

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 2008

**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 Jonesboro

PHA Number: GA228

PHA Fiscal Year Beginning: (mm/yyyy) 10/2008

PHA Programs Administered:

Public Housing and Section 8
 Section 8 Only
 Public Housing Only
 Number of public housing units: 32
 Number of S8 units:
 Number of public housing units:
 Number of S8 units: 1,538

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

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

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

A. Mission

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

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

The mission of the Jonesboro Housing Authority is to assist eligible low-income families with safe, decent and affordable housing as they strive to achieve self-sufficiency and improve the quality of their lives. The Housing Authority will create and maintain partnerships with its clients and appropriate community services in order to accomplish its mission in a non-discriminatory responsible manner.

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:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:

- Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)
- PHA Goal: Increase assisted housing choices
- Objectives:
- Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

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

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

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
- Objectives:
- Increase the number and percentage of employed persons in assisted families:

- Provide or attract supportive services to improve assistance recipients' employability:
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

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

Other PHA Goals and Objectives: (list below)

GOAL: MANAGE THE HOUSING AUTHORITY OF THE CITY OF JONESBORO'S PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.

Objective: The Housing Authority shall be removed from the Troubled status by 2009.

GOAL: ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF JONESBORO'S PUBLIC HOUSING UNITS

Objective: The Housing Authority shall achieve proper curb appeal for its public housing development by improving its landscaping, keeping its grass cut, making the property litter-free and other actions. This is an on-going objective.

GOAL: DELIVER TIMELY AND HIGH QUALITY SERVICE TO RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF JONESBORO.

Objective: The Housing Authority shall continue to maintain a response time of 24 hours in responding to emergency work orders. This is an on-going objective.

Objective: The Housing Authority shall continue to maintain a response time of two days or less in responding to non-emergency work orders. This is an on-going objective.

**GOAL: MANAGE THE HOUSING AUTHORITY OF THE CITY OF
JONESBORO'S TENANT-BASED ASSISTANCE PROGRAM IN AN
EFFICIENT AND EFFECTIVE MANNER.**

Objective: HUD shall recognize the Housing Authority as a high performer under SEMAP. This is an on-going objective.

Annual PHA Plan
PHA Fiscal Year 2008
[24 CFR Part 903.7]

i. Annual Plan Type:

Select which type of Annual Plan the PHA will submit.

- Standard Plan**
- Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan

[24 CFR Part 903.7 9 (r)]

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

iii. Annual Plan Table of Contents

[24 CFR Part 903.7 9 (r)]

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

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Attachments

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

Required Attachments:

- Admissions Policy for Deconcentration (ga228a01)
- FY 22008 Capital Fund Program Annual Statement (ga228b01)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY) (ga228c01)
- List of Resident Advisory Board Members (ga228d01)
- List of Resident Board Member (ga228e01)
- Community Service Description of Implementation (ga228f01)
- Information on Pet Policy (ga228g01)
- Section 8 Homeownership Capacity Statement, if applicable (ga228h01)
- Description of Homeownership Programs, if applicable

Optional Attachments:

- PHA Management Organizational Chart (ga228i01)
- FY 2008 Capital Fund Program 5 Year Action Plan (ga228j01)
- 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)

- 2003 Capital Fund Performance and Evaluation Report (ga228k01)
- 2003 (bonus) Capital Fund Performance and Evaluation Report (ga228l01)
- 2004 Capital Fund Performance and Evaluation Report (ga228m01)
- 2005 Capital Fund Performance and Evaluation Report (ga228n01)
- 2006 Capital Fund Performance and Evaluation Report (ga228o01)
- 2007 Capital Fund Performance and Evaluation Report (ga228p01)
- Violence Against Women Act Report (ga228q01)
- Progress on Meeting the Goals (ga228r01)
- Deconcentration and Income Mixing (ga228s01)

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	5 Year and Annual Plans

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	and Related Regulations	
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI)) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach	Annual Plan: Operations and Maintenance

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component
	infestation)	
X	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
N/A	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
N/A	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
X	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
N/A	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan when available	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

List of Supporting Documents Available for Review		
Applicable & On Display	Supporting Document	Applicable Plan Component

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	5,164	5	5	4	3	3	3
Income >30% but <=50% of AMI	5,885	5	5	4	3	3	3
Income >50% but <80% of AMI	9,413	5	5	4	3	3	3
Elderly	1,245	5	5	4	3	3	3
Families with Disabilities	unknown	N/A	N/A	N/A	N/A	N/A	N/A
White Non-Hispanic	6,065	5	5	4	3	3	4
Black Non-Hispanic	13,120	5	5	4	3	3	4
Hispanic	1,679	5	5	4	3	3	4
Native American Non-Hispanic	35	5	5	4	3	3	4
Asian Non-Hispanic	465	5	5	4	3	3	4

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

- Consolidated Plan of the Jurisdiction/s
Indicate year:
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset Clayton County
- American Housing Survey data
Indicate year:
- Other housing market study
Indicate year:

Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	813		360
Extremely low income <=30% AMI	599	74%	
Very low income (>30% but <=50% AMI)	195	24%	
Low income (>50% but <80% AMI)	19	2%	
Families with children	721	89%	
Elderly families	3	.05%	
Families with Disabilities	Unknown		
Black	764	94%	
White	33	4%	
Hispanic	14	1.5%	
Asian	2	.5%	
Characteristics by Bedroom Size (Public Housing Only)			

Housing Needs of Families on the Waiting List			
1BR			
2 BR			
3 BR			
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)? 10 months			
Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	21		5
Extremely low income <=30% AMI	21	100%	
Very low income (>30% but <=50% AMI)	0	0%	
Low income (>50% but <80% AMI)	0	0%	
Families with children	17	81%	
Elderly families	4	19%	
Families with Disabilities	0	0%	
Black	15	71%	
White	5	24%	
Asian	1	.5%	
Characteristics by			

Housing Needs of Families on the Waiting List			
Bedroom Size (Public Housing Only)			
1BR	9	43%	0
2 BR	4	19%	4
3 BR	5	24%	1
4 BR	2	10%	0
5 BR	1	5%	0
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

C. Strategy for Addressing Needs

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

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- 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)

Our adopted Admissions and Continued Occupancy Policy includes the following provisions:
 Families who are elderly, disabled, or displaced will be offered housing before other single persons.

Buildings Designed for the Elderly and Disabled (Mixed Population Developments): Preference will be given to elderly and disabled families. If there are no elderly or disabled families on the list, preference will then be given to near-elderly families. If there are no near-elderly families on the waiting list, units will be offered to families who qualify for the appropriate bedroom size using these priorities. All such families will be selected from the waiting list using the preferences as outlined above.

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)

Our adopted Admissions and Continued Occupancy Policy includes the following provisions:

Accessible Units: Accessible units will be first offered to families who may benefit from the accessible features who reside in the development that has the vacancy. If there are no families residing in that development needing the accessible unit, it shall then be offered to families residing in other developments who may benefit from the accessible unit. If there are no families residing in the other developments needing the accessible unit, it shall then be offered to applicants on the waiting list who may benefit from the accessible features. Applicants for these units will be selected

utilizing the same preference system as outlined above.

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

The following is an extract from our adopted Admissions and Continued Occupancy Policy and we have a similar policy for our Section 8 program.

1.0 FAIR HOUSING

It is the policy of the Jonesboro Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity. The Jonesboro Housing Authority shall affirmatively further fair housing in the administration of its public housing program.

No person shall, on the grounds of race, color, sex, religion, national or ethnic origin, familial status, or disability, be excluded from

participation in, be denied the benefits of, or be otherwise subjected to discrimination under the Jonesboro Housing Authority's programs.

To further its commitment to full compliance with applicable Civil Rights laws, the Jonesboro Housing Authority will provide Federal/State/local information to applicants/tenants of the Public Housing Program regarding discrimination and any recourse available to them if they believe they may be victims of discrimination. Such information will be made available with the application, and all applicable Fair Housing Information and Discrimination Complaint Forms will be made available at the Jonesboro Housing Authority office. In addition, all written information and advertisements will contain the appropriate Equal Opportunity language and logo.

The Jonesboro Housing Authority will assist any family that believes they have suffered illegal discrimination by providing the family with copies of the appropriate housing discrimination forms. The Jonesboro Housing Authority will also assist them in completing the forms if requested, and will provide them with the address of the nearest HUD office of Fair Housing and Equal Opportunity.

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 2008 grants)		
a) Public Housing Operating Fund	118,200	
b) Public Housing Capital Fund	49,464	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	10,242,106	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
FSS Coordinator	56,084	Operations
2. Prior Year Federal Grants (unobligated funds only) (list below)		
2003 Capital Fund (reserve)	53,973	Modernization
2003 Capital Fund (bonus) (reserve)	11,473	Modernization
2004 Capital Fund (reserve)	65,502	Modernization
2005 Capital Fund (reserve)	55,014	Modernization
2007 Capital Fund	50,523	Modernization
3. Public Housing Dwelling Rental Income	84,319	Operations
4. Other income (list below)	7,117	Operations
Non-Dwelling Rental Income	7,200	Operations
Section 8 Fraud, Port Admin, Other	63,666	Operations
4. Non-federal sources (list below)		
Interest on General Fund Investments – Section 8	194,928	Operations

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
Interest on General Fund Investments – Public Housing	8,999	Operations
Total resources	11,068,568	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

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

(1) Eligibility

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

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

9.3 Families Nearing the Top of the Waiting List

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

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

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)

8.3 Suitability

- A. Applicant families will be evaluated to determine whether, based on their recent behavior, such behavior could reasonably be expected to result in compliance with the public housing lease. The Jonesboro Housing Authority will look at past conduct as an indicator of future conduct. Emphasis will be placed on whether a family's admission could reasonably be expected to have a detrimental effect on the development environment, other tenants, Jonesboro Housing Authority employees, or other people residing in the immediate vicinity of the property. Otherwise eligible families will be denied admission if they fail to meet the suitability criteria.
- B. The Jonesboro Housing Authority will consider objective and reasonable aspects of the family's background, including the following:
1. History of meeting financial obligations, especially rent and any utility payments;
 2. Ability to maintain (or with assistance would have the ability to maintain) their housing in a decent and safe condition based on living or housekeeping habits and whether such habits could adversely affect the health, safety, or welfare of other tenants;
 3. History of criminal activity by any household member involving crimes of physical violence against persons or property and any other criminal activity including drug-related criminal activity that would adversely affect the health, safety, or well being of other tenants or staff or cause damage to the property;
 4. History of disturbing neighbors or destruction of property;
 5. Having committed fraud in connection with any Federal housing assistance program, including the intentional misrepresentation of information related to their housing application or benefits derived there from; and
 6. History of abusing alcohol in a way that may interfere with the health, safety, or right to peaceful enjoyment by others.

C. The Jonesboro Housing Authority will ask applicants to provide information demonstrating their ability to comply with the essential elements of the lease. The Jonesboro Housing Authority will verify the information provided. Such verification may include but may not be limited to the following:

1. A credit check of the head, spouse, co-head, and any other adult family members;
2. A rental history check of all adult family members;
3. A criminal background check on all adult household members, including live-in aides at no cost to the applicant. This check will be made through State or local law enforcement or court records in those cases where the household member has lived in the local jurisdiction for the last three years. Where the individual has lived outside the local area, the Jonesboro Housing Authority may contact law enforcement agencies where the individual had lived or request a check through the FBI's National Crime Information Center (NCIC). This criminal background check will proceed after each adult household member has signed a consent form designed by the Jonesboro Housing Authority.

The information received as a result of the criminal background check shall be used solely for screening, lease enforcement and eviction purposes. The information derived from the criminal background check shall be shared only with employees of the Jonesboro Housing Authority who have a job-related need to have access to the information. The information shall be maintained confidentially, not misused or improperly disseminated, and destroyed once the purpose(s) for which it was requested has been accomplished and the period for filing a challenge to the Jonesboro Housing Authority's action has expired without a challenge or final disposition of any litigation has occurred;

4. A home visit. The home visit provides the opportunity for the family to demonstrate their ability to maintain their home in a safe and sanitary manner. This inspection considers cleanliness and care of rooms, appliances, and appurtenances. The inspection may also consider any evidence of criminal activity; and

5. A check of the State's lifetime sex offender registration program for each adult household member, including live-in aides. No household with an individual registered under a State sex offender registration will be admitted to public housing. The Jonesboro Housing Authority will check with our State registry and if the applicant has resided in another State(s), with that State(s)'s list.

If an applicant is about to be denied housing based on either the criminal check or the sex offender registration program, the applicant will be informed of this fact and given an opportunity to dispute the accuracy of the information before the denial or eviction occurs.

- c. Yes No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d. Yes No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e. Yes No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

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

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

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

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

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

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

2. Yes No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?

If yes, how many lists?

3. Yes No: May families be on more than one list simultaneously
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
 - All PHA development management offices
 - Management offices at developments with site-based waiting lists
 - At the development to which they would like to apply
 - Other (list below)

(3) Assignment

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
 - Two (With good reason)
 - Three or More

The following extract from our adopted Admissions and Continued Occupancy Policy outlines our process for selecting/removing applicants from the waiting list.

9.5 Removal of Applicants From the Waiting List

The Jonesboro Housing Authority will not remove an applicant's name from the waiting list unless:

- A. The applicant requests in writing that the name be removed;
- B. The applicant fails to respond to a written request for information or a request to declare their continued interest in the program;
- C. The applicant does not meet either the eligibility or suitability criteria for the program; or
- D. The applicant is housed.

Applicants will be offered the right to an informal review before being removed from the waiting list.

9.6 MISSED APPOINTMENTS

All applicants who fail to keep a scheduled appointment with the Jonesboro Housing Authority will be sent a notice of termination of the process for eligibility.

The Jonesboro Housing Authority will allow the family to reschedule for good cause. Generally, no more than one opportunity will be given to reschedule without good cause, and no more than two opportunities will be given for good cause. When good cause exists for missing an appointment, the Jonesboro Housing Authority will work closely with the family to find a more suitable time.

- 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)

The following extract from our adopted Admissions and Continued Occupancy Policy outlines our preferences.

10.1 Preferences

The Jonesboro Housing Authority will select families based on the following preferences within each bedroom size category:

- A. Elderly and/or Disabled Residents of Clayton County;
- B. Working Families who are residents of or are employed in Clayton County;
- C. Elderly and /or Disable non-residents of Clayton County;
- D. Working Families who are non-residents of or are not employed in Clayton County;
- E. All other applicants who are residents of Clayton County; and
- F. All other applicants who are non-residents of Clayton County.

Based on the above preferences, all families in preference A will be offered housing before any families in preference B; preference B families will be

offered housing before any families in preference C; preference C families will be offered housing before any families in preference D; preference D families will be offered housing before any families in preference E; preference E families will be offered housing before any families in preference F.

The residency preference will not have the purpose or effect of delaying or otherwise denying admission to the program based on the race, color, ethnic origin, gender, religion, disability, or age of any member of an applicant family.

The date and time of application will be noted and utilized to determine the sequence within the above prescribed preferences.

Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

In the case of a federally declared disaster, the Jonesboro Housing Authority reserves the right for its Executive Director to suspend its preference system for whatever duration the Executive Director feels is appropriate and to admit victims of the disaster to the program instead of those who would be normally admitted. Any other provisions of the policy can also be suspended during the emergency at the discretion of the Executive Director so long as the provision does not violate a law. If regulatory waivers are necessary, they shall be promptly requested of the HUD Assistant Secretary for Public and Indian Housing.

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.

5 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

- 1 Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 1 Residents who live and/or work in the jurisdiction

- Those enrolled currently in educational, training, or upward mobility programs
- Households that contribute to meeting income goals (broad range of incomes)
- Households that contribute to meeting income requirements (targeting)
- Those previously enrolled in educational, training, or upward mobility programs
- Victims of reprisals or hate crimes
- Other preference(s) (list below)

The following extract from our adopted Admissions and Continued Occupancy Policy outlines our preferences.

10.1 Preferences

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1. Elderly and/or Disabled Residents of Clayton County;
1. Working Families who are residents of or are employed in Clayton County;
2. Elderly and /or Disable non-residents of Clayton County;
2. Working Families who are non-residents of or are not employed in Clayton County;
3. All other applicants who are residents of Clayton County; and
4. All other applicants who are non-residents of Clayton County.

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 *See Attachment ga228r01*

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)

4.8 Grounds for Denial

The Jonesboro Housing Authority will deny assistance to applicants who:

- A. Do not meet any one or more of the eligibility criteria;
- B. Do not supply information or documentation required by the application process;

- C. Fail to respond to a written request for information or a request to declare their continued interest in the program;
- D. Fail to complete any aspect of the application or lease-up process;
- E. Have a family member who was evicted from federally assisted housing within the past three years because of drug-related criminal activity. The three year limit is based on the date of such eviction, not the date the crime was committed.

However, the Jonesboro Housing Authority may admit the household if the PHA determines:

1. The evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the Jonesboro Housing Authority; or
 2. The circumstances leading to the eviction no longer exist (for example, the criminal household member is imprisoned or has died).
- F. Have a household member who is currently engaging in illegal use of a drug;
 - G. Have a household member whose illegal drug use or a pattern of illegal drug use may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - H. Have a household member who has ever been convicted of drug-related criminal activity for the manufacture or production of methamphetamine on the premises of federally assisted housing;
 - I. Have a household member who is subject to a lifetime registration requirement under a State sex offender registration program;
 - J. Have a household member whose abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents;
 - K. Have a household member who is a fugitive felon, parole violator or person fleeing to avoid prosecution, or custody or confinement after conviction, for a crime, or attempt to commit a crime, that is a felony under the laws of the place from which the individual flees;

- L. Have a household member who is currently engaged in, or has engaged in the following during the last five (5) years before the projected date of admission:
 - 1. Drug-related criminal activity;
 - 2. Violent criminal activity;
 - 3. Other criminal activity which may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents or persons residing in the immediate vicinity; or
 - 4. Other criminal activity which may threaten the health or safety of the owner, property management staff, or persons performing a contract administration function or responsibility on behalf of the Jonesboro Housing Authority (including a Jonesboro Housing Authority employee or a Jonesboro Housing Authority contractor, subcontractor or agent).

For purposes of this section, a household member is “currently engaged in” criminal activity if the person has engaged in the behavior recently enough to justify a reasonable belief that the behavior is current.

- M. Have a family member who violated any family obligations under previous participation in the program;
- N. Have a family member who has been evicted from federally assisted housing in the last five years;
- O. Have a family member that the Jonesboro Housing Authority ever terminated assistance for under the program;
- P. Have a family member who has committed fraud, bribery, or any other corrupt or criminal act in connection with any Federal housing program;
- Q. Currently owes rent or other amounts to the Jonesboro Housing Authority or to another Housing Authority in connection with Section 8 or public housing assistance under the 1937 Act;
- R. Have not reimbursed any Housing Authority for amounts paid to an owner under a HAP contract for rent, damages to the unit, or other amounts owed by the family under the lease;

- S. Have breached an agreement with Jonesboro Housing Authority to pay amounts owed to a Housing Authority or amounts paid to an owner by a Housing Authority;
- T. If a family participating in the Family Self-Sufficiency Program, a family fails to comply, without good cause, with the family's FSS Contract of Participation;
- U. Have engaged in or threatened abusive or violent behavior towards any Jonesboro Housing Authority staff member or resident;
- V. If a welfare-to-work (WTW) family fails, willfully and persistently, to fulfill its obligations under the welfare-to-work voucher program.

If the Jonesboro Housing Authority denies admission to the Jonesboro Housing Authority's Housing Choice Voucher program on the basis of a criminal record, the Jonesboro Housing Authority will provide the person with the criminal record (i.e., the family member) and the applicant head of household with a copy of the criminal record and an opportunity to dispute the accuracy and relevance of that record, in the procedures for the Informal Review Process for Applicants. The applicant will have fourteen (14) calendar days to dispute the accuracy and relevance of the record in writing. If the Jonesboro Housing Authority does not receive the dispute within the allotted time, the applicant will be denied.

- 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)

6.3 Issuance of Voucher; Request for approval of tenancy

Once all family information has been verified, their eligibility determined, their subsidy calculated, and they have attended the family briefing, the Jonesboro Housing Authority will issue the housing choice voucher. At this point the family begins their search for a unit.

When the family finds a unit that the owner is willing to lease under the program, the family and the owner will complete and sign a proposed lease, the HUD required tenancy addendum and the request for approval of the tenancy form. The terms of the HUD tenancy addendum shall prevail over any conflicting provisions of the lease. The family will submit the proposed lease and the request form to the Housing Authority during the term of the housing choice voucher. The Housing Authority will review the request, the lease, and the HUD required tenancy addendum and make an initial determination of approval of tenancy. The Housing Authority may assist the family in negotiating changes that may be required for the tenancy to be approvable. Once it appears the tenancy may be approvable, the Housing Authority will schedule an appointment to inspect the unit within 15 calendar days after the receipt of inspection request from the family and owner. The 15-day period is suspended during any period the unit is unavailable for inspection. The Housing Authority will promptly notify the owner and the family whether the unit and tenancy are approvable.

During the initial stage of qualifying the unit, the Housing Authority will provide the prospective owner with information regarding the program. Information will include Housing Authority and owner responsibilities for screening and other essential program elements. The Housing Authority will provide the owner with the family's current and prior address as shown in the Housing Authority records along with the name and address (if known) of the landlords for those addresses.

Additional screening is the responsibility of the owner.

(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:

6.4 Term of the housing choice Voucher

The initial term of the voucher will be 60 calendar days and will be stated on the Housing Choice Voucher.

The Housing Authority may grant one or more extensions of the term, but the initial term plus any extensions will not exceed 120 calendar days from the initial date of issuance without an extraordinary reason. To obtain an extension, the family must make a request in writing prior to the expiration date. A statement of the efforts the family has made to find a unit must accompany the request. A sample extension request form and a form for recording their search efforts will be included in the family's briefing packet. If the family documents their efforts and additional time can reasonably be expected to result in success, the Housing Authority will grant the length of request sought by the family or 60 calendar days, whichever is less.

If the family includes a person with disabilities and the family requires an extension due to the disability, the Housing Authority will grant an extension allowing the family the full 120 calendar days search time. If the Housing Authority determines that additional search time would be a reasonable accommodation, it will grant the additional search time.

Upon submittal of a completed request for approval of tenancy form, the Jonesboro Housing Authority will suspend the term of the housing choice voucher. The term will be in suspension until the date the Housing Authority provides notice that the request has been approved or denied. This policy allows families the full term (60 calendar days, or more with extensions) to find a unit, not penalizing them for the period during which the Housing Authority is taking action on their request. A family may submit a second request for approval of tenancy before the Housing Authority finalizes action on the first request. In this case the suspension will last from the date of the first submittal through the Housing Authority's action on the second submittal. No more than two requests will be concurrently considered.

If a family's voucher expires, the family is no longer eligible for housing assistance. They are free to re-apply to the Housing Choice Voucher program and start over again at the bottom of the waiting list. If the waiting list is closed, they must wait until the Jonesboro Housing Authority is once again accepting applicants for the Section 8 program. They will be treated exactly like all other new applicants for the program.

(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)

5.2 Preferences

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

The Jonesboro Housing Authority will select families based on the following preferences based on local housing needs and priorities.

- A. Public Housing residents who are require relocation due to modernization work;
- B. Elderly and/or Disabled Residents of Clayton County;
- C. Working Families who are residents of or are employed in Clayton County;
- D. Elderly and /or Disable non-residents of Clayton County;
- E. Working Families who are non-residents of or are not employed in Clayton County;
- F. All other applicants who are residents of Clayton County; and
- G. All other applicants who are non-residents of Clayton County.

In the case of a federally declared disaster, the Jonesboro Housing Authority reserves the right for its Executive Director to suspend its preference system for whatever duration the Executive Director feels is appropriate and to admit victims of the disaster to the program instead of those who would be normally admitted. Any other provisions of this policy can also be suspended during the emergency at the discretion of the Executive Director so long as the provision suspended does not violate a law. If regulatory waivers are necessary, they shall be promptly requested of the HUD Assistant Secretary for Public and Indian Housing.

Based on the above preferences, all families in preference A will be offered housing before any families in preference B; preference B families will be offered housing before any families in preference C; preference C families will be offered housing before any families in preference D; preference D families will be offered housing before any families in preference E; preference E families will be offered housing before any families in preference F; all preference F families will be offered housing before any families in preference G.

The Jonesboro Housing Authority will not deny a local preference, nor otherwise exclude or penalize a family in admission to the program, solely because the family resides in public housing.

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.

5 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)

- 2 Working families and those unable to work because of age or disability
- Veterans and veterans’ families
- 2 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)

The Jonesboro Housing Authority will select families based on the following preferences based on local housing needs and priorities.

1. Public Housing residents who are required to be relocated because of modernization work.
2. Elderly and/or Disabled Residents of Clayton County;
2. Working Families who are residents of or are employed in Clayton County;
3. Elderly and /or Disabled non-residents of Clayton County;
3. Working Families who are non-residents of or are not employed in Clayton County;

- 4. All other applicants who are residents of Clayton County; and
- 5. All other applicants who are non-residents of Clayton County.

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

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

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

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

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

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

(5) Special Purpose Section 8 Assistance Programs

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

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

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

- Through published notices
- Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

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

(1) Income Based Rent Policies

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member
 For increases in earned income

- Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:
- Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:
- For household heads
- For other family members
- For transportation expenses
- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

- Market comparability study
- Fair market rents (FMR)
- 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)

Note: Our Ceiling Rents are the same as our Flat Rents.

f. Rent re-determinations:

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

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

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

(2) Flat Rents

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

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

B. Section 8 Tenant-Based Assistance

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

(1) Payment Standards

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR
 100% of FMR
 Above 100% but at or below 110% of FMR

Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

- Annually
- Other (list below)

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

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

(2) Minimum Rent

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

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

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

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA’s management structure and organization.

(select one)

- An organization chart showing the PHA’s management structure and organization is attached.
- A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

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

Program Name	Units or Families Served at Year Beginning	Expected Turnover
Public Housing	32	8
Section 8 Vouchers	1,538	300
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)

- Admission and Continued Occupancy Policy
- Check Signing Authorization Policy
- Disposition Policy
- Drug Free Work Place Policy
- Grievance Procedure
- Hazardous Materials Policy
- Investment Policy
- Maintenance Policy
- Pest Control Policy
- Procurement Policy
- Facilities Use Policy
- Funds Transfer Policy
- Pet Policy
- Capital Fund Policy
- Blood-Borne Diseases Policy
- Ethics Policy
- Rent Collection Policy
- “One Strike and You’re Out” Policy
- Write Off Policy
- Returned Check Policy
- Motor Vehicle Policy
- Natural Disaster Response Guidelines
- Request for Reasonable Accommodation

(2) Section 8 Management: (list below)

- Section 8 Administrative Plan
- Policies listed above that relate to the overall management of the Housing Commission for both Public Housing and the Section 8 Program.

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

2. Which PHA office should residents or applicants to public housing contact to initiate the PHA grievance process? (select all that apply)

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

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office
 Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment ga228b01

-or-

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

(2) Optional 5-Year Action Plan

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment ga228j01

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

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

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

Yes No: c) Does the PHA plan to apply for a HOPE VI Revitalization grant in the Plan year?

If yes, list development name/s below:

Yes No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?

If yes, list developments or activities below:

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

If yes, list developments or activities below:

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

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

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

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

[24 CFR Part 903.7 9 (i)]

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

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

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:

1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA's Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: <u>(DD/MM/YY)</u>
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name:

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

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

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

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

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Family Self-Sufficiency	93	Waiting List	PHA Main Office	Section 8 Only
Down Payment Asst.	50	Waiting List	PHA Main Office	Clayton County Citizens
Homeownership Program		Telephone Request. Must already have been accepted into the Section 8 Housing Choice Voucher Program	PHA Main Office	Section 8 Only

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	0	0
Section 8	92	83

- 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)

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)
We are going to hold meetings with the Residents in order to gain more insight into drug/crime activities within the development. We are in the process of forming a Resident Advisory Board/Resident Council.

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

Only one development which consists of Hightower and Wilburn Street in Jonesboro, Georgia.

C. Coordination between PHA and the police

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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action

- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
 - Police regularly testify in and otherwise support eviction cases
 - Police regularly meet with the PHA management and residents
 - Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
 - Other activities (list below)
2. Which developments are most affected? (list below)

D. Additional information as required by PHDEP/PHDEP Plan - N/A

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:

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 - See Attachment ga228e01

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: Clayton County
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)
 - The Housing Authority of the City of Jonesboro will continue to renovate its public housing units utilizing Community Development Block Grant (CDBG) funds provided by Clayton County and CIAP and Capital Fund Program funds provided by HUD.
 - The Housing Authority of the City of Jonesboro will continue to meet the special needs of families with disabilities by providing accessible housing in the public housing program.
 - The Housing Authority of the City of Jonesboro is utilizing Section 8 program Special Purpose vouchers to meet the needs of the elderly and families with disabilities
 - The Housing Authority of the City of Jonesboro will continue to market its public housing and Section 8 programs to make families and elderly persons aware of the availability of decent, safe, sanitary and affordable housing in the City of Jonesboro and Clayton County.
- Other: (list below)

The Housing Authority of the City of Jonesboro Admission and Continued Occupancy Policy (ACOP) requirements are established and designed to:

1. Provide improved living conditions for very low and low-income families while maintaining their rent payments at an affordable level.
2. To operate a socially and financially sound public housing agency that provides violence and drug-free, decent, safe and sanitary housing with a suitable living environment for residents and their families.
3. To lawfully deny the admission of applicants, or the continued occupancy of residents, whose habits and practices reasonably may be expected to adversely affect the health, safety, comfort or welfare of other residents or the physical environment of the neighborhood, or create a danger to our employees.

4. To attempt to house a tenant body that is composed of families that is representative of the range of incomes of low income families in our jurisdiction.
5. To facilitate the judicious management of our inventory and efficient management of our staff.
6. To ensure compliance with Title VI of the Civil Rights Act of 1964 and all other applicable Federal fair housing laws and regulations so that the admissions and continued occupancy are conducted without regard to race, color, religion, creed, sex, national origin, handicap or familial status.

The Housing Authority of the City of Jonesboro Section 8 Administrative Plan Requirements are established and designed to:

- To provide decent, safe and sanitary housing for very low income families while maintaining their rent payments at an affordable level.
- To ensure that all units meet Housing Quality Standards and families pay fair and reasonable rents.
- To promote fair housing and the opportunity for very low-income families of all ethnic backgrounds to experience freedom of housing choice.
- To promote a housing program which maintains quality service and integrity while providing an incentive to private property owners to rent to very low income families.
- To assist the local economy by increasing the occupancy rate and the amount of money flowing into the community.
- To encourage self-sufficiency of participant families and assist in the expansion of family opportunities which address educational, socio-economic, recreational and other human service needs.
- To create positive public awareness and expand the level of family, owner, and community support in accomplishing the Housing Authority of the City of Jonesboro's mission.
- To attain and maintain a high level of standards and professionalism in our day to day management of all program components.
- To administer an efficient, high-performing agency through continuous improvement of the Housing Authority's support systems and commitment to our employees and their development.

Finally, we will continue to apply for the grant opportunities made available by the U.S. Department of Housing and Urban Development over the course of the next year.

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

D. Other Information Required by HUD

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

Attachments

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

PHA Plan Table Library

Component 7 Capital Fund Program Annual Statement Parts I, II, and II

Annual Statement Capital Fund Program (CFP) Part I: Summary

Capital Fund Grant Number FFY of Grant Approval: (MM/YYYY)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
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	1498 Mod Used for Development	
19	1502 Contingency	
20	Amount of Annual Grant (Sum of lines 2-19)	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

Annual Statement
Capital Fund Program (CFP) Part II: Supporting Table

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost

Annual Statement

Capital Fund Program (CFP) Part III: Implementation Schedule

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)

Optional Table for 5-Year Action Plan for Capital Fund (Component 7)

Complete one table for each development in which work is planned in the next 5 PHA fiscal years. Complete a table for any PHA-wide physical or management improvements planned in the next 5 PHA fiscal year. Copy this table as many times as necessary. Note: PHAs need not include information from Year One of the 5-Year cycle, because this information is included in the Capital Fund Program Annual Statement.

Optional 5-Year Action Plan Tables				
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Total estimated cost over next 5 years				

**Attachment ga228a01
Housing Authority of the City of Jonesboro**

Five Year/Annual Plan

Fiscal Year 10/01/2008 – 09/30/2009

10.4 DECONCENTRATION POLICY

The Jonesboro Housing Authority is not subject to the deconcentration requirements according to 24 CFR 903. Nevertheless, the Jonesboro Housing Authority will affirmatively market its housing to all eligible income groups.

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

PHA Name: Housing Authority of the City of Jonesboro	Grant Type and Number Capital Fund Program Grant No: GA06P22850108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
--	---	------------------------------

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				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	49,464			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: Housing Authority of the City of Jonesboro	Grant Type and Number Capital Fund Program Grant No: GA06P22850108 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
--	---	------------------------------

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

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	49,464			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

NAHRO

Budget Assistant ©

I n s t r u c t i o n s

ENTER DATA IN THE BLUE CELLS

DO NOT CHANGE

Introduction

NAHRO, together with Mobley & Associates, is pleased to provide its *BUDGET ASSISTANT Operating Budget Software* for local housing authorities (LHAs), both public and Indian. This product is designed to be used with Microsoft® Excel®.

The purpose of this instruction sheet is NOT to teach users how to use Excel or other spreadsheet products, although we will provide a few helpful hints here and there. Instead, we provide to Excel users the basic knowledge about this product which will allow you to gain maximum time-savings and accuracy in preparing operating budgets.

Just as importantly, we believe you will derive great value from this product when used as a plan tool, e.g., "WHAT IF" you made such-and-such a change in your budget, what would the ramifications be? In just a few keystrokes, you can "try on" various versions of your operating budget whether you're preparing a future budget, revising a current one, or engaging in long-range financial planning.

The product has been sold with a full year's technical support included. For help in using this product or other technical support, call:

TECHNICAL SUPPORT: Mobley & Associates

Cell: (678) 612-3286
Voice: (404) 584-7985
Fax: (404) 584-7786
E-mail: Dmobley671@aol.com

After your first year, technical support AND product enhancement (new forms and/or changes in forms or instructions) will be provided by Mobley & Associates for a nominal fee which will include unlimited telephone support.

To Install

- 1) GET YOUR EXCEL® PROGRAM UP AND RUNNING.
- 2) DOWNLOAD THE NAHRO BUDGET ASSISTANT FILE.
- 3) CLICK ON "FILE", "OPEN", SELECT THE FOLDER IN WHICH YOU DOWNLOADED THE FILE. THE FILE NAME IS NBUDG401.XLS
- 4) CLICK ON "FILE", "SAVE AS", AND GIVE YOUR FIRST WORKING FILE A DIFFERENT NAME FROM THE ORIGINAL. YOU MAY WANT TO FILE YOUR WORKING FILES IN "MY DOCUMENTS" OR FOLDER DIFFERENT THAN THE ORIGINAL DOWNLOADED FILE.

This product has been designed as one (1) Excel file (NBUDG401.XLS) with multiple worksheets. For best results, begin with the Initial Data Worksheet (the first sheet in the file), proceed to the HUD-52566 page 1, and so on, on through to the last sheet in the file.

This is done by clicking on the labelled "file folders" at the bottom of the screen, beginning with the one that says Start!



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NAHRO

Budget Assistant ©

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As you complete each worksheet, you will note that much of the information carries forward to succeeding worksheets so that you don't have to re-enter the same information over and over. By the time you get to the HUD-52564, there's not a whole lot of information left for you to key.

For those with color monitors, we have used BLUE to indicate cells where users should enter information. We have used RED for cells which generally shouldn't be disturbed.

For best printing results, use a LASER printer, and print each worksheet separately. On "Page Setup", use "Fit to 1 Page Wide by 1 Tall", and use the orientations shown below. Then, "Set Print Area" each time, using the following ranges.

Title	Print Range	Orientation
Initial Data Worksheet	A1..L79	Portrait
52566 (Admin. Salaries)	A1..W71	Landscape
52566 (Maint. Salaries)	A1..W71	"
52567 (Nonroutine Expenses)	A1..U69	"
52571 (Admin Other)	A1..Q56	Portrait
Interest Worksheet	A1..T49	Landscape
52573 (Justification) pg. 1	A1..P98	Portrait
52573 (") pg. 2	A1..G68	"
52573 (") pg. 3	A1..H89	"
52573 (") pg. 4	A1..K79	"
Monthly Tracking of Eligible Unit Months	A1..R43	Landscape
52723 (PFS Subsidy) pg. 1	P1..AK85	Portrait
52723 (") pg. 2	N1..T67	"
52723 (") pg. 3	M1..W73	"
52722 (Utilities Expense Level) pg. 1	T1..AT52	Landscape
52722 (Utilities Expense Level) pg. 2	A1..K48	"
52722 (Utilities Expense Level) pg. 3	A1..J46	"
52564 (Operating Budget) pg. 1	A1..Q74	"
52564 (Operating Budget) pg. 2	A1..Q67	"
52564 (Operating Budget) pg. 3	A1..J70	"

Submission
[X] Original

NAHRO BUDGET ASSISTANT
LHA Operating Budget Software
INITIAL DATA WORKSHEET

[] Revision No. : _____

\\NAME OF LOCAL AUTHORITY: **JONESBORO HOUSING AUTHORITY** AC Contract No.:

\\LOCALITY: **GEORGIA** Operating Fund **TN06P045001001**
Project Number

\\NAME OF ASSET MGMT PROJECT (AMI): **JONESBORO HOUSING AUTHORITY**

1) Ending Date for: 30-Sep-07 1a) Ending Date for: Month (spell)

REQUESTED BUDGET YEAR..... September 30, 2007 CURRENT BUDGET YEAR..... September 30, 2007

[EXAMPLE]: September 30, 2007 1b) Ending Date for: Month (spell)

2) Ending Date for: (Year only): PREVIOUS BUDGET YEAR..... September 30, 2007

REQUESTED BUDGET YEAR..... 2007

[EXAMPLE]: 2007

3) Reserves at the end of fiscal year 2005 equalled \$ 137,012

4) Provision for reserve for fiscal yr Obtain from Line 810, HUD-52564 for 2006 equalled \$ (\$26,600)

5) Tenant Services (Line 230) for [Recreation, etc.] 2007 will be \$ 0

6) Tenant Services (Line 240) for [Contract Costs, training and other] 2007 will be \$ 0

7) Protective Services (Line 380) for [Materials] 2007 will be \$ 0

8) Protective Services (Line 390) for [Contracts] 2007 will be \$ 0

9) Terminal Leave Payments for [Line 430] 2007 will be \$ 0

10) Other General Exp. (Line 460) for 2007 will be \$ 0

11) Prior Yr Adjustmnts (Line 560) for 2007 will be \$ 0 (in dollars)

12) Prior Yr Adjustmnts (Line 560) for 2006 were \$ 0.00 (PUM)

13) Prior Yr Adjustmnts (Line 560) for 2005 were \$ 0.00 (PUM)

14) Other Expenditures (Line 570) for 2007 will be \$ 0 (in dollars)

15) Other Expenditures (Line 570) for 2006 were \$ 0.00 (PUM)

16) Other Expenditures (Line 570) for 2005 were \$ 0.00 (PUM)

17) Operating Subsidy (Line 680) for 2006 was \$ 205.47 (PUM)

18) Operating Subsidy (Line 680) for

2005 was \$

\$118.93 (PUM)

A-145

=====

=====

| out), date and year:

30, 2006

=====

| out), date and year:

30, 2005

=====

Operating Budget
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Name of Housing Authority		Locality									Fiscal Year End	
JONESBORO HOUSING AUTHORITY		GEORGIA									September 30, 2007	
Position Title By Organizational Unit and Function	Present Salary Rate As of (date) 9/5/2006	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	No. Months	Amount	Management	Modernization	Development	Section 8 Programs	Other Programs	Longevity	Method of Allocation	
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ADMINISTRATION:												
1) Executive Director	1	\$89,972	\$89,972	12	\$89,972	\$9,503			\$80,469			Mgmt. = 10.56%, Sec. 8 =89.44%
2) Deputy Director and Finance Officer	1	\$67,259	\$67,259	12	\$67,259	\$2,944			\$64,315			Mgmt. = 4.37%, Sec. 8= 95.63%
3) Section 8 Manager	1	\$47,855	\$47,855	12	\$47,855	\$0			\$47,855			Mgmt. = 00.00%, Sec. 8 =100%
Human Resource Coordinator	1	\$44,597	\$44,597	12	\$44,597	\$0			\$44,597			Mgmt. = 00.00%, Sec. 8 =100%
4) New Owner Representative	1	\$42,214	\$42,214	12	\$42,214	\$0			\$42,214			Mgmt. = 00.00%, Sec. 8 =100%
Public Housing Mgr./Port. Coord.	1	\$41,313	\$41,313	12	\$41,313	\$2,803			\$38,510			Mgmt. = 6.78%, Sec. 8 = 93.22%
5) Receptionist	1	\$34,449	\$34,449	12	\$34,449	\$0			\$34,449			Mgmt. = 00.00%, Sec. 8 =100%
6) Case Managers	8	\$220,703	\$220,703	12	\$220,703	\$0			\$220,703			Mgmt. = 00.00%, Sec. 8 =100%
7) Domestic Cleaning	1	\$4,680	\$4,680	12	\$4,680	\$0			\$4,680			Mgmt. = 00.00%, Sec. 8 =100%
8) Section 8 Coordinator/A/P	1	\$36,338	\$36,338	12	\$36,338	\$0			\$36,338			Mgmt. = 00.00%, Sec. 8 =100%
9) MTCS Coordinator	1	\$30,663	\$30,663	12	\$30,663	\$0			\$30,663			Mgmt. = 00.00%, Sec. 8 =100%
10) Section 8 Inspectors	3	\$93,821	\$93,821	12	\$93,821	\$0			\$93,821			Mgmt. = 00.00%, Sec. 8 =100%
11) Family Unification Coordinator	1	\$30,663	\$30,663	12	\$30,663	\$0			\$30,663			Mgmt. = 00.00%, Sec. 8 =100%
12) Family Self Sufficiency Coordinator	1	\$33,122	\$33,122	12	\$33,122	\$0			\$33,122			Mgmt. = 00.00%, Sec. 8 =100%
TOTAL ADMINISTRATION					\$817,649	\$15,250	\$0	\$0	\$802,399	\$0	\$0	
TENANT SERVICES												
1)												
2)												
3)												
TOTAL TENANT SERVICES					\$0	\$0						
UTILITY LABOR												
1)												
2)												
3)												
TOTAL UTILITY LABOR					\$0	\$0						
											NO HOUSING AUTHORITY EMPLOYEE IS SERVING IN A VARIETY OF POSITIONS WHICH EXCEED 100% OF HIS/HER TIME.	
To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.						Executive Director or Designated Official					Date	
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)												

Operating Budget
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Name of Housing Authority		Locality									Fiscal Year End	
JONESBORO HOUSING AUTHORITY		GEORGIA									September 30, 2007	
Position Title By Organizational Unit and Function	Present Salary Rate As of (date)	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	No. Months	Amount	Management	Modernization	Development	Section 8 Programs	Other Programs	Longevity	Method of Allocation	
(1)	(1a)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
MAINTENANCE STAFF:												
1) Maintenance Foreman		\$33,103	\$33,103	12	\$33,103	\$0						
2) Maintenance Mechanic "A"												
3) Maintenance Aides (5)												
4) Maintenance Laborers "A" (2)												
5) Maintenance Mechanic "B" (Part-time)												
6)												
7)												
8)												
TOTAL MAINTENANCE LABOR					\$33,103	\$0	\$0	\$0	\$0	\$0	\$0	

NO HOUSING AUTHORITY EMPLOYEE IS SERVING IN A VARIETY OF POSITIONS WHICH EXCEED 100% OF HIS/HER TIME.

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.
Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729,3802)

Executive Director or Designated Official

Date

Operating Budget
Schedule of Nonroutine Expenditures

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Public Reporting Burden for this collection of information is estimated to average 0.75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing collection of information. Send comments regarding this burden estimate, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Local Housing Authority			Locality				Fiscal Year Ending			
JONESBORO HOUSING AUTHORITY			GEORGIA				September 30, 2007			
Extraordinary Maintenance and Betterments and Additions (Excluding Equipment Additions)							Equipment Requirements			
Work Project Number (1)	Description of Work Project (List Extraordinary Maintenance and Betterments and Additions separately) (2)	Housing Project Number (3)	Total Estimated Cost (4)	Percent Complete Current Budget Year End (5)	Requested Budget Year		Description of Equipment Items (List Replacements and Additions separately) (8)	Requested Budget		
					Estimated Expenditure In Year (6)	Percent Complete Year End (7)		No. Of Items (9)	Item Cost (10)	Estimated Expenditure In Year (11)
EXTRAORDINARY MAINTENANCE										
EM 95-1	1) Furnace Repair	1500	\$0	0%	\$1,500	100%				
	2) Debris from fallen trees	2000			\$2,000					
	3) Sewer and Line Repairs	2000			\$2,000					
	4) Lawn Maintenance	7200			\$7,200					
	5)				\$0					
	TOTAL EXTRAORDINARY MAINTENANCE:				\$12,700					
REPLACEMENT OF EQUIPMENT										
RE 95-1	1) Ranges							4	\$398	\$1,592
RE 95-2	2) Refrigerators							4	\$450	\$1,800
RE 95-3	3) Chairs for office							0	\$0	\$0
	4)									\$0
	5)									\$0
	TOTAL REPLACEMENT:									\$3,392
BETTERMENTS & ADDITIONS										
BA 95-1	1) Computer System							1	\$0	\$0
	2)									\$0
	3)									\$0
	4)									
	5)									
	6)									
	TOTAL BETTERMENTS & ADDITIONS:									\$0

Operating Budget
Schedule of Administration
Expenses Other Than Salary

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Public reporting burden for this collection of information is estimated to average 1 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This information is required by Section 604 of the Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

Name of Housing Authority: JONESBORO HOUSING AUTHORITY	Locality: GEORGIA	Fiscal Year End: September 30, 2007
--	-----------------------------	---

(1) Description	(2) Total	(3) Management	(4) Development	(5) Section 8	(6) Other
1 Legal Expense (see Special Note in Instructions)	\$0	\$0	\$0	\$0	\$0
2 Training (list and provide justification)	\$0	\$0	\$0	\$0	\$0
3 Travel	\$0	\$0	\$0	\$0	\$0
Trips to Conventions and Meetings (list and provide just.)	\$0	\$300	\$0	\$0	(\$300)
4 Other Travel:					
Outside Area of Jurisdiction	\$0	\$0	\$0	\$0	\$0
5 Within Area of Jurisdiction	\$0	\$500	\$0	\$0	\$0
6 Total Travel	\$0	\$800	\$0	\$0	\$0
7 Accounting	\$0	\$3,000	\$0	\$0	\$0
8 Auditing	\$0	\$3,075	\$0	\$0	\$0
9 Sundry					
Rental of Office Space	\$0	\$0	\$0	\$0	\$0
10 Publications	\$0	\$0	\$0	\$0	\$0
11 Membership Dues and Fees (list orgn. and amount)	\$0	\$0	\$0	\$0	\$0
12 Telephone, Fax, Electronic Communications	\$0	\$2,760	\$0	\$0	\$0
13 Collection Agent Fees and Court Costs	\$0	\$0	\$0	\$0	\$0
14 Administrative Services Contracts (list and provide just.)	\$0	\$0	\$0	\$0	\$0
15 Forms, Stationary and Office Supplies	\$0	\$2,000	\$0	\$0	\$0
16 Other Sundry Expense (provide breakdown)	\$0	\$0	\$0	\$0	\$0
17 Total Sundry	\$0	\$4,760	\$0	\$0	\$0
18 Total Administration Expense Other Than Salaries	\$0	\$11,635	\$0	\$0	\$0

PERCENTAGE OF EXPENSES TO BE CHARGED TO MANAGEMENT:	100.00%				
	=====				
		Total	0 Management	0.00	Other Programs
					0
Line 7:	Data Processing Costs =	\$0	\$0	\$0	
	Accounting Costs =	\$3,000	\$3,000	\$0	
		=====	=====	=====	
		\$3,000	\$3,000	\$0	

To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of authorized representative and Date:

INTEREST ON GENERAL FUND INVESTMENTS

SCHEDULE OF CASH BALANCE FOR FYE: **September 30, 2007** COMPUTATION OF ESTIMATED INVESTMENT INCOME FUNDS AVAILABLE AFTER EIOP

Note: HUD has eliminated this as a budget item. However, we still provide you the form in case conditions change again!

Contract # **A-145**

JONESBORO HOUSING AUTHORITY
PHA NAME

Project(s) # **TN06P045001001**

LINE NUMBER	ACCOUNT NUMBER	ACCOUNT TITLE	Jan 94 Yr	Feb 94 Yr	Mar 94 Yr	Apr 94 Yr	May 94 Yr	Jun 93 Yr	Jul 93 Yr	Aug 93 Yr	Sep 93 Yr	Oct 93 Yr	Nov 93 Yr	Dec 93 Yr	Total
1.	1111.1	Cash-General Fund	102,000	106,500	108,000	115,500	108,000	108,500	109,500	106,900	107,500	107,600	110,000	106,000	1,296,000
2.	1111.3	General Fund(Mod.)													0
3.	1117	Petty Cash Fund	200	200	200	200	200	200	200	200	200	200	200	200	2,400
4.	1118	Change Fund	0	0	0	0	0	0	0	0	0	0	0	0	0
5.	1162	Investments General Fund	208,800	208,800	208,800	208,800	208,800	208,800	208,800	208,800	208,800	208,800	208,800	208,800	2,505,600
6.	End of the Month Cash Balances (sum of Lines 1, 2, 3, 4, 5)		311,000	315,500	317,000	324,500	317,000	317,500	318,500	315,900	316,500	316,600	319,000	315,000	3,804,000
7.	..... --> Sum of the End of the Month Cash Balances														\$3,804,000
8.	..... --> Average End of the Month Cash Balance (Line 7 divided by 12)														\$317,000
9.	..... --> Less: \$10,000 or \$10 times total number of units, whichever is greater (not to exceed \$250,000)														\$10,000
10.	..... --> Estimated or Actual Cash Available for Investment (Line 8 minus Line 9)														\$307,000
11.	..... --> FYE Estimated or Actual Average. 91-DAY TREASURY BILL RATE														0.00%
12.	..... --> Estimated/Target Investment Income (line 10 times Line 11)														\$0
13.	..... --> PUM, Interest on General Fund Investments, Line 19, Form HUD-52723, (Line 12 divided by UMA: 420)														\$0.00

Operating Budget

Summary of Budget Data and Justifications

U. S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0026 (Exp. 9/30/2006)

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number. This information is required by Section 604 of the Housing Act of 1937. The information is the operating budget for the low-income housing program and provides a summary of proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the PHA and the amounts are reasonable and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. The information does not lend itself to confidentiality.

Name of Local Housing Authority	Locality	Fiscal Year Ending:
JONESBORO HOUSING AUTHORITY	JONESBORO, GEORGIA	September 30, 2007

Operating Receipts

Dwelling Rental: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number the number of dwelling units available for occupancy and the number accepted for the same month end. Cite HA policy revisions and economic and other factors which may result in a greater or lesser average monthly rent roll during the Requested Budget Year. For Section 23 Leased housing, state the number of units under lease, the PUM lease price, and whether or not the cost of utilities is included. If not included, explain method for payment at utility costs by HA and/or tenant.

Monthly Rent Roll as of: **1-Jul 2006** equals **70,956** divided by **384** occupied units = **\$184.78** Avg. Monthly Dwelling Rental (AMDR)

times **1.03** Change Factor, X **97%** Occupancy Rate, equals \$ **184.6** times **384** Unit Months Available

equals **\$70,890**

NOTE: HUD's Operating Fund Final Rule freezes Formula Income to FY 2004 actuals until at least FY 2010 (24 CFR 990.195) for subsidy computation purpose. However, the format above is designed to forecast ACTUAL INCOME and assumes some amount of income escalation during the freeze period.

Excess Utilities: (NOT for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption. For example: Gas; individual check meters at OH-100-1, proration of excess over allowances at OH-100-2, etc. Cite effective date of present utility allowances. Explain anticipated changes in allowances or other factors which will cause a significant change in the total amount of excess utility charges during the Requested Budget Year.

1. Utility Services Surcharged: Gas Electricity Other (Specify) _____

2. Comments:

Excess Utility Income estimated in the amount of: \$3,044 for period 07/01/06 to September 30, 07

Nondwelling Rent: (NOT for Section 23 Leased housing.) Complete Item 1, specifying each space rented, to whom, and the rental terms. For example, Community Building Space - Nursery School - \$50 per month, etc. Cite changes anticipated during the Requested Budget Year affecting estimated Non-dwelling Rental Income.

1.	Space Rented	To Whom	Rental Terms
	201 Hightc 201 Hightower St.	Jonesboro Housing Authority for Office Space	200.00 per month on the 1st day of each month
	203 Hightc 203 Hightower St.	Jonesboro Housing Authority for Office Space	200.00 per month on the 1st day of each month
	205 Hightc 205 Hightower St.	Jonesboro Housing Authority for Office Space	200.00 per month on the 1st day of each month

2. Comments

Nondwelling Rent estimated in the amount of: \$7,200

Interest on General Fund Investments: State the amount of present General Fund investment and the percentage of the General Fund it represents. Explain circumstances such as increased or decreased operating reserves, dwelling rent, operating expenditures, etc., which will affect estimated average monthly total investments in the Requested Budget Year. Explain basis for distribution of interest income between housing programs.

Estimated Cash Avail. for Investment of **\$124,936** times Estimated Average T-Bill Rate of **4.49%**
 equals which is **\$14.61** PUM times **384** Unit Months Available
 equals **\$5,610**

Other Comments on Estimates of Oper. Receipts: Give comments on all other significant sources of income which will present a clear understanding of the HA's prospective Operating Receipts situation during the Requested Budget Year. For Section 23 Leased housing explain basis for estimate of utility charges to tenants.

	<u>Gross Amt.</u>
Sales and Services to Residents of:	\$0
Cable TV in the amount of :	\$0
Laundry & Vending in the amount of:	\$0
Late Charges in the amount of:	\$0
Charges to Other Programs (Section 8, etc.)	\$0
	\$0
	=====
	\$0 PUM equals \$0.00

Operating Expenditures

Summary of Staffing and Salary Data

Complete the summary below on the basis of information shown on form HUD-52566, Schedule of All Positions and Salaries, as follows:

- Column (1) Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.
- Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to mgmt. at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).
- Column (3) Enter the portion of total salary expense shown in Column (5) or (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.
- Column (4) Enter the portion of total salary expense shown in Column (5) or (10), form HUD-52566, allocable to Section 23 Leased housing in management.
- Column (5) Enter the portion of total salary expense shown in Column (5) or (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).
- Column (6) Enter the portion of total salary expense shown in Column (5) or (9), form HUD-52566, allocable to Section 8 programs.

Note: The number of equivalent full-time positions and the amount of salary expense for all positions designated "M" on form HUD-52566 must be equitably distributed to account lines **Ordinary Maintenance and Operation--Labor, Extraordinary Maintenance Work Projects, and Betterments and Additions Work Projects.**

Account Line	Total Number of Positions (1)	Equivalent Full-Time Positions (2)	HUD-Aided Management Program			
			Salary Expense			
			Management (3)	Section 23 Leased Hsg. (4)	Modernization Programs (5)	Section 8 Program (6)
Administration--Nontechnical Salaries (1)	23	23.00	\$15,250		\$0	\$802,399
Administration--Technical Salaries (1)						
Ordinary Maintenance and Operation--Labor (1)	1	1.00	\$33,103			
Utilities--Labor (1)			\$0			
Other (Specify) (Tenant Services, Legal, etc.) (1)			\$0			
Extraordinary Maintenance Work Projects (2)						
Betterments and Additions Work Projects (2)						

- 1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget) the amount of salary expense shown in Column (4) on the corresponding line above.
- 2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on HUD-52567.

Specify all proposed new positions and all present positions to be abolished in the Requested Budget Year. Cite prior HUD concurrence in proposed staffing changes or present justification for such changes. Cite prior HUD concurrence in proposed salary increases for Administration Staff or give justification and pertinent comparability information. Cite effective date for current approved wage rates (form HUD-52158) and justify all deviations from these rates.

No New Positions

Salary Schedules reflect Cost of Living Adjustment (COLA) of 5.00%

Travel, Publications, Membership Dues and Fees, Telephone and Telegraph and Sundry: In addition to "Justification for Travel to Conventions and Meetings" shown on form HUD-52571, give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for these accounts in the Current Budget Year. Explain basis for allocation of each element of these expenses.

Refer to HUD-52571 (Administrative Expenses Other Than Salaries)

Utilities: Give an explanation of substantial Requested Budget Year estimated increases over the PUM rate of expenditures for each utility service in the Current Budget Year. Describe and state estimated cost of each element of "Other Utilities Expense".

Refer to HUD-52722A (Calculation of Allowable Utilities Expense Level)

Ordinary Maintenance and Operation – Materials: Give an explanation of substantial Requested Budget Year estimated PUM increases over the PUM rate of expenditures for materials in the Current Budget Year.

Materials Estimated at: \$3,908

Ordinary Maintenance and Operation – Contract Costs: List each ordinary maintenance and operation service contracted for and give the estimated cost for each. Cite and justify new contract services proposed for the Requested Budget Year. Explain substantial Requested Budget Year increases over the PUM rate of expenditure for Contract Services in the Current Budget Year. If LHA has contract for maintenance of elevator cabs, give contract cost per cab.

Cable TV	\$0	Elevator Service/Repairs	\$0	divided by 2 cabs =
Pest Control	\$0			\$1,450 per cab
Fire Extinguisher Inspections	\$0			
Apartment Painting	\$0			
Other (HVAC)	\$0			
Robertson Sanitation (Garbage Pickup)	\$2,553	TOTAL CONTRACTS:	\$2,553	

Insurance Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

Fire and Extended Coverage and Public Official's Liability	\$5,213
Employee Dishonesty	\$44
Automobile	\$322
Workman's Compensation	\$982
Fidelity Bond	\$100
Companion Business Protector	\$167
Moutrie Blanket Bond	\$203
	=====
TOTAL INSURANCE:	\$7,031

Employee Benefit Contributions: List all Employee Benefit plans participated in. Give justification for all plans to be instituted in the Requested Budget Year for which prior HUD concurrence has not been given.

FICA:	7.65% X Total Payroll of	\$48,353	equals:	\$3,699 per year
	=====			
Hospitalization:				\$8,760 per year
Retirement:	18.19% X Total Payroll of	\$48,353	equals:	\$8,795 per year
	=====			
Unemployment:	1.20% times 1st	\$7,000 /person \$	108,832 equals	\$1,306 per year
	=====			=====
		TOTAL BENEFITS:		\$22,560

Collection Losses: State the number of tenants accounts receivable to be written off and the number and total amount of all accounts receivable for both present and vacated tenants as of the month in which the estimate was computed.

Estimated at: **\$1,612** for the Requested Budget Year.
=====

Extraordin ary Maintenance, Rep lacement, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

See HUD 52567 (Schedule of Nonroutine Expenditures)

Contracts: List all contracts, other than those listed on page 3 of this form under Ordinary Maintenance & Operation (OMO). Cite the name of the contractor, type of contract, cost of contract, and contract period. Justification must be provided for all contract services proposed for the Requested Budget Year (RBY). Explain substantial RBY increases over the PUM rate of expenditure for these contracts in the Current Budget Year.

N/A

**Operating Fund
Calculation of Operating Subsidy
PHA-Owned Rental Housing**

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

OMB Approval No. 2577-0029 (exp.10/31/2008)

Public Reporting Burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete the form, unless it displays a currently valid OMB control number. This information is required by Section 9(a) of the U.S. Housing Act of 1937, as amended, and by 24 CFR Part 990 HUD regulations. HUD makes payments for the operation and maintenance of low-income housing projects to PHAs. The Operating Fund determines the amount of operating subsidy to be paid to PHAs. PHAs provide information on the Project Expense Level (PEL), Utilities Expense Level (UEL), Other Formula Expenses (Add-ons) and Formula Income - the major Operating Fund components. HUD reviews the information to determine each PHA's Formula Amount and the funds to be obligated for the Funding Period to each PHA based on the appropriation by Congress. HUD also uses the information as the basis for requesting annual appropriations from Congress. Responses to the collection of information are required to obtain a benefit. The information requested does not lend itself to confidentiality.

Section 1

1. Name and Address of Public Housing Agency:		2. Funding Period: 1/1/____ to 12/31/____	
JONESBORO HOUSING AUTHORITY 203 HIGHTOWER STREET JONESBORO, GEORGIA 30236		3. Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____	
4. ACC Number:	5. Fiscal Year End		6. Operating Fund Project Number
A-3495	<input type="checkbox"/> 12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30 <input checked="" type="checkbox"/> 9/30		<small>AMP:</small> GA22800107D
7. DUNS Number:	HUD Use Only		
149181625	8. ROFO Code:	9. Financial Analyst:	

Section 2

Calculation of ACC Units for the 12-month period from July 1 to June 30 that is prior to the first day of the Funding Period:

ACC UNITS ON 07/01/2005	+	Units Added to ACC	-	Units Deleted From ACC	=	ACC Units on 6/30/____
35		0		0		35

Line No.	Category	Column A Unit Months	Column B Eligible Unit Months (EUMs)	Column C Resident Participation Unit Months
----------	----------	-------------------------	---	--

Categorization of Unit Months:

Occupied Unit Months

01	Occupied dwelling units - by public housing eligible family under lease	352	352	352
02	Occupied dwelling units - by PHA employee, police officer, or other security personnel who is not otherwise eligible for public housing	0		0
03	New units - eligible to receive subsidy during the fiscal year but not included on Lines 01, 02, or 05-13 of this section	0	0	0
04	New units - eligible to receive subsidy from 10/1 to 12/31 of previous funding period but not included on previous Calculation of Operating Subsidy	0	0	0

Vacant Unit Months

05	Units undergoing modernization	0	0	
06	Special use units	0	0	
06a	Units on Line 02 that are occupied by police officers and that also qualify as special use units		0	
07	Units vacant due to litigation	0	0	
08	Units vacant due to disasters	0	0	
09	Units vacant due to casualty losses	0	0	
10	Units vacant due to changing market conditions	0	0	
11	Units vacant and not categorized above	32		
12	Units eligible for asset repositioning fee and still on ACC (occupied or vacant)	0		
13	All other ACC units not categorized above	36		

Calculations Based on Unit Months:

14	Limited vacancies		32	
15	Total Unit Months	420	384	352
16	Units eligible for funding for resident participation activities (Line 15C divided by 12)			29

Special Provision for Calculation of Utilities Expense Level:

17	Unit months for which actual consumption is included on Line 01 of form HUD- 52722 and that were removed from Lines 01 through 11, above, because of removal from inventory, including eligibility for the asset repositioning fee		0	
----	--	--	---	--

Section 3

Line No.	Description	Requested by PHA	HUD Modifications
----------	-------------	------------------	-------------------

Part A. Formula Expenses

Project Expense Level (PEL)

01	PUM project expense level (PEL)	\$374.51	
02	Inflation factor	1.02000	
03	PUM inflated PEL (Part A, Line 01 times Line 02)	\$382.00	
04	PEL (Part A, Line 03 times Section 2, Line 15, column B)	\$146,688	

Utilities Expense Level (UEL)

05	PUM utilities expense level (UEL) (from Line 26 of form HUD-52722)	\$111.23	
06	UEL (Part A, Line 05 times Section 2, Line 15, column B)	\$42,712	

Add-Ons

07	Self-sufficiency	\$0	
08	Energy loan amortization	\$0	
09	Payment in lieu of taxes (PILOT)	\$2,900	
10	Cost of independent audit	\$3,075	
11	Funding for resident participation activities	\$725	
12	Asset management fee	\$0	
13	Information technology fee	\$840	
14	Asset repositioning fee	\$0	
15	Costs attributable to changes in federal law, regulation, or economy	\$0	
16	Total Add-Ons (Sum of Part A, Lines 07 through 15)	\$7,540	
17	Total Formula Expenses (Part A, Line 04 plus Line 06 plus Line 16)	\$196,940	

Part B. Formula Income

01	PUM formula income	\$219.58	
02	PUM change in utility allowances	\$0.00	
03	PUM adjusted formula income (Sum of Part B, Lines 01 and 02)	\$219.58	
04	Total Formula Income (Part B, Line 03 times Section 2, Line 15, column B)	\$84,319	

Part C. Other Formula Provisions

01	Moving-to-Work (MTW)	\$0	
02	Transition funding	-\$31,453	
03	Other	\$0	
04	Total Other Formula Provisions (Sum of Part C, Lines 01 through 03)	-\$31,453	

Part D. Calculation of Formula Amount

01	Formula calculation (Part A, Line 17 minus Part B, Line 04 plus Part C, Line 04)	\$81,169	
02	Cost of independent audit (same as Part A, Line 10)	\$3,075	
03	Formula amount (greater of Part D, Lines 01 or 02)	\$81,169	

Part E. Calculation of Operating Subsidy (HUD Use Only)

01	Formula amount (same as Part D, Line 03)		
02	Adjustment due to availability of funds		
03	HUD discretionary adjustments		
04	Funds Obligated for Period (Part E, Line 01 minus Line 02 minus Line 03)		
	Appropriation symbol(s):		

Section 4

Remarks (provide section, part and line numbers):

Section 5**Certifications:**

- In accordance with 24 CFR 990.215, I hereby certify that **JONESBORO HOUSING AUTH** Housing Agency is in compliance with the annual income reexamination requirements and that rents and utility allowance calculations have been or will be adjusted in accordance with current HUD requirements and regulations.
- In accordance with 24 CFR 990.190(f), I hereby certify that JONESBORO HOUSING AUTHORITY Housing Agency has fewer than 250 units and has elected to transition to asset management and therefore is eligible to receive an asset management fee.
- I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Signature of Authorized PHA Representative and Date:

X

Signature of Authorized HUD Representative and Date:

X

**Operating Fund
Calculation of Utilities Expense Level
PHA-Owned Rental Housing**

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

OMB Approval No. 2577-0029 (exp. 10/31/2008)

Public Reporting Burden for this collection of information is estimated to average .75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete the form, unless it displays a currently valid OMB control number. This information is required by Section 9(a) of the U.S. Housing Act of 1937, as amended, and by 24 CFR Part 990 HUD regulations. HUD makes payments for the operation and maintenance of low-income housing projects to PHAs. The Operating Fund determines the amount of operating subsidy to be paid to PHAs. PHAs provide information on the Project Expense Level (PEL), Utilities Expense Level (UEL), Other Formula Expenses (Add-ons) and Formula Income - the major Operating Fund components. HUD reviews the information to determine each PHA's Formula Amount and the funds to be obligated for the period to each PHA based on the appropriation by Congress. HUD also uses the information as the basis for requesting annual appropriations from Congress. Responses to the collection of information are required to obtain a benefit. The information requested does not lend itself to confidentiality.

Section 1 -- General Information

1. Name of Public Housing Agency: JONESBORO HOUSING AUTHORITY		2. Funding Period: 1/1/2007 12/31/2007		3. Type of Submission: <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No. _____		4. Unit Change Indicator: <input type="checkbox"/> Yes		5. Frozen Rolling Base: <input type="checkbox"/> Yes		6. Rate Reduction Incentive: <input type="checkbox"/> Yes	
7. ACC Number: A-145		8. Operating Fund Project Number: AMP: GA22800107D		9. Fiscal Year End: <input type="checkbox"/> 12/31 <input type="checkbox"/> 3/31 <input type="checkbox"/> 6/30 <input checked="" type="checkbox"/> 9/30				10. ROFO Code (HUD Use Only): TN045		11. DUNS Number: 149181625	

Line No.	Description	Sewerage and Water	Electricity	Gas	Fuel (Specify Type, e.g., oil, coal, wood)			Total
					F	G	H	
A	B	C	D	E	F	G	H	I

Section 2 -- Current Consumption Level

01	Actual consumption (12-month period 7/1/___ to 6/30/___) 2006	1,228,000	44,470	15,831	52,763	53,872	26,789	
01a	Unit of consumption (e.g., gallons, kWh, therms)	GALLONS	kWh	therms				

Section 3 -- Rolling Base Consumption Level

02	Rolling base year 1- actual consumption (12-month period 7/1/___ to 6/30/___) 2005	1,176,999	35,693 ¹	17,912	57,898	58,978	28,792	
03	Rolling base year 2- actual consumption (12-month period 7/1/___ to 6/30/___) 2004	1,169,496	33,538	19,934	59,132	59,931	29,297	
04	Rolling base year 3- actual consumption (12-month period 7/1/___ to 6/30/___) 2003	2,003,082	24,163	19,989	53,459	54,395	27,698	
05	Total consumption during 3-year rolling base period (Line 02 + Line 03 + Line 04)	4,349,577	93,394	57,835	170,489	173,304	85,787	

06	Average rolling base consumption (Line 05 ÷ 3)	1,449,859	31,131	19,278	0	0	0	
07	Actual consumption for new units	0	0	0	0	0	0	
08	Rolling Base Consumption (Line 06 + Line 07)	1,449,859	31,131	19,278	0	0	0	
Section 4 - Base Consumption								
09	Base Consumption (Lesser of Line 01 or Line 08)	1,228,000	31,131	15,831	0	0	0	
Section 5 - Utility Consumption Incentive								
10	Actual consumption > rolling base (If Line 01 is greater than Line 08, enter the difference as positive; if not, enter 0)	0	13,339	0	0	0	0	
11	Actual consumption < rolling base (If Line 01 is less than Line 08, enter the difference as positive; if not, enter 0)	221,859	0	3,447	0	0	0	
12	75%/25% Split (Line 10 x 0.25)	0	3,335	0	0	0	0	
13	75%/25% Split (Line 11 x 0.75)	166,394	0	2,586	0	0	0	
Section 6 - Payable Consumption								
14	Annualization of consumption for new units	0	0	0	0	0	0	
15	Payable consumption (Sum of Line 09, Line 12, Line 13 and Line 14)	1,394,394	34,466	18,417	0	0	0	
Section 7 - Actual Utility Costs and Average Rate								
16	Actual utility costs (12-month period 7/1/____ to 6/30/____) 2006	\$10,370	\$5,884	\$24,270	\$0	\$0	\$0	
17	Actual average utility rate (Line 16 ÷ Line 01)	\$0.0090	\$0.1330	\$1.5330	\$0.0000	\$0.0000	\$0.0000	
Section 8 - Base Utilities and Inflation/Deflation Factor								
18	Base utilities expense level -- whole dollars (Line 15 x Line 17)	\$12,550	\$4,584	\$28,232	\$0	\$0	\$0	\$45,366
19	Surcharges for excess consumption of PHA-supplied utilities in whole dollars (12-month period 7/1/____ to 6/30/____) 2006							\$3,086

AMP:

Operating Fund Project Number:
GA22800107D

20	Base utilities expense level minus surcharges (Line 18 minus Line 19)		\$42,280
21	Utilities inflation/deflation factor		1.0200
Section 9 - Calculation of Utilities Expense Level			
22	Utilities expense level adjusted for inflation/deflation -- whole dollars (Line 20 x Line 21)		\$42,711
23	Energy rate incentive		\$0
24	Utilities expense level -- whole dollars (Line 22 + Line 23)		\$42,711
25	Eligible unit months (from the original form HUD-52723, Column B, Line 15 plus Line 17 minus Line 04)		384
26	Utilities Expense Level -- PUM (Line 24 ÷ Line 25)		\$111.23
Section 10 - Remarks (provide section, part and line numbers)			

Instructions to form HUD-52722 – Calculation of Utilities Expense Level

General

This form is used to calculate the utilities expense level component of eligibility for operating subsidy pursuant to 24 CFR Parts 990.170 – 990.185. It is used for PHA-owned rental housing projects and PHA units in mixed housing developments when operating subsidy is requested for such developments under the Operating Fund Program.

This form shall not be used for the Turnkey III and Mutual Help Homeownership Programs, Section 23 and 10(c) Leased Housing Programs, or the Housing Choice Voucher (Section 8) Program.

Submission of form HUD-52722. Submit form HUD-52722 to the HUD field office for approval together with form HUD-52723, Calculation of Operating Subsidy.

A separate form must be prepared for each project or group of projects under a separate Annual Contributions Contract (ACC).

More than six utility types. If a PHA has more than six utility types, the PHA shall use additional forms as needed. For each form, the PHA shall fill out Line items 01 through 17 pursuant to the instructions on the form. Lines 18 through 26 should be filled out only on the last form (if multiple forms HUD-52722 are being submitted).

Supporting documentation. The PHA shall retain supporting documentation substantiating the data reported on this form for a period of five years after the year in which operating subsidy funds were received pursuant to 24 CFR 990.325.

Section 1 – General Information

- 1. Name of Public Housing Agency.** Enter the name of the PHA.
- 2. Funding Period 1/1/___ to 12/31/___.** All PHAs will be funded from the Operating Fund Program for the same period, regardless of PHA fiscal year. In both blanks, enter the calendar year for which this form is submitted. All references throughout this form to funding period pertain to this period.
- 3. Type of Submission.** If this is the first submission to HUD for this funding period, enter an "X" in the Original box. For all subsequent submissions to HUD for this funding period, enter an "X" in the Revision box and enter the revision number.
- 4. Unit Change Indicator.** If the PHA's utility records for the 12-month period ending June 30th that is 6 months prior to the first day of the funding period contain consumption data for units for less than a 12 month period (e.g., new units, demolished units), enter an "X" in the box and note the number of units, number of months associated, and related consumption for these units in Section 10, Remarks, of this form.
- 5. Frozen Rolling Base.** Enter an "X" in the box if the PHA has a HUD-approved frozen rolling base pursuant to 24 CFR 990.185(a)(1).
- 6. Utility Rate Reduction Incentive.** Enter an "X" in the box if the PHA has a HUD-approved utility rate reduction incentive pursuant to 24 CFR 990.185(b).
- 7. ACC Number.** Enter the number of the ACC covering the projects for which this form is submitted.

8. Operating Fund Project Number. Enter the operating fund project number for which this form is being submitted.

9. Fiscal Year End. Enter an "X" in the box that corresponds to the ending date of the PHA's fiscal year.

10. ROFO Code. Enter the region and field office code for the HUD field office that has jurisdiction over the PHA (HUD use only).

11. DUNS Number. Enter the PHA's Dunn & Bradstreet Universal Numbering System identification number.

Columnar Headings

Columns F, G, and H: Fuel. Specify the type(s) of fuel being consumed by inserting the type(s) in one or more of the columnar headings (e.g., oil, coal, or wood).

Column I, Total. Enter the total of all utilities reported on all forms HUD-52722 under Column I, Lines 18–26. Lines 18–26 should be filled in only on the last form if multiple forms HUD-52722 are being submitted.

Section 2 – Current Consumption Level

Line 01: Actual consumption. By type of utility, enter the actual total consumption for the 12-month period ending June 30th that is 6 months prior to the first day of the funding period. For example, for the funding period beginning January 1, 2007, enter the actual consumption by utility for the period from July 1, 2005, through June 30, 2006. Separate utility information shall be reported on Line 01 for each utility type and each utility type should be reported separately if the unit of consumption is different on Line 01a.

Line 01a: Unit of consumption. Indicate for each type of utility the unit of measurement (e.g., therms, kilowatt hours, gallons, cubic feet, etc.), which relates to the consumption shown on Line 01.

Section 3 - Rolling Base Consumption Level

Line 02: Rolling base year 1 - actual consumption. By type of utility, enter the actual or adjusted (see Special Instructions for Specific Items, below) consumption, in the appropriate units of measurement, for the 12-month period ending June 30th that is 18 months prior to the first day of the funding period. For example, for the funding period beginning January 1, 2007, enter the actual consumption by utility for the period from July 1, 2004, through June 30, 2005.

Line 03: Rolling base year 2 - actual consumption. By type of utility, enter the actual or adjusted (see Special Instructions for Specific Items, below) consumption, in the appropriate units of measurement, for the 12-month period ending June 30th that is 30 months prior to the first day of the funding period. For example, for the funding period beginning January 1, 2007, enter the actual consumption by utility for the period from July 1, 2003, through June 30, 2004.

Line 04: Rolling base year 3 - actual consumption. By type of utility, enter the actual or adjusted (see Special Instructions for Specific Items, below) consumption, in the appropriate units of measurement, for the 12-month period ending June 30th that is 42 months prior to the first day of the funding period. For example, for the funding period beginning January 1, 2007, enter the actual consumption by utility for the period from July 1, 2002, through June 30, 2003.

Line 05: Total consumption during the 3-year rolling base period. Enter the sum of Lines 02, 03 and 04 in each column.

Line 06: Average rolling base consumption. Divide Line 05 by the number 3 and enter the result in each column.

Line 07: Actual consumption for new units. By type of utility, enter the actual consumption for any new units included in Line 01 that have less than 12 months of actual consumption data. The actual consumption and time period (number of months) reported on this line item should equal the actual consumption and time period (number of months) for these units included in Line 01. See Special Instructions for Specific Items – New Units, for additional information.

Line 08: Rolling Base Consumption. Enter the sum of Lines 06 and 07 in each column.

Section 4 - Base Consumption

Line 09: Base consumption. Enter the lesser of Line 01 or Line 08.

Section 5 - Utility Consumption Incentive

Line 10: Actual consumption greater than (>) rolling base. If actual consumption on Line 01 is greater than the rolling base consumption on Line 08, enter the difference as a positive amount. If not, enter zero.

Line 11: Actual consumption less than (<) rolling base. If actual consumption on Line 01 is less than the rolling base consumption on Line 08, enter the difference as a positive amount. If not, enter zero.

Line 12: 75%/25% Split. Multiply the amount in each column on Line 10 by 0.25 and enter the result in the corresponding column on Line 12.

Line 13: 75%/25% Split. Multiply the amount in each column on Line 11 by 0.75 and enter the result in the corresponding column on Line 13.

Section 6 - Payable Consumption

Line 14: Annualization of consumption for new units. By type of utility, enter the estimated consumption for new units that are eligible for subsidy during the funding period but:

- 1) Do not have a full 12 months of actual consumption data on Lines 01 and 07; or
- 2) Do not have any consumption data on Lines 01 and 07.

The amount of consumption entered on this line item should reflect the estimated difference between a full 12 months of consumption and the number of months reported on Lines 01 and 07. (For example, if the PHA reports four months of consumption for new units on Lines 01 and 07, the PHA would estimate an additional eight months of consumption for these new units on this line item. If the PHA reports zero months of consumption on Lines 01 and 07, the PHA would estimate twelve months of consumption.

Note: The annualization of consumption of new units shall be determined by using the consumption experience of a project or units (same PHA or other PHA with comparable types of utilities) likely to have comparable per unit levels of consumption based on the physical characteristics of the buildings. The annualization amount shall take into account the season(s) for which the estimate is being prepared. For additional information, see Special Instructions for Specific Items - New Units, below.

Line 15: Payable consumption. Sum Lines 09, 12, 13 and 14 of each column and enter the result in the corresponding column on Line 15.

Section 7 - Actual Utility

Line 16: Actual utility costs. month period ending June 30th. Round to whole dollars. For each utility, enter the actual costs by utility for the period.

Line 17: Actual average utility. Enter the corresponding column of Line 16.

Section 8 - Base Utilities

Line 18: Base utilities expense. Enter the corresponding column on Line 16. Round to whole dollars. Enter the form HUD-52722 if multiple forms are used.

Line 19: Surcharges for excise taxes. Enter the amount of excise taxes on supplied utilities for the 12-month funding period. Round to whole dollars.

Line 20: Base utilities expense. Total column of Line 19 from the actual Total column of Line 20.

Line 21: Utilities inflation/deflation factor. Enter the inflation/deflation factor supplied by the utility.

Section 9 - Calculation of Subsidy

Line 22: Utilities expense level. Total column of Line 20 by the utility inflation/deflation factor. Enter the result in the Total column.

Line 23: Energy rate incentive. Enter the amount of approved utility rate reduction incentive pursuant to 24 CFR 982.209(c)(2) if the PHA has been approved for such a reduction. If the PHA has not been approved for such a reduction, enter zero. The calculation of such costs on a project must be submitted with the form HUD-52722. **Line 24: Utilities expense level.** Total column of Line 22.

Line 25: Eligible unit months. Enter the number of eligible units multiplied by the number of months in the funding period. Enter the result in the Total column.

Line 26: Utilities expense level. Total column of Line 24 divided by the number of eligible unit months. Enter the result in the Total column. The amount shall be entered on Section 9 of the Operating Subsidy.

Utility Costs and Average Rate

costs. By type of utility, enter the actual total utility costs for the 12-month period ending June 30th that is 6 months prior to the first day of the funding period. For example, for the funding period beginning January 1, 2007, enter the actual utility costs for the period from July 1, 2005, through June 30, 2006.

average utility rate. Enter the results of dividing each column of Line 16 by the amount in the Total column of Line 01. Round results to four decimal places.

Utilities and Inflation Factor

expense level. Multiply the amount in each column of Line 15 by the amount in the Total column of Line 17 and enter the result in the corresponding column on Line 18. Enter the total of all columns in Line 18 in the Total column (or the last column if the sample forms HUD-52722 are being submitted).

for excess consumption of PHA-supplied utilities. In the Total column of Line 18, enter the amount of charges to residents for excess utility consumption for PHA-supplied utilities for the 12-month period ending June 30th that is 6 months prior to the first day of the funding period. Round to whole dollars.

expense level minus surcharges. Subtract the amount in the Total column of Line 19 from the amount in the Total column of Line 18 and enter the result in the Total column of Line 20.

inflation/deflation factor. In the Total column, enter the applicable utilities inflation/deflation factor supplied by HUD pursuant to 24 CFR 990.170(d).

Inflation/Deflation of Utilities Expense Level:

expense level adjusted for inflation/deflation. Multiply the amount in the Total column of Line 20 by the utilities inflation/deflation factor in the Total column of Line 21 and enter the result in the Total column of Line 22. Round to whole dollars.

incentive. In the Total column, enter the amount in whole dollars for an action incentive. If a PHA has been approved by HUD for the utility rate savings action pursuant to 24 CFR 990.185(b), calculate actual utility costs as they would have been had the action had not been taken. If these costs are greater than actual utility costs, calculate one-half of the difference and enter on Line 23. (The amount of savings as they would have been had the action not been taken requires documentation to support these rate savings on a monthly basis.) Documentation to support these rate savings should be submitted with the form HUD-52722 to the HUD field office.

expense level (whole dollars). Sum Lines 22 and 23 and enter in the Total column of Line 24.

months. From the **original** form HUD-52723, Calculation of Operating Expenses, enter Line 15 plus Line 17 minus Line 04 from Section 2, Inflation/Deflation, column.

expense level (PUM). Divide Line 24, Total column, by Line 25, Total column of Line 26. Round to two decimal places. This result is entered on Section 3, Part A, Line 05 of the form HUD-52723, Calculation of

Special Instructions for Specific Items

Flat rates. If a utility has a flat rate, only enter the words "Flat Rate" on Lines 01-15 and 17 for that utility. Enter actual costs on Line 16 and the same amount on Line 18. The PHA shall complete the remainder of this form in accordance with the instructions for Lines 19–26.

New units. PHAs should follow the instructions in this part when new units are eligible for subsidy in the funding period. Consumption associated with these new units should be added to consumption of existing units on the following lines for the applicable columns:

Line 01: Actual consumption. If there is no consumption for new units during the reporting period, do not add any consumption. If there is partial or full consumption for new units during the reporting period, add the actual consumption during the reporting period.

Line 02: Rolling base year 1 – actual consumption. If there is no consumption or partial consumption for new units during the reporting period, do not add any consumption. Once there are a full 12 months of consumption for new units during the reporting period, add the actual consumption during the reporting period.

Line 03: Rolling base year 2 – actual consumption. If there is no consumption or partial consumption for new units during the reporting period, add the same consumption that was added to Line 02. Once there are a full 12 months of consumption for new units during the reporting period, add the actual consumption during the reporting period.

Line 04: Rolling base year 3 – actual consumption. If there is no consumption or partial consumption for new units during the reporting period, add the same consumption that was added to Line 03. Once there are a full 12 months of consumption for new units during the reporting period, add the actual consumption during the reporting period.

Line 07: Actual consumption for new units. If there is no consumption for new units Line 01, do not enter any consumption on Line 07. If Line 01 has partial or full consumption for new units but Line 02 does not have any consumption for new units, enter the same amount of consumption for new units that was entered on Line 01. If Line 02 also has consumption for new units, do not enter any consumption on Line 07.

Note: Lines 02 through 07 are all used to calculate the rolling base on Line 08. In order to make the rolling base on Line 08 comparable to Line 01 so that the utility consumption incentive can be calculated, Line 08 must always include the same number of months of consumption as Line 01.

Line 14: Annualization of consumption for new units. If there is no consumption or partial consumption for new units on Lines 01 and 07, enter the estimated difference between a full 12 months of consumption and the number of months reported on Lines 01 and 07. If there is a full 12 months of consumption for new units on Line 01, do not enter any consumption on Line 14.

Note: Line 14 is necessary for new units that are eligible to receive operating subsidy during the funding period but for which consumption is not or is only partially reflected on Line 01.

PHAs will not resubmit or adjust the form HUD-52722, Calculation of Utilities Expense Level, for new units coming online after the June 30th date used in Line 01, actual consumption. Additional funding for utility expenses associated with these new units will be handled only through a change in eligible unit months on form HUD-52723, Calculation of Operating Subsidy. Consumption data for new units will begin to be incorporated in the form HUD-52722 the following year.

Demolition or disposition of units. PHAs that are disposing or demolishing projects or entire buildings within a project shall exclude **all** data by utility (rate, consumption, rolling base, eligible

unit months, etc.) for these projects. PHAs should ensure that the 12-month period ending June 30th no longer contains a full 12 months of consumption for buildings. The PHA also shall not provide HUD additional details adjustment in the remarks section.

PHAs that are permanently displacing units within a building shall also provide information regarding these units to HUD. PHAs should report 10% of the total units within a building no adjustment; that is, this transaction. As required by 24 CFR Part 99, PHAs should report to HUD projects, or entire projects. This event will trigger a debarment fee. HUD-52723, Calculation of Operating Subsidy. PHAs should adjust the form HUD-52722.

Consumption Data Unavailable. PHAs should not report consumption data from its existing records if this event occurs. The PHA will develop a plan for particular utility or utilities from its existing records. PHAs should report the Rolling Base Period that is consistent with the event when they were notified.

The estimated consumption should be based on the best possible, physical attributes of the building and the heating and cooling system. PHAs should report the actual experience and the net heating. If consumption of cooling is reported during the same period.

If the HUD field office approves, PHAs should expand the full rolling base consumption, one year of actual consumption (Line 02), the consumption of the previous two years.

Frozen rolling base (24 CFR 99)

(1) PHAs shall prepare a separate report for the frozen rolling base incentive. HUD-52722 must be prepared for the frozen rolling base. HUD-52722 will be prepared for the frozen rolling base.

Line 01: Follow normal instructions for Line 01 ending June 30th that is 6 months.

Lines 02-04: Enter the frozen rolling base consumption measures initially reported and adjusted to reflect any energy savings measures (see Fund Program). See 24 CFR 99.203.

Frozen rolling bases shall conform to the requirements of HUD-52722 already approved based on the PHA's financial information. PHAs should not have to be recomputed to a new term.

These projects or buildings once the actual consumption (see Line 01) for the reporting period ending June 30th that is 6 months prior to the first day of the funding period. PHAs shall make an appropriate adjustment to the rolling base. PHAs shall provide details (i.e., amounts, calculation and methodology) regarding this adjustment in this section of this form or as a separate attachment.

When permanently disposing or demolishing units equal to or more than 10% of the total units in a project, PHAs shall also follow the instructions, above, as they relate to the utility expense for these units. If the PHA is permanently disposing or demolishing less than 10% of the total units in a building or 5 or fewer units within a building, the PHA shall make an adjustment. This transaction will flow through the rolling base without any adjustment.

Part 990.155, Additions and deletions of units, PHAs will periodically add or delete entire buildings in a project, that are eligible for an asset-repositioning grant. This event will result in a decline in the number of eligible unit months reported on the form HUD-52722, Calculation of Utilities Expense Level. This event **will not** trigger a resubmission or an appeal.

Unavailable. If a PHA has not maintained or cannot recapture actual utility data for existing units (not new units), the PHA will notify the HUD field office. The PHA will develop comparable consumption data (an estimate) regarding actual utility expenses from its records or from the records of comparable units for the full reporting period. This estimate is consistent with the methodology approved by the HUD field office.

The estimate should be based upon actual experience taking into account, where available, the characteristics of the units, the relationship of the heating degree days of the period for which the estimate is developed and the missing experience when considering utilities used for space heating. If comparable units are used, that consumption must have taken place during the same period.

When a PHA improves the use of data for a period of at least 24 months, it shall be used to replace the rolling base period. For example, if the PHA has two years of actual utility data and the first year of the rolling base period is missing, the utility data for the first year of the rolling base will be used to populate the missing year of the rolling base (Lines 03 and 04).

CFR 990.185(1).

On a separate form HUD-52722 for the project(s) and utility(ies) involved for each contract. If the PHA has more than one contract, separate forms HUD-52722 shall be submitted for the project(s) and utility(ies) under each contract. Separate forms shall be submitted for the duration of the contract period for each contract.

PHAs shall follow the instructions (i.e., enter the actual consumption for the 12-month period ending 6 months prior to the first day of the funding period).

When a rolling base is frozen at the level calculated for the year during which the units are initially implemented. Before the rolling base is frozen it must be adjusted for energy savings resulting from the use of any HUD funding (e.g., Capital Energy Assistance). See CFR 990.185 (a)(1)(i) for other allowable adjustments.

Rolling bases shall conform to a July 1st through June 30th reporting period, unless otherwise specified on the PHA's fiscal year. Frozen rolling bases that have been reported on the PHA's fiscal year end shall continue to be reported on that basis and do not need to be reported on a July 1st through June 30th reporting period through the contract period.

The annual three-year rolling base procedures for computing the rolling base shall be reactivated after the PHA satisfies the conditions of the contract. The three years of consumption data to be used in calculating the rolling base after the end of the contract shall be the actual consumption level, conforming to a July 1st through June 30th reporting period, for the final three years of the contract.

Lines 05-08: Follow normal instructions.

Line 09: Enter Line 08 amount on Line 09.

Lines 10-13: Leave blank.

Lines 14-24: Follow normal instructions.

Lines 25-26: Leave blank.

(2) PHAs shall prepare a separate form HUD-52722 for the project(s) and utility(ies) that do not have a frozen rolling base following normal procedures.

(3) Consolidated form HUD-52722: PHAs shall prepare a separate form HUD-52722 consolidating the utility information for the frozen and non-frozen rolling base forms:

Header: Complete as normal but write "Consolidated" on the top of the form.

Lines 01-17: Leave blank.

Line 18: Sum columns on Line 18 of all the forms and enter the result in each column and in the Total column.

Line 19: Sum Lines 19 of all the forms and enter the result in the Total column.

Line 20-22: Follow normal instructions.

Line 23: Sum Lines 23 of all the forms and enter the result in the Total column.

Line 24-26: Follow normal instructions.

Other situations requiring adjustments to avoid distortion of the rolling base consumption level.

A PHA shall report its rolling base so as not to materially distort the rolling base period. The following events trigger a material distortion to the rolling base: a conversion from one energy source to another; interruptible service sufficient to cause discernible variance from normal consumption patterns; a switch from resident-purchased to PHA-supplied utilities; or a switch from PHA-supplied to resident-purchased utilities. Actual consumption of projects having the situations described above shall be established or adjusted in accordance with the instructions, below, and other guidance.

The overriding consideration of all of the adjustments is that the consumption data shall not be distorted by including in Lines 02 - 08 consumption information that is not comparable to Line 01 of this form.

Conversion from one utility type to another type (e.g., from oil to gas). A PHA shall convert the discontinued utility consumption data into a comparable unit of consumption of the new utility (e.g., BTUs). The PHA will convert the rolling base consumption data into the same common unit of measurement. If the actual consumption data that would be reported in Line 01 contains consumption for both utilities types, the PHA will convert the discontinued utility into the same common unit of measurement.

Switch of utilities from resident
Instructions for Specific Items - PHA supplied utility(ies).

Switch of utilities from PHA-s
supplied to resident-purchased (base, eligible unit months, etc.) HUD-52722 submission following amounts, calculation and method form or as a separate attachment

Interruptible service. If the P service from one energy source a reasonable reporting method (variance from normal consumption considered until after the interrupt season has ended.

Unoccupied projects and unit: modernization), PHAs shall make

1 resident-purchased to PHA-supplied. PHAs will follow the Special Items - New Units, paragraph 2, for switches from resident-purchased to

1 PHA-supplied to resident-purchased. PHAs that switch from PHA-purchased utilities will exclude all data by utility (rate, consumption, rolling bills, etc.) for these resident-purchased utilities on the next original form following the switch. PHAs shall provide HUD additional details (i.e., methodology) regarding this adjustment in Section 10, Remarks, of this attachment.

If the PHA has a utilities combination which provides for interruptible service from one source to another, the HUD field office shall be contacted to determine the appropriate method on this form, if the interruption is sufficient to cause discernible changes in utility consumption patterns. This adjustment would, of course, not be made if the interruption had occurred and, if possible, not until after the heating season.

and units. For a project that is temporarily unoccupied (e.g., extensive construction), PHAs shall make no adjustment to this form.

Operating Budget

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

OMB Approval No. 2577-0026 (exp. 9/30/2006)

See page four for Instructions and the Public reporting burden statement

a. Type of Submission Original	b. Fiscal Year Ending September 30, 2008	c. No. of months [X] 12 mo.	d. Type of HUD assisted project(s) 01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing 02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA Leased Rental Housing 04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership
e. Name of Public Housing Agency/Indian Housing Authority (PHA/IHA) JONESBORO HOUSING AUTHORITY			i. HUD Field Office ATLANTA, GEORGIA
f. Address (city, State, zip code) 203 HIGHTOWER STREET, JONESBORO, GEORGIA 30236			
g. ACC Number A-3495	h. PAS/LOCCS Project No. GA22800108D		

j. No. of Dwelling Units 31	k. No. of Unit Months Available 372	m. No. of Projects	
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Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2006 PUM (2)	Estimates <input checked="" type="checkbox"/> or Actual Current Budget Yr. 2007 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (To Nearest \$10) (5)	PUM (6)	Amount (To Nearest \$10) (7)
Homebuyers Monthly Payments for:								
010	7710	Operating Expenses						
020	7712	Earned Home Payments Account						
030	7714	Nonroutine Maintenance Reserves						
040	Total	Break-Even Amount (sum of lines 010, 020, and 030)						
050	7716	Excess (or Deficit) in Break-Even Amount						
060	7790	Homebuyers Monthly Payments (Contra)						
Operating Receipts								
070	3110	Dwelling Rentals	\$194.92	\$191.37	\$193.25	\$71,890		
080	3120	Excess Utilities	\$9.30	\$9.41	\$9.97	\$3,710		
090	3190	Nondwelling Rentals	\$20.51	\$19.35	\$19.35	\$7,200		
100	Total	Rental Income (sum of lines 070, 080, and 090)	\$224.73	\$220.13	\$222.58	\$82,800		
110	3610	Interest on General Fund Investments	\$18.40	\$24.38	\$24.62	\$9,160		
120	3690	Other Operating Receipts	\$19.70	\$94.81	\$150.99	\$56,170		
130	Total	Operating Income (sum of lines 100, 110, and 120)	\$262.83	\$339.32	\$398.20	\$148,130		
Operating Expenditures - Administration:								
140	4110	Administrative Salaries	\$17.71	\$46.77	\$42.69	\$15,880		
150	4130	Legal Expense	\$0.00	\$0.00	\$0.00	\$0		
160	4140	Staff Training	\$0.00	\$17.15	\$14.49	\$5,390		
170	4150	Travel	\$0.99	\$0.99	\$1.26	\$470		
180	4170	Auditing Fees	\$8.01	\$8.28	\$7.53	\$2,800		
190	4171	Accounting/or auditing Fees	\$6.41	\$7.53	\$7.53	\$2,800		
200	4190	Other Administrative Expenses	\$12.95	\$6.88	\$6.59	\$2,450		
201	4181	Compensated Absense	\$0.00	\$0.00	\$0.00	\$0		
210	Total	Administrative Expense (sum of line 140 thru 200)	\$46.07	\$87.60	\$80.08	\$29,790		
Tenant Services:								
220	4210	Salaries	\$0.00	\$0.00	\$0.00	\$0		
230	4220	Recreation, Publications and Other Services	\$0.00	\$0.00	\$2.07	\$770		
240	4230	Contract Costs, Training and Other	\$0.00	\$0.00	\$0.00	\$0		
250	Total	Tenant Services Expense (sum of lines 220, 230, 240)	\$0.00	\$0.00	\$2.07	\$770		
Utilities:								
260	4310	Water	\$20.92	\$26.10	\$25.62	\$9,530		
270	4320	Electricity	\$17.43	\$15.59	\$15.91	\$5,920		
280	4330	Gas	\$70.81	\$103.63	\$100.56	\$37,410		
290	4340	Fuel	\$0.00	\$0.00	\$0.00	\$0		
300	4350	Labor	\$0.00	\$0.00	\$0.00	\$0		
310	4390	Other utilities expense	\$12.62	\$25.75	\$25.40	\$9,450		
320	Total	Utilities Expense (sum of line 260 thru line 310)	\$121.78	\$171.07	\$167.50	\$62,310		

Name of PHA / IHA					Fiscal Year Ending			
JONESBORO HOUSING AUTHORITY					30-Sep-07			
Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 2006 PUM (2)	<input checked="" type="checkbox"/> Estimates or Actual Current Budget Yr. 2007 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (To Nearest \$10) (5)	PUM (6)	Amount (To Nearest \$10) (7)
Ordinary Maintenance and Operation:								
330	4410	Labor	\$97.11	\$88.04	\$91.67	\$34,100		
340	4420	Materials	\$12.05	\$35.81	\$35.03	\$13,030		
350	4430	Contract Costs	\$16.84	\$46.83	\$40.94	\$15,230		
360	Total	Ordinary Maintenance & Operation Expense (lines 330 to 350)	\$126.00	\$170.68	\$167.63	\$62,360		
Protective Services:								
370	3110	Labor	\$0.00	\$0.00	\$0.00	\$0		
380	3120	Materials	\$0.00	\$0.00	\$0.00	\$0		
390	3190	Contract Costs	\$0.00	\$0.00	\$0.00	\$0		
400	Total	Protective Service Expense (sum of lines 370 to 390)	\$0.00	\$0.00	\$0.00	\$0		
General Expense:								
410	4510	Insurance	\$20.65	\$20.16	\$17.26	\$6,420		
420	4520	Payments in Lieu of Taxes	\$6.62	\$8.06	\$8.06	\$3,000		
430	4530	Terminal Leave Payments	\$0.00	\$0.00	\$0.00	\$0		
440	4540	Employee Benefit Contributions	\$37.50	\$60.65	\$60.65	\$22,560		
450	4570	Collection Losses	\$4.47	\$17.10	\$14.65	\$5,450		
460	4590	Other General Expense	\$0.00	\$0.00	\$0.00	\$0		
470	Total	General Expense (sum of lines 410 to 460)	\$69.24	\$105.97	\$100.62	\$37,430		
480	Total	Routine Expense (sum of lines 210,250,320,360,400, and 470)	\$363.09	\$537.42	\$517.90	\$192,660		
Rent for Leased Dwellings:								
490	4710	Rents to Owners of Leased Dwellings		\$0.00	\$0.00	\$0		
500	Total	Operating Expense (sum of lines 480 and 490)		\$0.00	\$517.90	\$192,660		
Nonroutine Expenditures:								
510	4610	Extraordinary Maintenance	\$10.33	\$8.06	\$34.14	\$12,700		
511	4620	Casualty Loss, Non Capitalized-Net	\$0.00	\$0.00	\$0.00	\$0		
512	4800	Depreciation Expense	\$183.14	\$0.00	\$0.00	\$0		
520	7520	Replacement of Nonexpendable Equipment	\$0.00	\$9.11	\$18.82	\$7,000		
530	7540	Property Betterments and Additions	\$0.00	\$0.00	\$0.00	\$0		
540	Total	Nonroutine Expenditures (sum of lines 510, 520, and 530)	\$193.47	\$17.18	\$52.96	\$19,700		
550	Total	Operating Expenditures (sum of lines 500 and 540)	\$556.56	\$554.60	\$570.86	\$212,360		
Prior Year Adjustments:								
560	6010	Prior Year Adjustments Affecting Residual Receipts	\$0.00	\$0.00	\$0.00	\$0		
Other Expenditures:								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Year			\$0.00	\$0		
580	Total	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus 570)	\$556.56	\$554.60	\$570.86	\$212,360		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(\$293.73)	(\$215.28)	(\$172.66)	(\$64,230)		
HUD Contributions:								
600	8010	Basic Annual Contribution Earned - Leased Projects:Current Yr			\$0.00	\$0		
610	8011	Prior Year Adjustments - (Debit) Credit			\$0.00	\$0		
620	Total	Basic Annual Contribution (line 600 plus or minus line 610)			\$0.00	\$0		
630	8020	Contributions Earned - Op.Sub:-Cur.Yr. (before year-end adj)	\$131.39	\$187.90	\$187.90	\$69,900		HUD PRORATION
640		Mandatory PFS Adjustments (net):	\$0.00	\$0.00	\$0.00	\$0		
650		Other (specify):	\$0.00	\$0.00	\$0.00	\$0		
660		Other (specify):	\$0.00	\$0.00	\$0.00	\$0		
670		Total Year-end Adjustments/Other (plus or minus 640-660)	\$0.00	\$0.00	\$0.00	\$0		
680	8020	Total Operating Subsidy-current year (630 plus or minus 670)	\$131.39	\$187.90	\$187.90	\$69,900		
690	Total	HUD Contributions (sum of lines 620 and 680)	\$131.39	\$187.90	\$187.90	\$69,900		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690)		\$0.00	\$0.00	\$0		
		Enter here and on line 810	(\$162.34)	(\$27.36)	\$15.24	\$5,670		

Name of PHA / IHA JONESBORO HOUSING AUTHORITY	Fiscal Year Ending 30-Sep-08
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		Operating Reserve	PHA/IHA Estimates	HUD Modifications
Part I - Maximum Operating Reserve - End of Current Budget Year				
740	2821	PHA / IHA-Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564	\$96,330	
Part II - Provision for and Estimated or Actual Operating Reserve at FY End				
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): SEP. 30, 2006	\$208,740	
790		Provision for Operating Reserve - Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated SEP. 30, 2007 <input type="checkbox"/> Actual for FYE	(\$15,170) \$0	
800		Operating Reserve at End of Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE 30-Sep-07 <input type="checkbox"/> Actual for FYE	\$193,570 \$0	
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE 30-Sep-08 Enter Amount from Line 700	\$5,670	
820		Operating Reserve at End of Requested Budget Year Estimated for FYE September 30, 2007 (Sum of lines 800 and 810)	\$199,240	
830		Cash Reserve Requirement: 50% % of line 480	\$96,330	

Comments

PHA / IHA Approval

Name _____
 Title _____
 Signature _____ Date _____

Field Office Approval

Name _____
 Title _____
 Signature _____ Date _____

Supporting Document

Housing Authority of the City of Jonesboro

Five Year/Annual Plan

Fiscal Year 10/01/2008 – 09/30/2009

Membership of the Resident Advisory Board

The Jonesboro Housing Authority has done every thing within its control to find residents/participants to sit on the Resident Advisory Board. No one is interested.

Supporting Document

Housing Authority of the City of Jonesboro

Five Year/Annual Plan

Fiscal Year 10/01/2008 – 09/30/2009

Resident Member on the PHA Governing Board

1. Yes No: Does the PHA governing board include at least one member who is directly assisted by the PHA this year? (if no, skip to #2)

A. Name of resident member(s) on the governing board: Therese Guidry

B. How was the resident board member selected: (select one)?

Elected

Appointed

C. The term of appointment is (include the date term expires): **7/11/2008 - 7/11/2009**

2. A. If the PHA governing board does not have at least one member who is directly assisted by the PHA, why not?

- the PHA is located in a State that requires the members of a governing board to be salaried and serve on a full time basis
- the PHA has less than 300 public housing units, has provided reasonable notice to the resident advisory board of the opportunity to serve on the governing board, and has not been notified by any resident of their interest to participate in the Board.

Other (explain):

B. Date of next term expiration of a governing board member:

C. Name and title of appointing official(s) for governing board (indicate appointing official for the next position):

Mayor Luther Maddox

Supporting Document
Housing Authority of the City of Jonesboro
Five Year/Annual Plan
Fiscal Year 10/01/2008 – 09/30/2009
Implementation of Public Housing Resident
Community Service Requirements

The administrative steps that we will take to implement the Community Service Requirements include the following:

1. Development of Written Description of Community Service Requirement:

The Housing Authority of the City of Jonesboro has a written developed policy of Community Service Requirements as a part of the Admissions and Continued Occupancy Policy and has completed the required Resident Advisory Board review and public comment period.

2. Scheduled Changes in Leases:

The Housing Authority of the City of Jonesboro has made the necessary changes to the lease and has completed the required Resident Advisory Board review and public comment period.

3. Written Notification to Residents of Exempt Status to each Adult Family Member:

The Housing Authority of the City of Jonesboro will notify residents at the time of their admission or recertification.

4. Cooperative Agreements with TANF Agencies:

The Housing Authority of the City of Jonesboro has a Cooperative Agreement with the TANF agency (State of Georgia Department of Family and Children's Services)

5. Programmatic Aspects:

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants and their families or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

The Housing Authority of the City of Jonesboro will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community service positions.

Together with the Resident Advisory Board, the Housing Authority of the City of Jonesboro may create volunteer positions such as, litter patrols, and supervising and record keeping for volunteers.

Supporting Document
Housing Authority of the City of Jonesboro
Five Year/Annual Plan
Fiscal Year 10/01/2008 – 09/30/2009
Pet Policy Statement

The Housing Authority of the City of Jonesboro allows for pet ownership in its developments with the written pre-approval of the Housing Authority.

The Housing Authority of the City of Jonesboro adopts the following reasonable requirements as part of the Pet Policy:

1. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units.
2. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Housing Authority of the City of Jonesboro harmless from any claims caused by an action or inaction of the pet.
3. Residents must have the prior written approval of the Housing Authority before moving a pet into their unit.
4. Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Authority will approve the request.
5. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose.
6. A pet deposit of **\$0** is required at the time of registering a pet.
7. The Housing Authority of the City of Jonesboro will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. Common household pets do not include reptiles (except turtles).

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Only **one** pet per unit will be allowed.

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

No dog may exceed **twenty (20)** pounds in weight projected to full adult size. No cat may exceed **fifteen (15)** pounds in weight projected to full adult size.

Visiting pets are not permitted.

8. In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the Housing Authority of the City of Jonesboro to attest to the inoculations.
9. The Housing Authority of the City of Jonesboro, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

**Attachment ga228h01
Housing Authority of the City of Jonesboro**

Five Year/Annual Plan

Fiscal Year 10/01/2008 – 09/30/2009

**Capacity of the PHA to Administer a Section 8
Homeownership Program**

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

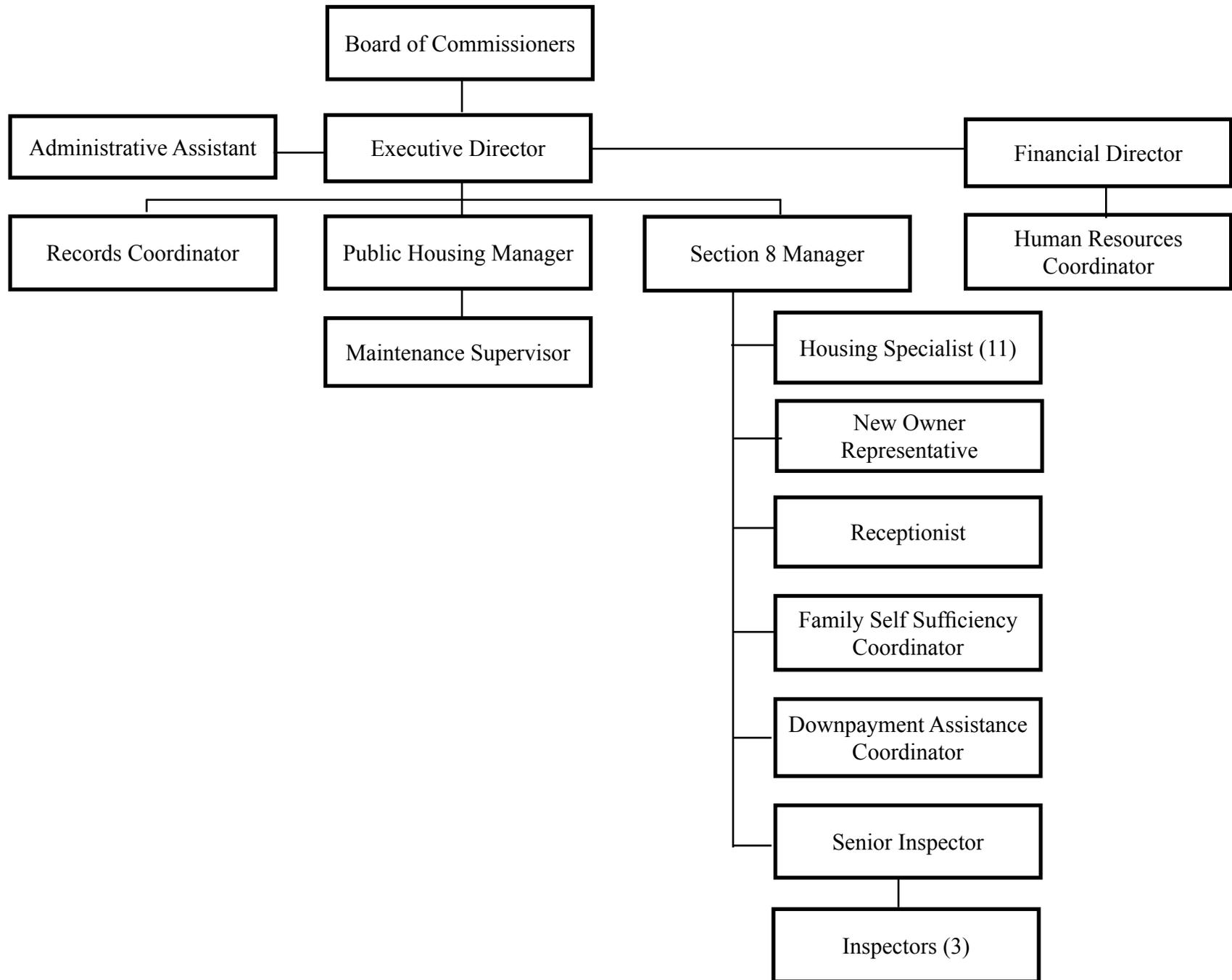
- Establishing a minimum homeowner downpayment requirement of at least 3 percent of purchase price and requiring that at least 1 percent of the purchase price comes from the family's resources.
- Requiring that financing for purchase of a home under its Section 8 homeownership will be provided, insured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

D&E, An EDU-Company, Inc. in business since January, 2000.
- Demonstrating that it has other relevant experience (list experience below):

The Housing Authority staff has had ample training in the administration of a homeownership program.

The Housing Authority currently administers a Section 8 program consisting of 1,538 Housing Choice Vouchers, which includes a FSS program consisting of 92 vouchers; and, the Family Unification Program consisting of 100 vouchers.

Jonesboro Housing Authority



Capital Fund Program Five-Year Action Plan

Part I: Summary

PHA Name Housing Authority of the City of Jonesboro		<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:			
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2009 PHA FY: 10/2009	Work Statement for Year 3 FFY Grant: 2010 PHA FY: 10/2010	Work Statement for Year 4 FFY Grant: 2011 PHA FY: 10/2011	Work Statement for Year 5 FFY Grant: 2012 PHA FY: 10/2012
	Annual Statement				
HA Wide		25,000	10,000	20,000	25,000
GA22801		25,523	40,523	30,523	25,523
GA22802		0	0	0	0
CFP Funds Listed for 5-year planning		50,523	50,523	50,523	50,523
Replacement Housing Factor Funds					

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

Activities for Year 1	Activities for Year : <u>2</u> FFY Grant: 2009 PHA FY: 10/1/2009 – 9/30/2010			Activities for Year: <u>3</u> FFY Grant: 2010 PHA FY: 10/1/2010 – 9/30/2011		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
See	HA Wide	Operations	25,000	HA Wide	Operations	10,000
Annual Statement	GA22801 High Tower	Dwelling Structures – renovate kitchens, bathrooms, floors, windows, cabinets, counter tops, doors, etc.	25,523	GA22801 High Tower	Replace roofs	40,523
Total CFP Estimated Cost			\$50,523			\$50,523

Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
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Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity. Summary by Account (6200 subaccount)	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	()	()	()
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve

For the Performance and Evaluation Report:

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

For the Annual Statement:

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

Part I: Summary

HA Name - Enter the HA's name.

Type of Submission - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

Section 1 - Replacement Reserve Status:

Line 1 - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

Line 2 - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

Line 4 - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

Line 5 - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

Line 6 - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

Line 1 - Reserved - Do not use at this time.

Lines 2 - 15 - Summary by Account

Column 1 - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

Column 2 - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

Column 3 - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 16 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

Line 17 - Replacement Reserve Interest Income - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

Line 18 - Net Withdrawal from Replacement Reserve - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

Sample:

Line 16 - Replacement Reserve Withdrawal. \$10,000

Line 17 - Replacement Reserve Interest Income (500)

Line 18 - Net Withdrawal from Replacement Reserve. \$ 9,500

Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities. - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 20 - Amount of Line 16 Related to Section 504 Compliance - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 21 - Amount of Line 16 Related to Emergencies - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the \$75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

General Description of Major Work Categories - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

Development Account Number - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

Total Estimated Cost - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Total Actual Cost - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

Status of Proposed Work - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
---------	---

Section 1: Replacement Reserve Status <small>Must be completed each year there is a balance in the replacement reserve.</small>	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report <small>Complete this section if there is withdrawal/expenditure activity.</small>	Estimated Cost		Actual Cost
Summary by Account (6200 subaccount)	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	()	()	()
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
-------------------------------------	------	---------------------------------------	------

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve

For the Performance and Evaluation Report:

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

For the Annual Statement:

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

Part I: Summary

HA Name - Enter the HA's name.

Type of Submission - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

Section 1 - Replacement Reserve Status:

Line 1 - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

Line 2 - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

Line 4 - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

Line 5 - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

Line 6 - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

Line 1 - Reserved - Do not use at this time.

Lines 2 - 15 - Summary by Account

Column 1 - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

Column 2 - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

Column 3 - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 16 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

Line 17 - Replacement Reserve Interest Income - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

Line 18 - Net Withdrawal from Replacement Reserve - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

Sample:

Line 16 - Replacement Reserve Withdrawal. \$10,000

Line 17 - Replacement Reserve Interest Income (500)

Line 18 - Net Withdrawal from Replacement Reserve. \$ 9,500

Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities. - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 20 - Amount of Line 16 Related to Section 504 Compliance - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 21 - Amount of Line 16 Related to Emergencies - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the \$75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

General Description of Major Work Categories - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

Development Account Number - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

Total Estimated Cost - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Total Actual Cost - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

Status of Proposed Work - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

Annual Statement / Performance and Evaluation Report on Replacement Reserve Comprehensive Grant Program (CGP)

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

OMB Approval No. 2577-0157
(exp. 06/30/2005)

See page 3 for Instructions and Public Reporting burden statement

Part I: Summary

HA Name	Submission (mark one) <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Revised Annual Statement / Revision No. _____ <input type="checkbox"/> Performance & Evaluation for Program Year Ending _____
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Section 1: Replacement Reserve Status Must be completed each year there is a balance in the replacement reserve.	Estimated	Actual
1. Replacement Reserve Interest Earned (account 6200/1420.7; equals line 17 of section 2, below)		
2. Replacement Reserve Withdrawal (equals line 16 of section 2, below)		
3. Net Impact on Replacement Reserve (line 1 minus line 2; equals line 18 of section 2, below)		
4. Current FFY Funding for Replacement Reserve (line 15 of form HUD-52837)		
5. Replacement Reserve Balance at End of Previous Program Year (account 2830)		
6. Replacement Reserve Balance at End of Current Program Year (line 4 + line 5 + (or -) line 3) (account 2830)		

Section 2: Replacement Reserve Withdrawal Report Complete this section if there is withdrawal/expenditure activity. Summary by Account (6200 subaccount)	Estimated Cost		Actual Cost
	Column 1 Original	Column 2 Revised	Column 3 Expended
1. Reserved			
2. 1406 Operations			
3. 1408 Management Improvements			
4. 1410 Administration			
5. 1415 Liquidated Damages			
6. 1430 Fees and Costs			
7. 1440 Site Acquisition			
8. 1450 Sites Improvement			
9. 1460 Dwelling Structures			
10. 1465 Dwelling Equipment -Nonexpendable			
11. 1470 Nondwelling Structures			
12. 1475 Nondwelling Equipment			
13. 1485 Demolition			
14. 1495 Relocation Costs			
15. 1498 Mod Used for Development			
16. Replacement Reserve Withdrawal (sum of lines 2 thru 15)			
17. 1420.7 Replacement Reserve Interest Income	()	()	()
18. Net Withdrawal from Replacement Reserve (line 16 minus line 17)			
19. Amount of line 16 related to LBP Activities			
20. Amount of line 16 related to Section 504 Compliance			
21. Amount of line 16 related to Emergencies			

Signature of the Executive Director	Date	Signature of the Field Office Manager	Date
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**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

**Annual Statement / Performance and
Evaluation Report on Replacement Reserve**
Part II: Supporting Pages
 Comprehensive Grant Program (CGP)

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <u>1/</u>
			Original	Revised <u>1/</u>	Funds Obligated <u>1/</u>	Funds Expended <u>1/</u>	

1/ To be completed at the end of the program year.

Public reporting burden for this collection of information is estimated to average 5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that each eligible grantee submit information to HUD regarding use of all or a portion of its annual formula grant for a replacement reserve. This information will be used by HUD to determine whether the replacement reserve established with CGP funds meets HUD requirements. Responses to the collection are required by Section 14(e)(3) and (4) of the U.S. Housing Act of 1937, as amended. The information requested does not lend itself to confidentiality.

Instructions for completing form HUD-52842, Annual Statement/Performance and Evaluation Report on Replacement Reserve

For the Performance and Evaluation Report:

The first report after a replacement reserve has been established is due by 9/30 of the FFY following approval of the Annual Statement establishing the reserve. Mark the box, Performance and Evaluation Report for Program Year Ending _____. Submit one form HUD-52842 annually with form HUD-52837, Annual Statement/Performance and Evaluation Report, as long as the HA maintains a balance in the replacement reserve or has withdrawal/expenditure activity from the replacement reserve. At the end of each program year (6/30), complete Part I, Section 1; also, complete Part I, Section 2, and Part II if there has been withdrawal/expenditure activity. Where the replacement reserve has been funded from more than one grant, submit one combined form HUD-52842.

For the Annual Statement:

Submit form HUD-52482 with Section 2 of Part I and Part II completed, for prior HUD approval where the HA plans to withdraw/expend funds from the replacement reserve.

Part I: Summary

HA Name - Enter the HA's name.

Type of Submission - Check the appropriate box to indicate whether the submission is the Original Annual Statement, the Revised Annual Statement (and revision number), or the Performance and Evaluation Report for Program Year Ending (enter date; e.g., 6/30/97).

Section 1 - Replacement Reserve Status:

Line 1 - Replacement Reserve Interest Earned (Account 6200/1420.7) - Enter the estimated amount of interest that the HA should have earned on the replacement reserve during the reporting period in the "Estimated" column. This amount should, at a minimum, equal interest at or above the operating budget TII rate (average 91-day Treasury Bill rate) for the reporting period (July 1 through June 30). If Section 2 is completed, this amount must equal Line 17, Column 1 (or 2, if applicable) of Section 2. Enter the actual interest earned during the reporting period in the "Actual" column. If Section 2 is completed, this amount must equal Line 17, Column 3 of Section 2.

Line 2 - Replacement Reserve Withdrawal - Enter the amount that was estimated to be withdrawn from the replacement reserve during the reporting period in the "Estimated" column. If Section 2 is completed, this amount must equal Line 16, Column 1 (or 2, if applicable) of Section 2. Enter the actual withdrawal amount in the "Actual" column. If Section 2 is completed, this amount must equal Line 16, Column 3 of Section 2.

Line 3 - Net Impact on Replacement Reserve - Enter the amount of Line 1 minus Line 2. If Section 2 is completed, this amount must equal Line 18, Column 3 of Section 2.

Line 4 - Current FFY Funding for Replacement Reserve - Enter the amount of the increase to the replacement reserve in the appropriate column. This amount must equal Line 15 of Part I of form HUD-52837 for the current FFY.

Line 5 - Replacement Reserve Balance at End of Previous Program Year - Enter the replacement reserve balance from the previous program year (Account 2830). This amount will be the same for the "Estimated" and "Actual" columns.

Line 6 - Replacement Reserve Balance at End of Current Program Year - Enter the sum of Lines 4 and 5, plus or minus Line 3. For the "Actual" column, the number entered must agree with the program year end closing balance of the replacement reserve.

Section 2 - Replacement Reserve Withdrawal Report

Once the replacement reserve has been established, prepare form HUD-52842 when the HA plans to withdraw funds from the reserve. Complete Section 2 of Part I and Part II and submit to HUD for approval. Complete this section for the annual Performance and Evaluation Report when the HA has withdrawn/expended funds from the reserve.

Line 1 - Reserved - Do not use at this time.

Lines 2 - 15 - Summary by Account

Column 1 - Original Estimated Cost -

For each line, enter the original current program year estimated cost for all work to be undertaken in a particular development account as a result of the withdrawal of funds from the replacement reserve.

Column 2 - Revised Estimated Cost -

For each line, enter any cost decrease or increase after initial approval by HUD. When the HA wishes to draw down additional funds from the reserve for expenditure activities, the HA shall reflect the cumulative dollar amount estimated to be expended and submit the form to HUD for approval. After HUD approves the revisions, the dollars in the revised column shall be reflected in the original column when the next Performance and Evaluation Report is submitted.

Column 3 - Expended Actual Cost -

For each line, enter the actual amount of funds expended as of the end of the program year (6/30). Mark the box Performance and Evaluation Report for Program Year Ending _____ and submit to HUD by 9/30. **Note:** If the amount expended in Column 3 is less than the budgeted amount in Column 1 (or 2, if applicable), then the HA shall include the unexpended amount in the subsequent years estimate or provide an explanation of the change from the estimate.

Line 16 - Replacement Reserve Withdrawal - Enter the sum of lines 2 through 15. The amount in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 2 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 2 of Section 1.

Line 17 - Replacement Reserve Interest Income - Enter the interest income earned on the replacement reserve (bracketed). The amount entered in Column 1 (or 2, if applicable) must equal the estimated amount entered on Line 1 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 1 of Section 1.

Line 18 - Net Withdrawal from Replacement Reserve - Subtract from Line 16, the amount inside the brackets on Line 17 and enter on Line 18. The amount in Column 1 (or 2, if applicable) must equal the estimated amount of Line 3 of Section 1. The amount entered in Column 3 must equal the actual amount entered on Line 3 of Section 1.

Sample:

Line 16 - Replacement Reserve Withdrawal. \$10,000

Line 17 - Replacement Reserve Interest Income (500)

Line 18 - Net Withdrawal from Replacement Reserve. \$ 9,500

Line 19 - Amount of Line 16 Related to Lead-Based Paint (LBP) Activities. - Enter the amount of line 16 related to LBP activities in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 20 - Amount of Line 16 Related to Section 504 Compliance - Enter the amount of line 16 related to Section 504 compliance in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Line 21 - Amount of Line 16 Related to Emergencies - The HA shall exhaust its replacement reserve before being eligible to apply for funding for emergencies from the \$75 million reserve. Where applicable, enter the amount of the replacement reserve to be used for emergencies in Column 1 (or 2, if applicable). At the end of the program year, enter the actual amount in Column 3.

Part II: Supporting Pages

Development Number/Name - Enter the abbreviated number (e.g., VA-36-1) and the name, if any, of each development where a major work category will be undertaken. Enter "HA-wide" for work categories that relate to a HA-wide activity (e.g., management improvements, administration, nondwelling equipment, operations).

General Description of Major Work Categories - For each development listed, enter a general description of the major work categories (physical or management, as applicable) that will be undertaken at that development, with replacement reserve funds, before listing major work categories to be undertaken at other developments. After listing all major work categories for all developments being funded from the replacement reserve, enter a general description of HA-wide activities, such as management improvements, administrative costs, equipment, etc. When a work category is subsequently deleted, draw a line through the General Description, Development Account Number, and Estimated Cost. When a major work category is subsequently added, enter the new work category under the appropriate development number. Enter the quantity of the work as a percentage or whole number. Do not specify the per unit cost or the quality of materials.

Development Account Number - For each major work category and HA-wide activity that will be funded from replacement reserve funds, enter the appropriate development account which corresponds to the major work categories described under the General Description of Major Work Categories column. For appropriate development accounts, refer to CGP Handbook 7485.3.

Total Estimated Cost - For each major work category and HA-wide activity, enter the Original Estimated Cost. Then enter a subtotal for each development and a grand total. Where the estimated cost is revised, enter a Revised Estimated Cost as appropriate.

Total Actual Cost - For each major work category and HA-wide activity, enter the cumulative dollar amount of all funds obligated and all funds expended opposite the Original Estimated Cost. Then enter subtotals for each development and a grand total.

Status of Proposed Work - At the end of each program year, complete this section and submit to HUD for the Performance and Evaluation Report. For each work category listed, prepare a brief description of the status of the item, e.g., work completed, contract awarded on 5/2/96, etc. Explain the addition, deletion or modification of any work categories, such as the addition of any emergency work.

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

PHA Name: Housing Authority of the City of Jonesboro	Grant Type and Number Capital Fund Program Grant No: GA06P22850106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/2008
 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				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	49,358	49,358	49,358	0
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	49,358	49,358	49,358	0
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				

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

PHA Name: Housing Authority of the City of Jonesboro	Grant Type and Number Capital Fund Program Grant No: GA06P22850106 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/2008
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of the City of Jonesboro	Grant Type and Number Capital Fund Program Grant No: GA06P22850107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement Reserve for Disasters/ Emergencies Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/2008 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		5,591		
3	1408 Management Improvements		8,000		
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement		9,310		
10	1460 Dwelling Structures	50,523	27,622		
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 I:
Summary**

PHA Name: Housing Authority of the City of Jonesboro	Grant Type and Number Capital Fund Program Grant No: GA06P22850107 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
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Original Annual Statement
 Reserve for Disasters/ Emergencies
 Revised Annual Statement (revision no: 1)
 Performance and Evaluation Report for Period Ending: 3/31/2008
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	50,523	50,523		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Housing Authority of the City of Jonesboro		Grant Type and Number Capital Fund Program Grant No: GA06P22850107 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Operations	1406						
	PHA operations			0	5,591			
	Subtotal 1406			0	5,591			
HA Wide	Management Improvements	1408						
	Physical needs assessment			0	8,000			
	Subtotal 1408			0	8,000			
HA Wide	Site Improvements	1450						
	Remove vegetation overgrowth			0	3,310			
	Fence removal and repair			0	6,000			
	Subtotal 1450			0	9,310			
	Dwelling Structures	1460						

Attachment ga228q01
Jonesboro Housing Authority
Annual Plan
Fiscal Year 10/01/2008 – 9/30/2009

Violence Against Women Act Report

The Jonesboro Housing Authority provides or offers the following activities, services, or programs, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking.

The Jonesboro Housing Authority does not offer any activities, services or programs either directly or in partnership with other service agencies. Although, the Jonesboro Housing Authority will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case-by case basis.

The Jonesboro Housing Authority provides or offers the following activities, services, or programs that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing.

The Jonesboro Housing Authority does not offer any activities, services or programs either directly or in partnership with other service agencies. Although, the Jonesboro Housing Authority will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case-by case basis.

The Jonesboro Housing Authority provides or offers the following activities, services, or programs to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

The Jonesboro Housing Authority does not offer any activities, services or programs either directly or in partnership with other service agencies. Although, the Jonesboro Housing Authority will assist any family who reports having domestic violence, dating violence, sexual assault, or stalking by providing the appropriate referrals on a case-by case basis.

Attachment ga228r01
Jonesboro Housing Authority
Annual Plan
Fiscal Year 10/01/2008 – 9/30/2009

Progress on Meeting the Goals

GOAL: **MANAGE THE HOUSING AUTHORITY OF THE CITY OF JONESBORO'S PUBLIC HOUSING PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.**

Objective: The Housing Authority shall continue to strive to be recognized as a high performer. This is an on-going objective.

Progress: The Jonesboro Housing Authority has been named a troubled housing authority. We believe that we will be named a standard performing housing authority at the end of our next fiscal year and we will strive for high performer status.

It should be noted that the Jonesboro Housing Authority completed all the goals within the original Memorandum of Understanding with HUD. Due to a failed Physical REAC Inspection, the Memorandum of Understanding was extended to include new tasks. These new tasks have been addressed in our Capital Improvements budgets.

GOAL: **ENHANCE THE MARKETABILITY OF THE HOUSING AUTHORITY OF THE CITY OF JONESBORO'S PUBLIC HOUSING UNITS**

Objective: The Housing Authority shall achieve proper curb appeal for its public housing development by improving its landscaping, keeping its grass cut, making the property litter-free and other actions. This is an on-going objective.

Progress: The Jonesboro Housing Authority has maintained this standard.

GOAL: **DELIVER TIMELY AND HIGH QUALITY SERVICE TO RESIDENTS OF THE HOUSING AUTHORITY OF THE CITY OF JONESBORO.**

Objective: The Housing Authority shall continue to maintain a response time of 24 hours in responding to emergency work orders. This is an on-going objective.

Progress: The Jonesboro Housing Authority has maintained this standard.

Objective: The Housing Authority shall continue to maintain a response time of two days or less in responding to non-emergency work orders. This is an on-going objective.

Progress: The Jonesboro Housing Authority has maintained this standard.

GOAL: **MANAGE THE HOUSING AUTHORITY OF THE CITY OF JONESBORO'S TENANT-BASED ASSISTANCE PROGRAM IN AN EFFICIENT AND EFFECTIVE MANNER.**

Objective: HUD shall recognize the Housing Authority as a high performer under SEMAP. This is an on-going objective.

Progress: The Jonesboro Housing Authority has maintained this standard.

Attachment ga228s01

Housing Authority of the City of Jonesboro

Five Year/Annual Plan

Fiscal Year 10/01/2008 – 09/30/2009

Deconcentration and Income Mixing

- a. Yes No: Does the PHA have any general occupancy (family) public housing developments covered by the deconcentration rule? If no, this section is complete. If yes, continue to the next question.
- b. Yes No: Do any of these covered developments have average incomes above or below 85% to 115% of the average incomes of all such developments? If no, this section is complete.

If yes, list these developments as follows:

Deconcentration Policy for Covered Developments			
Development Name	Number of Units	Explanation (if any) [see step 4 at §903.2(c)(1)(iv)]	Deconcentration policy (if no explanation) [see step 5 at §903.2(c)(1)(v)]

Criteria

The final rule on Deconcentration (24 CFR Part 903) describes public housing developments not subject to deconcentration. HUD determined that certain developments should be exempt from the requirement to deconcentrate poverty because of the development's resident population, type or types of units, or number of units. Public housing developments that are exempt from application or the requirement to deconcentrate poverty and mix incomes are the following:

Sec 903.2 (b)(2):

- (i): Public housing developments operated by a PHA with fewer than 100 public housing units;
- (ii): Public housing developments operated by a PHA which house only elderly persons or persons with disabilities, or both;
- (iii): Public housing developments operated by a PHA that operates only one general occupancy, family public housing development;
- (iv): Public housing developments approved for demolition or for conversion to tenant-based assistance; and,
- (v): Public housing developments which include public housing units operated in accordance with a HUD-approved mixed-finance plan..

A public housing development includes units or buildings with the same project number. Also, contiguous sites with more than one project number may be considered one development.

Public housing developments that are subject to the requirement to deconcentrate poverty are general occupancy, family public housing developments, excluding those developments, identified above, as being exempt from the requirement, and are referred to as “covered developments.”

Determination

The Housing Authority of the City of Jonesboro is exempt from the Deconcentration and Income Mixing requirements as outlined in Sec 903.2 (b)(2):

- (i): Public housing developments operated by a PHA with fewer than 100 public housing units;
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