-5		$23,609.00	$35,000.00	$129,209.00	$73,000.00
WV 3-6		$95,000.00	$77,000.00	$104,000.00	$32,500.00
WV 3-7		$125,600.00	$114,000.00	$47,000.00	$149,000.00
WV 3-10		$99,000.00	$105,009.00	$31,000.00	$72,500.00
Total CFP Funds (Est.)					
Total Replacement Housing Factor Funds		$368,389.00	$368,389.00		

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2009 FFY Grant: 501-08 PHA FY: 2008			Activities for Year: 2010 FFY Grant: 501-09 PHA FY: 2009		
	PHA Wide	Administration	$69,000.00	PHA Wide	Administration	$69,000.00
	PHA Wide	A & E Fees	$14,400.00	PHA Wide	A & E Fees	$8,000.00
	PHA Wide	Management Activities		PHA Wide	Management Activities	
	1406	Operations	$138,000.00	1406	Operations	$138,000.00
	WV 3-4	Siding	$31,279.00	WV 3-4	Storm Doors	$138,200.00
	WV 3-5	Paving	$94,000.00	WV 3-4	Site Improvement	$10,000.00
	WV 3-5	Apt Doors	$30,000.00	WV 3-5	Compactor Replacement	$25,000.00
	WV 3-6	Apt Doors	$30,000.00	WV 3-5	Site Improvement	$10,000.00
	WV 3-7	Fire Doors	$14,000.00	WV 3-6	Balcony Railings	$72,000.00
	WV 3-7	Bath renovations/ lights bedrooms	$183,380.00	WV 3-6	Site Improvement	$5,000.00
	WV 3-10	Apt Doors	$40,125.00	WV 3-7	Appliances	$101,000.00
	WV 3-10	Site Improvements	$28,825.00	WV 3-7	Site Improvement	$13,000.00
	WV 3-10	HWT replacement	$21,200.00	WV 3-10	Bath Room Renovations	$86,000.00
				WV 3-10	Site Improvement	$19,029.00

Capital Fund Program Five-Year Action Plan
Part II: Supporting Pages—Work Activities

Activities for Year 1	Activities for Year :2011 FFY Grant: 501-10 PHA FY: 2010			Activities for Year: 2012 FFY Grant: 501-11 PHA FY: 2011		
	PHA Wide	Administration	$69,000.00	PHA Wide	Administration	$69,000.00
	PHA Wide	A & E Fees	$16,000.00	PHA Wide	A & E Fees	$20,000.00
	PHA Wide	Management Activities		PHA Wide	Management Activities	
	1406	Operations	$138,000.00	1406	Operations	$138,000.00
	WV 3-4	Fence Replacement	$120,000.00	WV 3-4	HVAC	$140,209.00
	WV 3-4	Concrete Replacement	$40,000.00	WV 3-5	Appliances	$52,000.00
	WV 3-5	Make-Up Air	$129,209.00	WV 3-5	Refurbish Office	$21,000.00
	WV 3-6	Make-Up Air	$64,000.00	WV 3-6	Compactor Replacement	$25,000.00
	WV 3-6	Concrete Replacement	$40,000.00	WV 3-6	Site Improvement	$7,500.00
	WV 3-7	Replace Entry Doors	$20,000.00	WV 3-7	Compactor	$25,000.00
	WV 3-7	Lighting Replacement	$27,000.00	WV 3-7	Window replacement	$124,000.00
	WV 3-10	Refurbish Commons/Office	$31,000.00	WV 3-10	Compactor	$25,000.00
				WV 3-10	Commons Door & Window Replacement	$47,500.00

ATTACHMENT E

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority P.O. Box 11 Community Street Wheeling, WV 26003	Grant Type and Number Capital Fund Program Grant No: WV15 P003-501-06 Replacement Housing Factor Grant No	Federal FY of Grant: 2006

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/2007 ☐ **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	$65,122.00	**$138,000.00**		
3	1408 Management Improvements Soft Costs	$45,000.00	$0.00		
	Management Improvements Hard Costs				
4	1410 Administration	$45,000.00	$69,421.00	$647.90	$647.90
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$25,000.00	**$32,036.00**	$18,426.92	$18,426.92
8	1440 Site Acquisition				
9	1450 Site Improvement	$10,000.00			
10	1460 Dwelling Structures	$504,087.00	**$503,487.00**	$212,276.37	$212,276.37
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority P.O. Box 11 Community Street Wheeling, WV 26003	Grant Type and Number Capital Fund Program Grant No: WV15 P003-501-06 Replacement Housing Factor Grant No	Federal FY of Grant: 2006

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/2007 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines…..)	$694,209.00	**$752,944.00**	$231,351.22	$231,351.22
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	$362,507.00			
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: **Wheeling Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: WV15 P003501-06 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
WV 3-4	Roof replacement/soffit/gutters	D, G	1460	13	$132,000.00				
WV 3-4	Site Improvement	FA	1450	1	$10,000.00				
WV 3-5	Carpet/ Bedrooms		1460	69	$30,000.00	$40,312.66			
WV 3-5	Patch & paint balconies/ fire towers	FA	1460	9	$10,000.00	0			
WV 3-6	Bldg/ Clean & Paint		1460	1	$70,000.00	0			
WV 3-7	Conversions		1460	23	$111,000.00	$237,389.34		$212,276.64	90%
WV 3-7	Ceiling Lights	FA	1460	105	$15,600.00	0			
WV 3-10	Bldg/ Clean & Paint		1460	1	70,000.00	0			
WV 3-10	Boiler replacement		1460	1	$25,007.00				
WV 3-10	Window replacement		1460	45	$29,200.00				
WV 3-10	Roof replacement/ 54 13th		1460	1	$25,078.00				
WV 3-4	Vacancy Reduction	FA	1460	1	$10,140.00	$5,000.00			
WV 3-5	Vacancy Reduction	FA	1460	1	$6,210.00	$3,000.00			
WV 3-6	Vacancy Reduction	FA	1460	1	$6,210.00	$3,000.00			
WV 3-7	Vacancy Reduction	FA	1460	1	$8,280.00	$4,000.00			
WV 3-10	Vacancy Reduction	FA	1460	1	$12,140.00	$5,000.00			

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: WV15-P003501-06 Replacement Housing Factor No	**Federal FY of Grant:** 2006

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
PHA Wide	9/2008			9/2010			
WV 3-4	9/2008			9/2010			
WV 3-5	9/2008			9/2010			
WV 3-6	9/2008			9/2010			
WV 3-7	9/2008			9/2010			
WV 3-10	9/2008			9/2010			
WV 3-14	9/2008			9/2010			

ATTACHMENT F

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority P.O. Box 11 Community Street Wheeling, WV 26003	Grant Type and Number Capital Fund Program Grant No: WV15 P003-501-05 Replacement Housing Factor Grant No: WV15 R003-501-05	Federal FY of Grant: 2005

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/2007 ☐ **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	$130,000.00			
3	1408 Management Improvements Soft Costs	$10,000.00	$0		
	Management Improvements Hard Costs	$120,000.00	$10,000.00	$187.31	$187.31
4	1410 Administration	$10,000.00	$65,000.00	$783.49	$783.49
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$16,000.00	$20,363.95	$20,363.95	$20,363.95
8	1440 Site Acquisition				
9	1450 Site Improvement	$30,700.00	$10,000.00	$8,500.00	$8,500.00
10	1460 Dwelling Structures	$334,529.00	$415,865.05	$140,056.80	$140,056.80
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority P.O. Box 11 Community Street Wheeling, WV 26003	Grant Type and Number Capital Fund Program Grant No: WV15 P003-501-05 Replacement Housing Factor Grant No: WV15 R003-501-05	Federal FY of Grant: 2005

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/2007 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines…..)	$651,229.00		$169,891.55	$169,891.55
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	$150,500.00			
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Director of Public Housing and Date

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

PHA Name: **Wheeling Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: WV15 P003-501-05 Replacement Housing Factor Grant No: WV15 R003-501-05					**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
PHA Wide	Community Room/ kitchen cabinets/ appliances	FA	1460	4	$24,000.00	$19,636.06		$31,798.37	100%
PHA Wide	Sprinkler system upgrade		1460	4	$2,000.00	$5,630.00		$5,630.00	100%
WV 3-4	Roof replacement/soffit/gutters	A,B,C,F	1460	16	$122,666.00	$228,602.05		$28,143.16	10%
WV 3-5	Bath vanities, mirrors, floors	FA	1460	69	$49,863.00			$49,863.00	100%
WV 3-5	Cabinet Pulls		1460	69	$2,200.00				
WV 3-6	Community room Dorrs		1460	2	$2,000.00	0			
WV 3-6	Bath vanities, mirrors, floors	FA	1460	100	$66,200.00	$49,933.94		$1,122.27	
WV 3-7	Cabinets H/C units	FA	1460	11	$15,000.00	$15,000.00		$15,000.00	100%
WV 3-7	Public Restroom Upgrades	FA	1460	2	$5,600.00	0			
WV 3-10	Apt & Hall window replacement		1460	107	$45,000.00				
WV 3-14	Fire Escape Repair/ New	FA	1450	2	$30,700.00	$10,000.00		$8,500.00	100%

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: WV15-P003-501-05 Replacement Housing Factor No: WV15 R003-501-05	**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	9/30/07			9/30/09			
WV 3-4	9/30/07			9/30/09			
WV 3-5	9/30/07			9/30/09			
WV 3-6	9/30/07			9/30/09			
WV 3-7	9/30/07			9/30/09			
WV 3-10	9/30/07			9/30/09			
WV 3-14	9/30/07			9/30/09			

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Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority **P.O. Box 11 Community Street** **Wheeling, WV 26003**	**Grant Type and Number** Capital Fund Program Grant No: WV15 P003-501-04 Replacement Housing Factor Grant No: WV15 R003-501-04	**Federal FY of Grant: 2004**

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:** 1)
X Performance and Evaluation Report for Period Ending:3/30/2007 ☐ **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	$112,221.00		$112,221.00	$112,221.00
3	1408 Management Improvements Soft Costs	$10,000.00		$10,000.00	$10,000.00
	Management Improvements Hard Costs	$120,000.00		$120,000.00	$100,794.86
4	1410 Administration	$15,000.00		$15,000.00	$15,000.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$9,000.00		$9,000.00	$9,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	$95,842.00	**$122,136.50**	$122,136.50	$122,136.50
10	1460 Dwelling Structures	$338,000.00	**$311,705.50**	$311,705.50	$311,705.50
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1502 Contingency				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority P.O. Box 11 Community Street Wheeling, WV 26003	Grant Type and Number Capital Fund Program Grant No: WV15 P003-501-04 Replacement Housing Factor Grant No: WV15 R003-501-04	Federal FY of Grant: 2004

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:** 1)

X Performance and Evaluation Report for Period Ending:3/30/2007 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
	Amount of Annual Grant: (sum of lines…..)	$700,063.00	**$700,063.00**	$700,063.00	$680,857.66
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	$95,842.00			
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Director of Public Housing and Date

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

PHA Name: **Wheeling Housing Authority**		**Grant Type and Number** Capital Fund Program Grant No: WV15 P003-501-04 Replacement Housing Factor Grant No: WV15 R003-501-04					**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
PHA Wide	Intercom Upgrade		**1460**	4	$148,000.00			$34,100.00	100%
WV 3-5	Bath Renovations	FA	**1460**	74	$40,869.85			$40,869.85	100%
WV 3-7	New Roof		**1450**	1	$95,842.00	$91,500.00	$91,500.00	$122,136.50	100%
WV 3-10	Kitchen Cabinets	FA	**1460**	107	$190,000.00		$116,922.12	$125,582.99	100%
WV 3-7	Conversion		1460	23	$111,152.66			$111,152.66	100%

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: WV15-P003-501-04 Replacement Housing Factor No: WV15 R003-501-04	**Federal FY of Grant:** 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	9/30/06		9/30/06	9/30/08			
WV 3-4	9/30/06		9/30/06	9/30/08			
WV 3-5	9/30/06		9/30/06	9/30/08			
WV 3-6	9/30/06		9/30/06	9/30/08			
WV 3-7	9/30/06		9/30/06	9/30/08			
WV 3-10	9/30/06		9/30/06	9/30/08			
WV 3-14	9/30/06		9/30/06	9/30/08			

ATTACHMENT H

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: WHEELING HOUSING AUTHORITY	Grant Type and Number Capital Fund Program Grant No: WV15P00350103 Replacement Housing Factor Grant No: WV15R00350103	Federal FY of Grant: 2003

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:** 1)
X Performance and Evaluation Report for Period Ending:3/30/2007 ☐ **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	$104,375.00		$104,375.00	$104,375.00
3	1408 Management Improvements Soft Costs	$105,745.00		$105,745.00	$105,745.00
	Management Improvements Hard Costs	$70,000.00		$70,000.00	$70,000.00
4	1410 Administration	$ 45,101.00		$45,101.00	$44,110.98
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$ 21,000.00	**$35,738.35**	$35,738.35	$35,738.35
8	1440 Site Acquisition				
9	1450 Site Improvement	$ 15,200.00	**$11,653.44**	$3,233.63	$3,233.63
10	1460 Dwelling Structures	$582,300.00	**$571,108.21**	$571,108.21	$571,108.21
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities	$100,000.00		$100,000.00	$100,000.00

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: **WHEELING HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: WV15P00350103 Replacement Housing Factor Grant No: WV15R00350103	**Federal FY of Grant:** **2003**

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:** 1)
X Performance and Evaluation Report for Period Ending:3/30/2007 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
20	1498 Replacement Housing Factor				
	Amount of Annual Grant: (sum of lines…..)	$1,043,721.00	**$1,043,721.00**	$1,043,721.00	$1,034,311.17
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance	$60,000.00			
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	$180,000.00			
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: **WHEELING HOUSING AUTHORITY**		**Grant Type and Number** Capital Fund Program Grant No: 501-03 Replacement Housing Factor Grant No:					**Federal FY of Grant: 2003**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
PHA WIDE	Landscaping FA		1450	5	$10,000.00	$11,653.44	$3,239.89		27%
WV 3-5	HVAC Panel Inserts FA		1460	76	$7,400.00				0%
WV 3-5	Bathroom Heat Lamps FA		1460	76	$10,000.00		$11,182.25		100%
WV 3-6	Kitchen Cabinets FA		1460	105	$200,000.00	$192,447.40	$202,280.76		100%
WV 3-6	New Roof		1460	1	$70,000.00		$90,942.84		100%
WV 3-6	New Boilers		1460	1	$80,000.00		$80,000.00		100%
WV 3-6	Elevator Monitoring		1460	1	$7,000.00	$0	$7,000.00		100%
WV 3-7	Awnings FA		1460	2	$5,600.00	$0			0%
WV 3-7	Exterior Lighting FA		1450	1	$5,200.00	$347.37	$347.37		100%
WV 3-10	New Roof		1460	1	$70,000.00	$66,176.10	$66,176.10		100%
WV 3-10	Fire Tower Doors FA		1460	18	$20,000.00		$20,000.00		100%
WV 3-10	New Boilers		1460	1	$80,000.00		$64,556.35		100%
WV 3-10	Elevator Monitoring		1460	1	$7,000.00	$0			0%
WV 3-14	Electric Panels FA		1460	1	$10,000.00	$5,191.00	$5,191.00		100%
WV 3-14	New VCT FA		1460	1	$15,300.00		$19,258.91		100%
WV 3-5	Heat Pump Replacement		1460	1	$4520.00		$4,520.00		100%

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

PHA Name: **WHEELING HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program No: 501-03 Replacement Housing Factor No:	**Federal FY of Grant: 2003**

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	9/30/05		9/30/05	9/30/07			
WV 3-4	9/30/05		9/30/05	9/30/07			
WV 3-5	9/30/05		9/30/05	9/30/07			
WV 3-6	9/30/05		9/30/05	9/30/07			
WV 3-7	9/30/05		9/30/05	9/30/07			
WV 3-10	9/30/05		9/30/05	9/30/07			
WV 3-14	9/30/05		9/30/05	9/30/07			

ATTACHMENT I

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: **WHEELING HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: WV15P00350203 Replacement Housing Factor Grant No: WV15R00350203	**Federal FY of Grant:** **2003**

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:** 1)
X Performance and Evaluation Report for Period Ending: 3/30/20067 ☐ **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	$52,613.00		$52,613.00	$0
3	1408 Management Improvements Soft Costs	$4,737.00		$4,737.00	$3,073.77
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	$ 1,000.00	**$1,151.20**	$1,151.20	$1,151.20
8	1440 Site Acquisition				
9	1450 Site Improvement	$ 7,809.00	**$7,657.80**	$7,657.80	$82.10
10	1460 Dwelling Structures	$10,000.00		$10,000.00	$10,000.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: **WHEELING HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: WV15P00350203 Replacement Housing Factor Grant No: WV15R00350203	**Federal FY of Grant:** **2003**

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** **Revised Annual Statement (revision no:** 1)
X Performance and Evaluation Report for Period Ending: 3/30/20067 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities	$150,000.00		$150,000.00	$150,000.00
19	1502 Contingency				
20	1498 Replacement Housing Factor				
	Amount of Annual Grant: (sum of lines…..)	$226,159.00		$226,159.00	$164,307.07
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures	$10,000.00			
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: **WHEELING HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program Grant No: 502-03 Replacement Housing Factor Grant No:	**Federal FY of Grant: 2003**

Development Number Name/HA-Wide Activities	General Description of Major Work Categories		Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
PHA WIDE	Landscaping FA		1450	5	$7,657.80				1%
PHA WIDE	Boiler Upgrades		1460	2	$10,000.00				100%

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

PHA Name: **WHEELING HOUSING AUTHORITY**	**Grant Type and Number** Capital Fund Program No: 502-03 Replacement Housing Factor No: WV15R00350203	**Federal FY of Grant: 2003**

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	3/31/06		3/31/06	3/31/08			
WV 3-4	3/31/06		3/31/06	3/31/08			
WV 3-5	3/31/06		3/31/06	3/31/08			
WV 3-6	3/31/06		3/31/06	3/31/08			
WV 3-7	3/31/06		3/31/06	3/31/08			
WV 3-10	3/31/06		3/31/06	3/31/08			
WV 3-14	3/31/06		3/31/06	3/31/08			

ATTACHMENT J

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-01 Replacement Housing Factor Grant No: WV15R00350101	Federal FY of Grant: 2001

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 9/30/05 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition/RHF	$36,806.00		$36,806.00	$2,349.91
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				In Process $166.94
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-01 Replacement Housing Factor Grant No: WV15R00350101	Federal FY of Grant: 2001

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 9/30/05 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: Replacement Housing Factor Grant No:	**Federal FY of Grant:** 2001

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
	RHF			1	$36,806.00		$36,806.00		7.35%

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: 501-01 Replacement Housing Factor No: WV15R00350101	**Federal FY of Grant:** 2001

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	
RHF	6/30/03			06/30/2005			

ATTACHMENT K

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-04 Replacement Housing Factor Grant No: WV15R00350104	Federal FY of Grant: 2003

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition/RHF				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-04 Replacement Housing Factor Grant No: WV15R00350104	Federal FY of Grant: 2003

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities RHF	$536,750.00		$157,120.79	$157,120.79
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)	$536,750.00		$157,120.79	$157,120.79
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: Wheeling Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: 501-04 Replacement Housing Factor Grant No: WV15R00350104					**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
	Development Activities		1499		$536,750			$157,120.79	29.3%

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: 501-04 Replacement Housing Factor No: WV15R00350104	**Federal FY of Grant:** 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	
RHF	12/31/2010			12/31/2012			

ATTACHMENT L

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-05 Replacement Housing Factor Grant No: WV15R00350105	Federal FY of Grant: 2005

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/2007 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition/RHF				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities RHF	$419,392.00		$0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-05 Replacement Housing Factor Grant No: WV15R00350105	Federal FY of Grant: 2005

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/2007 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: Wheeling Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: 501-05 Replacement Housing Factor Grant No: WV15R00350105					**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
	Development Activities		1499		$419,392				0%

ATTACHMENT M

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-06 Replacement Housing Factor Grant No: WV15R00350106	Federal FY of Grant: 2006

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition/RHF				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 501-06 Replacement Housing Factor Grant No: WV15R00350106	Federal FY of Grant: 2006

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
17	1495.1 Relocation Costs				
18	1499 Development Activities RHF	$368,389.00		$0	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: Wheeling Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: 501-06 Replacement Housing Factor Grant No: WV15R00350106					**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
	Development Activities		1499		$368,389				0%

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: 501-06 Replacement Housing Factor No: WV15R00350106	**Federal FY of Grant:** 2006

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
RHF	12/31/2010			12/31/2012			

ATTACHMENT N

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 502-04 Replacement Housing Factor Grant No: WV15R003502-04	Federal FY of Grant: 2004

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition/RHF				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 502-04 Replacement Housing Factor Grant No: WV15R003502-04	Federal FY of Grant: 2004

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
18	1499 Development Activities RHF	$31,666.00		$0	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: Wheeling Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: 502-04 Replacement Housing Factor Grant No: WV15R00350204					**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
	Development Activities		1499		$31,666				0%

ATTACHMENT O

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 502-05 Replacement Housing Factor Grant No: WV15R003502-05	Federal FY of Grant: 2005

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition/RHF				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities RHF	$47,060.00		$0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 502-05 Replacement Housing Factor Grant No: WV15R003502-05	Federal FY of Grant: 2005

☐ **Original Annual Statement** ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: Wheeling Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: 502-05 Replacement Housing Factor Grant No: WV15R00350205					**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
	Development Activities		1499		$47,060.00				0%

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: 502-05 Replacement Housing Factor No: WV15R003502-05	**Federal FY of Grant:** 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	
RHF	12/31/07			12/31/09			

ATTACHMENT P

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 502-06 Replacement Housing Factor Grant No: WV15R00350206	Federal FY of Grant: 2006

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition/RHF				
9	1450 Site Improvement				
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities RHF	$44,156.00		$0	

Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part 1: Summary

PHA Name: Wheeling Housing Authority	Grant Type and Number Capital Fund Program Grant No: 502-06 Replacement Housing Factor Grant No: WV15R00350206	Federal FY of Grant: 2006

Original Annual Statement ☐ **Reserve for Disasters/ Emergencies** ☐ **Revised Annual Statement (revision no:)**
X Performance and Evaluation Report for Period Ending: 3/30/07 ☐ **Final Performance and Evaluation Report**

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
19	1502 Contingency				
	Amount of Annual Grant: (sum of lines…..)				
	Amount of line XX Related to LBP Activities				
	Amount of line XX Related to Section 504 compliance				
	Amount of line XX Related to Security –Soft Costs				
	Amount of Line XX related to Security-- Hard Costs				
	Amount of line XX Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

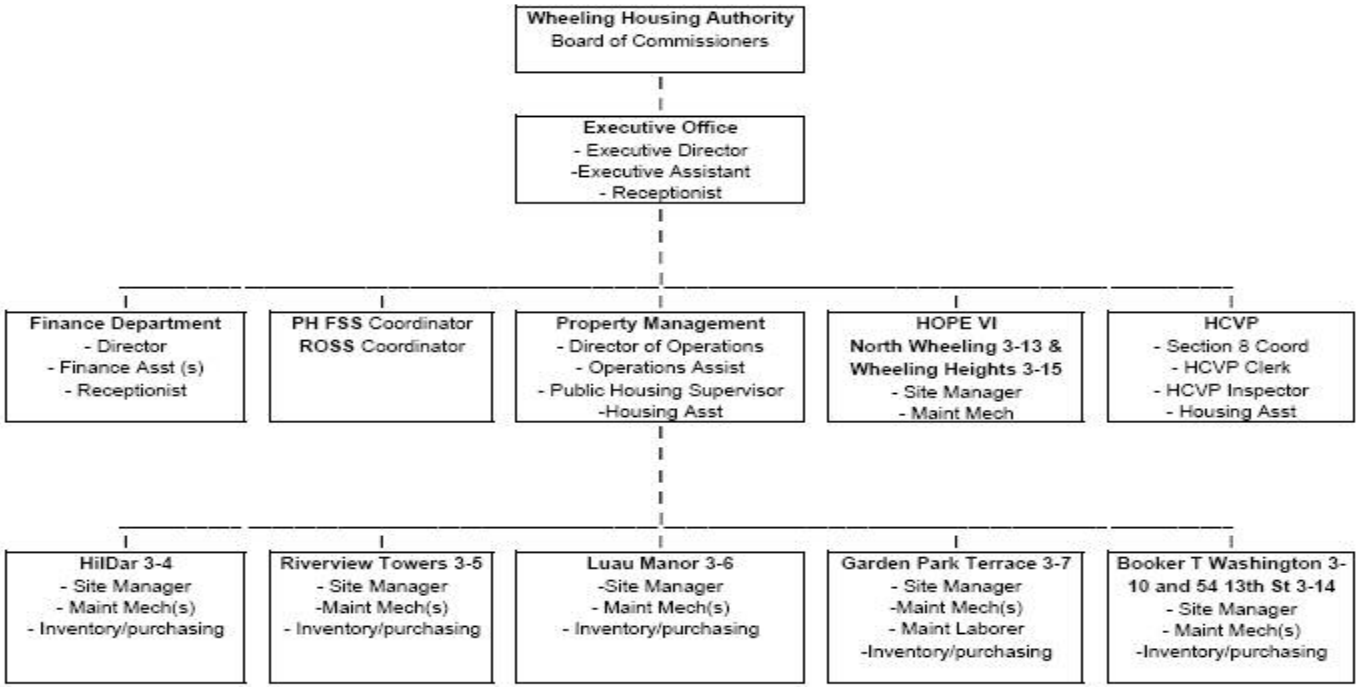
Annual Statement/Performance and Evaluation Report
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)
Part II: Supporting Pages

PHA Name: Wheeling Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: 502-06 Replacement Housing Factor Grant No: WV15R00350206					**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
	Development Activities		1499		$44,156				0%

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

PHA Name: Wheeling Housing Authority	**Grant Type and Number** Capital Fund Program No: 502-06 Replacement Housing Factor No: WV15R00350206	**Federal FY of Grant:** 2006

Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
RHF	9/30/2008			09/30/2010			



Wheeliing Housing Authority Organizational Chart

efffective October 1, 2006

Attachment Q

Attachment R

PET POLICY

INTRODUCTION

HUD regulations at 24CFR 5.300 and the QHWRA describe the WHA's options regarding pet policies.

This Chapter explains the WHA's policies on the keeping of pets and any criteria or standards pertaining to the policy. The rules adopted are reasonably related to the legitimate interest of WHA in providing a decent, safe and sanitary living environment for all tenants, in protecting and preserving the physical condition of the property, and in the financial interest of the WHA.

A. MANAGEMENT APPROVAL OF PETS

All pets must be approved in advance by the WHA management.

The pet owner must enter into a Pet Agreement with the WHA.

Registration of Pets

Pets must be registered with the WHA before they are brought onto the premises. Registration includes:

> Certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.

Dogs and cats must be spayed or neutered, and the following must be supplied:

> Current license for the pet in compliance with local ordinances and requirements. Statement from a licensed veterinarian that the pet has been spayed or neutered. *(If a pet (cat or dog) is too young to be spayed or neutered, the Resident must provide documentation once the animals is old enough and has the procedure completed.*)

Execution of a Pet Agreement with the WHA stating that the tenant acknowledges complete responsibility for the care and cleaning of the pet.

Registration, renewed annually, to coincide with the annual re-certification date.

Approval for the keeping of a pet ***shall not*** *be extended pending the completion of these requirements.*

Refusal to Register Pets

The WHA may not refuse to register a pet based on the determination that the pet owner is financially unable to care for the pet. If the WHA refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements.

The WHA will refuse to register a pet if:

a. The pet is not a *common household pet* as defined in this policy;

b. Keeping the pet would violate any House Pet Rules;

c. The pet owner fails to provide complete pet registration information, or fails to update the registration annually;

d. The WHA reasonably determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.

The notice of refusal may be combined with a notice of a pet violation.

A resident who cares for another resident's pet must notify the WHA and agree to abide by all of the pet rules in writing.

B. STANDARDS FOR PETS

If an approved pet gives birth to a litter, the resident must remove all pets from the premises except one.

Pet rules will not be applied to animals that assist persons with disabilities, however, an assistance animal may not destroy the unit, nor pose any health or safety hazard to other residents.

Persons With Disabilities

To be excluded from the pet policy, the resident/pet owner must certify:

That the animal poses no health or safety hazard to the other residents or their guests,
That there is a person with disabilities in the household;
AND
That the animal actually assists the person with the disability,

Types of Pets Allowed

No types of pet other than the following common household pet may be kept by a resident. *Tenants are not permitted to have more than one type of pet.*

1. Dogs

   Maximum number: 1
   Maximum adult weight: 25 pounds
   Must be housebroken
   Must be spayed or neutered
   Must have all required inoculations
   Must be licensed as specified now or in the future by State law and local ordinance

2. Cats

   Maximum number: 1
   Must be de-clawed
   Must be spayed or neutered
   Must have all required inoculations
   Must be trained to use litter box or other waste receptacle
   Must be licensed as specified now or in the future by State law or local ordinance

3. Birds

   Maximum number: 2 if average Cockatiel size or smaller (parakeets, finches, etc.), 1 if larger (parrot, macaw, other exotic birds, etc.)
   Must be enclosed in a cage at all times

4. Fish

   Maximum aquarium size: 10 gallon

5. Rodents & Reptiles - None permitted

6. Turtles

   Maximum number: 1
   Must be enclosed in an acceptable cage or container at all times.

C. PETS TEMPORARILY ON THE PREMISES

Residents are prohibited from feeding or harboring stray animals.

Pets which are not owned by a tenant will not be allowed.

This rule excludes visiting pet programs sponsored by a humane society or other non-profit organization.

D. DESIGNATION OF PET/NO-PET AREAS

There are currently no areas specifically designated as "pet areas." The hallways, community rooms, and other common building areas are "no pet areas," except to the extent necessary for passage to and from the resident's unit. The pet must be leased or otherwise restrained at all times while on WHA property other than inside the resident's own dwelling unit.

E. ADDITIONAL FEES AND DEPOSITS FOR PETS

The resident/pet owner shall be required to pay a refundable $300 deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a dog or cat.

If, due to proven financial hardship, the resident is unable to pay the full amount of the pet deposit in one payment, an initial payment of $100 (on or prior to the date the pet is properly registered and brought into the apartment) with subsequent monthly payments of no less than $25, will be permitted if paid regularly until the specified deposit has been satisfied, *providing that the resident does not have a history of pet-caused unit damage (in any housing).*

The Resident/Pet Owner is urged to obtain and continue liability insurance on their residence while they are the owner of a dog or cat.

WHA *reserves the right to change or increase the required deposit by amendment to these rules.*

Alterations to Unit

Residents/pet owners shall not alter their unit, patio, premises, or common areas to create an enclosure for any animal.

F. PET WASTE REMOVAL CHARGE

All reasonable expenses incurred by the WHA as the result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:

The cost of repairs and replacements to the dwelling unit;
Fumigation of the dwelling unit.

If the tenant is in occupancy when such costs occur, the tenant shall be billed for such costs as a current charge.

If such expenses occur as the result of a move-out inspection, they will be deducted from the pet deposit. The resident will be billed for any amount that exceeds the pet deposit.

The pet deposit will be refunded when the resident moves or no longer has a pet on the premises, whichever occurs first.

The expense of flea de-infestation shall be the responsibility of the resident.

G. PET AREA RESTRICTIONS

Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds), dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.

Pets are not permitted in common areas including lobbies, community rooms, and laundry areas except for those common areas which are entrances to and exits from the building.

Residents/Pet Owners are not permitted to exercise pets or permit pets to deposit waste on project premises outside of any areas designated for such purposes.

H. NOISE

Pet owners must agree to control the noise of pets so that such noise does not constitute a nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to, loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities. Failure to do so will constitute a breach of the Pet Policy.

I. CLEANLINESS

Litter Box Requirements. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin.

Litter shall not be disposed of by being flushed through a toilet.

Litter boxes shall be stored inside the resident's dwelling unit.

Removal of Waste from Other Locations. The Resident/Pet owner shall be responsible for the removal of waste from the exercise area by placing it in a sealed plastic bag and disposing of it in a trash bin. Any unit occupied by a dog, cat, or bird will be fumigated at the time the unit is vacated (chargeable to the resident's pet deposit).

The Resident/Pet Owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.

J. PET CARE

No pet (excluding fish) shall be left unattended in any apartment for a period in excess of 24 hours.

All residents/pet owners shall be responsible for adequate care, nutrition, exercise, and medical attention for his/her pet.

Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.

K. RESPONSIBLE PARTIES

The resident/pet owner is required to designate two responsible parties for the care of the pet if the health or safety of the 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.

L. INSPECTIONS

The WHA may, after reasonable notice to the tenant during reasonable hours, enter and inspect the premises, in addition to other inspections allowed.

The WHA may enter and inspect the unit if a written complaint is received alleging that the conduct or condition of the pet in the unit constitutes a nuisance or threat to the health or safety of the other occupants or other persons in the community under applicable State or local law.

M. PET RULE VIOLATIONS

Pet Rule Violation Notice

If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s) which were violated. The notice will also state:

1. That the resident/pet owner has 3 days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation;

2. That the resident/pet owner is entitled to be accompanied by another person of his or her choice at the meeting; and

3. That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.

N. NOTICE FOR PET REMOVAL

If the resident/pet owner and the WHA are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the WHA, the WHA may serve notice to remove the pet.

The Notice shall contain:

1. A brief statement of the factual basis for the WHA's determination of the Pet Rule that has been violated;

2. The requirement that the resident/pet owner must remove the pet within 3 days of the notice; and

3. A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.

O. TERMINATION OF TENANCY

The WHA may initiate procedures for termination of tenancy based on a pet rule violation if:

The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and

The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.

P. PET REMOVAL

If the pet is poorly cared for or has been left unattended for over 24 hours, or the health or safety of the pet is threatened by the death or incapacity of the pet owner, the person listed as the alternate responsible party on the WHA pet registration form shall be contacted and asked to remove the pet into safe keeping. If the responsible party is unwilling or unable to place or care for the pet, or if the WHA cannot make contact with the responsible party, the WHA will contact the appropriate State or local agency and request removal of the pet.

Q. EMERGENCIES

In addition to any notice the WHA may serve the resident, the WHA will also take all necessary steps to insure pets that become vicious, display symptoms of severe illness, or demonstrate

behavior that constitutes an immediate threat to the health or safety of others, are removed by the appropriate State or local entity authorized to remove such pets.