

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

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# PHA Plans

5 Year Plan for Fiscal Years 2008 - 2012

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:** Hamtramck Housing Commission

**PHA Number:** MI004

**PHA Fiscal Year Beginning:** (mm/yyyy) 01/2008

**PHA Programs Administered:**

**Public Housing and Section 8**   
  **Section 8 Only**   
  **Public Housing Only**  
 Number of public housing units:                      Number of S8 units:                      Number of public housing units: 450 Units  
 Number of S8 units:

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

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

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

**5-YEAR PLAN**  
**PHA FISCAL YEARS 2008 - 2012**  
[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)

**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)**

**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 (A-MI004av01)
- FY 2005 Capital Fund Program Annual Statement (B-Attachment B 2008 Capital Funds)
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members (C-Attachment C List of RAB)
- List of Resident Board Member (D-MI004dv01 Resident Board Member)
- Community Service Description of Implementation (E-MI004ev01 Community Service)
- Information on Pet Policy (F-MI004fv01 Pet Policy)
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

**Optional Attachments:**

- PHA Management Organizational Chart (K-Attachment K Management Organization)
- FY 2005 Capital Fund Program 5 Year Action Plan (L-Attachment L- 2005 P&E)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (included in PHA Plain text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
YES	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
YES	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
YES	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	5 Year and Annual Plans

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	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.	
YES	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
YES	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
YES	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
N/A	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
YES	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
YES	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
N/A	Section 8 rent determination (payment standard) policies <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
YES	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
YES	Public housing grievance procedures <input type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures <input type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures

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

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	608	5	5	5	3	3	2
Income >30% but <=50% of AMI	338	5	5	5	3	3	2
Income >50% but <80% of AMI	300	4	4	4	3	3	2
Elderly	140	5	5	4	3	2	4
Families with Disabilities	174	5	5	5	3	3	2
Race/Ethnicity	498	5	5	5	3	3	2
Race/Ethnicity	710	5	5	5	3	3	2
Race/Ethnicity	5	5	5	5	3	3	2
Race/Ethnicity	37	5	5	5	3	3	2

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: 2000
- U.S. Census data: the Comprehensive Housing Affordability Strategy (“CHAS”) dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing (AMP 1) Colonel Hamtramck Homes			
<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	236		
Extremely low income <=30% AMI	214	91%	
Very low income (>30% but <=50% AMI)	17	7%	
Low income (>50% but <80% AMI)	5	20%	
Families with children	140	59%	
Elderly families	8	3%	
Families with Disabilities	48	20%	
Race/ethnicity: Black	228	97%	
Race/ethnicity: Indian	1	.003%	
Race/ethnicity: Caucasian	7	3%	
Race/ethnicity			

Housing Needs of Families on the Waiting List			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	94	40%	
2 BR	78	33%	
3 BR	55	23%	
4 BR	8	4%	
5 BR	1	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			

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 ( <b>AMP 2</b> ) <b>Hamtramck Senior Plaza</b>			
<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	32		
Extremely low income <=30% AMI	25	78%	
Very low income (>30% but <=50% AMI)	4	12%	
Low income (>50% but <80% AMI)	3	10%	
Families with children	1	3%	
Elderly families	15	47%	
Families with Disabilities	16	50%	
Race/ethnicity:	13	41%	

<b>Housing Needs of Families on the Waiting List</b>			
Black			
Race/ethnicity: Asian	2	6%	
Race/ethnicity: Caucasian	17	53%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	30	94%	
2 BR	2	6%	
3 BR			
4 BR			
5 BR			
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)

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

Other: (list below)

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

**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2008 grants)</b>		
a) Public Housing Operating Fund	1,473,432.00	
b) Public Housing Capital Fund	1,667,672.00	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	N/A	

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	N/A	
h) Community Development Block Grant	N/A	
i) HOME	N/A	
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	\$0.00	
<b>3. Public Housing Dwelling Rental Income</b>	1,023,000.00	
<b>4. Other income (list below)</b>	42,000.00	
<b>4. Non-federal sources (list below)</b>		
Sign Rental	2,400.00	
Laundry	4,500.00	
<b>Total resources</b>	<b>4,213,004.00</b>	

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

[24 CFR Part 903.7 9 (c)]

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

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

**(1) Eligibility**

- a. When does the PHA verify eligibility for admission to public housing? (select all that apply)
- When families are within a certain number of being offered a unit:
  - When families are within a certain time of being offered a unit: (state time)
  - Other: (describe) Eligibility is verified at the time the completed application is accepted. A state (OTIS) criminal check is done before they are ever put on the waiting list. An extensive criminal and credit check is done before a unit is offered, and they are offered a unit when they are number 1 on the waiting list.
- b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
- Criminal or Drug-related activity
  - Rental history
  - Housekeeping
  - Other (describe)
- c.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- e.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

**(2)Waiting List Organization**

- a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
- Community-wide list
  - Sub-jurisdictional lists
  - Site-based waiting lists
  - Other (describe)
- b. Where may interested persons apply for admission to public housing?
- PHA main administrative office
  - PHA development site management office
  - Other (list below)
- c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**
1. How many site-based waiting lists will the PHA operate in the coming year?2

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? 2
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

- a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
- One
  - Two
  - Three or More
- b.  Yes  No: Is this policy consistent across all waiting list types?
- c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

- a. Income targeting:
- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?
- b. Transfer policies:  
In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
  - Overhoused

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

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)
2. Which of the following admission preferences does the PHA plan to employ in the coming year? (select all that apply from either former Federal preferences or other preferences)

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

**(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

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

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

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

Other (list policies and developments targeted below)

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

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

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

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

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

List (any applicable) developments below:

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

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

List (any applicable) developments below:

## **B. Section 8**

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

### **(1) Eligibility**

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

Criminal or drug-related activity only to the extent required by law or regulation

Criminal and drug-related activity, more extensively than required by law or regulation

More general screening than criminal and drug-related activity (list factors below)

Other (list below)

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)

Criminal or drug-related activity

Other (describe below)

**(2) Waiting List Organization**

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)

- None
- Federal public housing
- Federal moderate rehabilitation
- Federal project-based certificate program
- Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

- PHA main administrative office
- Other (list below)

**(3) Search Time**

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

If yes, state circumstances below:

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

- Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

- Victims of domestic violence
- Substandard housing
- Homelessness
- High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

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

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

Other preference(s) (list below)

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

Date and time of application

Drawing (lottery) or other random choice technique

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

This preference has previously been reviewed and approved by HUD

The PHA requests approval for this preference through this PHA Plan

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

The PHA applies preferences within income tiers

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

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

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

The Section 8 Administrative Plan

Briefing sessions and written materials

Other (list below)

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

Through published notices

Other (list below)

### **4. PHA Rent Determination Policies**

[24 CFR Part 903.7 9 (d)]

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

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

**(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

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

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

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

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

\$25.00 for any family whose 30% of adjusted income is less than \$25.00

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

For the earned income of a previously unemployed household member

For increases in earned income

Fixed amount (other than general rent-setting policy)

If yes, state amount/s and circumstances below:

Fixed percentage (other than general rent-setting policy)

If yes, state percentage/s and circumstances below:

For household heads

For other family members

For transportation expenses

For the non-reimbursed medical expenses of non-disabled or non-elderly families

Other (describe below)

e. Ceiling rents

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

Yes for all developments

Yes but only for some developments

No

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

For all developments

For all general occupancy developments (not elderly or disabled or elderly only)

For specified general occupancy developments

For certain parts of developments; e.g., the high-rise portion

For certain size units; e.g., larger bedroom sizes

Other (list below)

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

Market comparability study

Fair market rents (FMR)

95<sup>th</sup> percentile rents

75 percent of operating costs

100 percent of operating costs for general occupancy (family) developments

- Operating costs plus debt service
- The “rental value” of the unit
- Other (list below)

f. Rent re-determinations:

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

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

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

**(2) Flat Rents**

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

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

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

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

**(1) Payment Standards**

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR

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

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

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

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. See Attachment K
- 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.)

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	450	70
Section 8 Vouchers	N/A	N/A
Section 8 Certificates	N/A	N/A
Section 8 Mod Rehab	N/A	N/A
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	NA
Public Housing Drug Elimination Program (PHDEP)	N/A	N/A
Other Federal Programs(list individually)	N/A	N/A

### **C. Management and Maintenance Policies**

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

- (1) Public Housing Maintenance and Management: (list below)
  - a. Consolidated Annual Contributions Contract
  - b. Admissions and Continued Occupancy Policy
  - c. By-Laws of the Hamtramck Housing Commission
  - d. Capitalization Policy
  - e. Checks & Bank transfers Disbursement Policy
  - f. Check Signing Authorization Policy
  - g. Community Service Policy
  - h. Community Use Policy
  - i. Compensated Absences Policy
  - j. Compensatory Time Policy Compensated
  - k. Credit Card Policy
  - l. HHC Policy for Procedure Deceased Tenant
  - m. HHC Deconcentration Policy
  - n. Disposition Policy
  - o. Drug Free Work Place Policy
  - p. Ethics Policy
  - q. Equal Housing Opportunity Policy
  - r. HHC F.O.I.A. Policy Procedure for Handling of F.O.I.A. requests
  - s. Funds Transfer Policy
  - t. Grievance Policy
  - u. Hazardous Materials Policy
  - v. Internal Controls Policy
  - w. Investment Policy
  - x. Hamtramck Housing Commission Lease Agreement
  - y. Maintenance Plan
  - z. Master Key Policy
  - aa. Media Policy
  - bb. No Trespass Policy/Ban List Policy
  - cc. One Strike Policy
  - dd. Oversight Policy
  - ee. Personnel Policy Handbook

- ff. Pest Control Policy
- gg. HHC Pet Policy
- hh. Physical Inventory Policy
- ii. Procurement Policy
- jj. Records Retention Policy
- kk. HHC Rent Collection Policy
- ll. The Role of Hamtramck Housing Commissioners
- mm. Service Animal Policy
- nn. HHC Transfer Policy
- oo. Travel Policy
- pp. Uncollected Tenant Accounts Policy
- qq. Cooperation Agreement for Economic Self-Sufficiency between the Hamtramck Housing Commission and the Wayne County Department of Human Services.
- rr. Washer and Dryer Policy

(2) Section 8 Management: (list below)

## **6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

### **A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

1.  Yes  No: Has the PHA established informal review procedures for applicants to the Section 8 tenant-based assistance program and informal

hearing procedures for families assisted by the Section 8 tenant-based assistance program in addition to federal requirements found at 24 CFR 982?

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

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

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

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

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

Select one:

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

-or-

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

#### **(2) Optional 5-Year Action Plan**

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

- a.  Yes  No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)
- b. If yes to question a, select one:
- The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)
- or-
- The Capital Fund Program 5-Year Action Plan is provided below: (if selected, copy the CFP optional 5 Year Action Plan from the Table Library and insert here)

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

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

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

1. Development name:
2. Development (project) number:
3. Status of grant: (select the statement that best describes the current status)
  - Revitalization Plan under development
  - Revitalization Plan submitted, pending approval
  - Revitalization Plan approved
  - Activities pursuant to an approved Revitalization Plan underway

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

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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>	
1a. Development name:	Hamtramck Senior Plaza
1b. Development (project) number:	MI 004-2
2. Designation type:	Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input checked="" type="checkbox"/>
3. Application status (select one)	Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission:	<u>(06/05/07)</u>
5. If approved, will this designation constitute a (select one)	<input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan?

6. Number of units affected:  
 7. Coverage of action (select one)  
 Part of the development  
 Total development

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

[24 CFR Part 903.7 9 (j)]

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

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

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

2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>	
1a. Development name: Colonel Hamtramck Homes & Hamtramck Senior Plaza	
1b. Development (project) number: MI 004-1 & MI 004-2	
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
<p>5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one)</p> <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.)

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

**B. Section 8 Tenant Based Assistance**

1.  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. )

<b>Services and Programs</b>				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)


**(2) Family Self Sufficiency program/s**

a. Participation Description

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

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

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - Informing residents of new policy on admission and reexamination
  - Actively notifying residents of new policy at times in addition to admission and reexamination.
  - Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
  - Establishing a protocol for exchange of information with all appropriate TANF agencies
  - Other: (list below)

**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 use 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)

MI-004-1 Colonel Hamtramck Homes

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

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

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

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

**MI 004 – 1 Colonel Hamtramck Homes**

**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)

**MI 004-1 Colonel Hamtramck Homes**

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

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

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

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

### **A. Resident Advisory Board Recommendations**

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?  
RAB Meeting was held, however after reviewing the PHA Plan the attending members did not make any suggestions for changes. They felt our plan was substantial.
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment (File name)  
 Provided below:
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
  
 Other: (list below)

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

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
  
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)
  
3. Description of Resident Election Process
  - a. Nomination of candidates for place on the ballot: (select all that apply)  
 Candidates were nominated by resident and assisted family organizations  
 Candidates could be nominated by any adult recipient of PHA assistance  
 Self-nomination: Candidates registered with the PHA and requested a place on ballot  
 Other: (describe)
  
  - b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

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

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

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

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

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

The Wayne County Plan has established the following housing priorities to address housing needs, which are also the priorities of the Hamtramck Housing Commission:

1. Maintain the supply of decent, safe and sanitary rental housing that is affordable for low, very low, and moderate income families.

2. The modernization of the HHC housing for occupancy by low and very low income families.

**D. Other Information Required by HUD**

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

## Attachment A Deconcentration Policy

### Deconcentration Policy

It is the policy of the Housing Commission of Hamtramck (HHC) to house families in a manner that will prevent a concentration of poverty families and/or concentration of higher income families in any one development. The specific objective of the HHC is to house no less than 40% of its inventory with families that have income at or below 30% of the area median income by public housing development. Also the HHC will take actions to insure that no individual development has a concentration of higher income families in one or more of the developments. To insure that the HHC does not concentrate families with higher income levels, it is the goal of the HHC not to house more than 60% of its units in any one development with families whose income exceeds 30% of the area median income. The HHC will track the status of family income, by development, on a monthly basis by utilizing income reports generated by the HHC.

To accomplish the deconcentration goals the HHC will take the following actions:

- A. At the beginning of each fiscal year, the HHC will establish a goal for housing 40% of its new admissions with families whose incomes are at or below the area median income. The annual goal will be calculated by taking 40% of the total number of move-ins from the previous fiscal year.
- B. To accomplish the goals of:
  1. Housing not less than 40% of its inventory on an annual basis with families that have incomes at or below 30% of area median income, and
  2. Not housing families with incomes that exceed 30% of the area median income in developments that have 60% or more of the total household living the development with incomes that exceed 30% of the area median income, the HHC's Tenant Selection and Assignment Plan, which is a part of this policy, provides for the utilization of local preferences with regards to applicant selection from its waiting list.

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

Capital Fund Grant Number MI28P004501-8 FFY of Grant Approval: (01/2008)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	224,949
3	1408 Management Improvements	224,949
4	1410 Administration	112,747
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	30,000
8	1440 Site Acquisition	
9	1450 Site Improvement	532,101
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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	1,124,746
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**Capital Fund Grant Number MI28P004501-8 FFY of Grant Approval: (01/2008)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide	Housing Operations	1406	224,949
HA-Wide	a. Vacancy Reduction	1408	71,494
	b. Community Policing	1408	106,655
	c. Staff Training	1408	20,000
	d. Consulting, Audit	1408	16,800
	e. Tenant accounts Receivable	1408	10,000
Cost Center	Administration of Capital Funds	1410	112,747
HA-Wide	A & E Services	1430	30,000
Senior Plaza	Landscaping	1450	50,000
Colonel Hamtramck	Upgrade Electrical	1450	300,000
Colonel Hamtramck	Street Drains & Infrastructure	1450	153,639
Colonel Hamtramck	Barrier Free Units	1450	28,462

ATTACHMENT C

**Membership of the Resident Advisory Board Boards:**

List members of the Resident Advisory Board or Boards:

Timothy Brandt  
Danny Ferguson  
Donald Kazmierski  
Julia Lockett  
Izabela Nychter

ATTACHMENT D – Resident Member on the PHA Governing Board

Does the PHA governing board include at least one member who is directly assisted by the PHA this year?

Yes  X  No

A. Name of resident member(s) on the governing board: Timothy Brandt

B. How was the resident board member selected:

Elected   Appointed  X

C. The term of appointment is: 7/14/06 – 7/10/11

D. Date of next term expiration of a governing board member: July 10, 2008

E. Name and title of appointing official(s) for governing board:

Honorable Karen Majewski, Mayor of the City of Hamtramck, Michigan

## ATTACHMENT E – Implementation of Public Resident Community Service Program

The Hamtramck Housing Commission's policy is designed to identify which adult family members are subject to or exempt from the service requirements; to explain how the PHA will administer its program; to identify PHA and/or third party certification opportunities available to eligible adult family members; and to assure resident compliance with identified work activities with fair and equitable actions.

### **PHA Responsibilities**

#### 1. Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

- d. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.
- e. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- f. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

#### 2. Work Activity Opportunities

The Hamtramck Housing Commission has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

##### 1. PHA Provided Activities.

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide signed certification that the family member has performed the proper number of hours for the selected service activities.

##### 2. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

##### 3. Verification of Compliance.

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

##### 4. Notice of Noncompliance.

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

- a. Briefly, describe the noncompliance (inadequate number of hours).

- b. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:  
The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

- Or -

The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.  
This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

- 5. Resident agreement to comply with the service requirement.

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

- a. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
- b. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

- 6. The Hamtramck Housing Commission has developed the following list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

The Authority has identified the following PHA certifiable activities, which are available to meet the requirements:

- Neighborhood Watch
- Daily Phone Monitor for elderly
- Daily Phone Monitor for disabled
- Welcome Wagon Attendant
- Playground Monitor
- Or other certifiable activities

Third party entities that have entered into agreement with the Authority to provide activities available to satisfy the Community Service activities will be listed by Entity, work activity and contact person. If an adult individual elected to utilize a third party entity, they must notify the HHC.

ATTACHMENT F – PHA's Policy on Pet Ownership in Public Housing Family Development

PET POLICY

SERVICE ANIMAL POLICY

## HAMTRAMCK HOUSING COMMISSION

### PET POLICY

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, HHC residents shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle. Common household pets are defined as follows:

**Bird** Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

**Fish** In tanks or aquariums, not to exceed 20 gallons in capacity; poisonous or dangerous fish are not permitted.

**Dogs** Not to exceed 25 lbs. weight, or 15 inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

- |              |                   |
|--------------|-------------------|
| a. Chihuahua | c. Cocker Spaniel |
| b. Pekingese | f. Dachshund      |
| c. Poodle    | g. Terriers       |
| d. Schnauzer |                   |

**No Pit Bulls will be permitted**

**Cats** Cats must be spayed or neutered and be declawed or have a scratching post, and should not exceed 15 pounds.

**Rodents** Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. The allowed rodents must be kept in appropriate cages.

**Reptiles** Reptiles other than turtles or small lizards such as chameleons are not considered common household pets. They must be kept in appropriate containers.

**Exotic pets** At no time will the HHC approve of exotic pets, such as snakes, monkeys, game pets, etc.

2. No more than one dog OR one cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of 20 gallons shall be permitted. A resident with a dog or cat may also have other categories of "common household pets" as previously defined.
3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.
4. Only one dog or one cat is allowed per household. NO PIT BULLS WILL BE PERMITTED. At the family site, all dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose. At the high-rise, all pets must be transported from the apartment in an animal carrier.
5. No pet shall be left unattended outside at any time on the HHC's property.
6. No cat or dog houses will be allowed on the HHC's property.
7. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, HHC employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.

If determined by the HHC that there is a problem, to insure that the pet is taken care of, the apartment is kept in a safe, decent, and sanitary manner, and to prevent bug/leia infestation, the apartment will be subject to random inspections.

If a problem is not resolved, the HHC will instruct the tenant to remove the pet from the apartment permanently. The HHC reserves the right to take whatever action is necessary to protect the other residents as well as HHC property.

If the tenant fails to take corrective action to alleviate the nuisance (e.g., excessive barking or whining), the tenant will be required to remove the pet from the premises within seven (7) days upon notification by the HHC.

If the tenant fails to remove the pet from the apartment, the HHC reserves the right to terminate the tenant's lease.

8. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.

Pet waste must be immediately picked up and placed in a disposable container. The container must be tied securely before being placed in the garbage can or dumpster. Improper disposal of pet waste is a lease violation and may be grounds for termination.

Tenants owning a cat must provide a litter box for their cat which must be cleaned as needed. Cat litter and waste must be disposed of in a proper manner.

AT NO TIME SHOULD PET WASTE BE PLACED AND/OR DROPPED IN TRASH CHUTES.

9. All pets shall be inoculated and licensed in accordance with applicable state and local laws. Every dog and cat must have and wear a valid City of Hamtramck animal license and a tag bearing the owner's name and address. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.) All fur-bearing pets must wear a flea collar at all times. The owner is responsible for changing this flea collar every four (4) months to prevent flea infestation. This rule must be adhered to for the protection of non-pet owning residents.
10. Visiting pets may be allowed as long as they generally conform to the guidelines expressed in this policy, except that: (1) no pet deposit shall be required of the resident with whom the pet is visiting (unless the visit is in excess of 72 hours) and two (2) verified complaints shall be grounds for excluding the pet from further visits.
11. All pets shall be registered with the Management Office immediately or no longer than ten (10) days following their introduction to the community. Registration shall consist of providing:
  - a. Basic information about the pet (type, age, description, name, etc.)
  - b. Proof of inoculation and licensing.

- c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a resident of the community.
- d. Payment of a pet deposit of \$200.00 plus a nominal monthly fee of \$10.00 paid in advance at time of re-certification to defray the cost of potential damage done by the pet to the unit or to common areas of the community. There shall be no pet deposit for pets other than dogs or cats. The pet deposit shall not preclude charges to a resident for repair of damages done on an ongoing basis by a pet. The resident is responsible for all damages caused by the pet and will reimburse the Commission for all costs it incurs in repairing such damages. This pet deposit is refundable with accrued interest if no damage has been found.

Type of Pet	Pets Name	Inoculations (type and date)
License Date	Spay or Neuter Date	

- e. If a resident cannot care for their pet due to an illness, absence, or death, and no other person can be found to care for the pet, after 24-hours have elapsed, the tenant hereby gives permission for the pet to be released to the Humane Society/Animal Control, in accordance with their procedures. In no case shall HHC incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.

Provide the name, address and phone number of one or more persons who will care for the pet if you are unable to do so. This information will be updated annually.

Name	Address	Phone (day)	Phone (night)

12. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The HHC strongly encourages pet owners to consider obtaining liability insurance coverage for their own protection. The pet owner agrees to indemnify and hold harmless the HHC from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.

**NOTE:** This policy is an agreement between the head of the household and the Hamtramck Housing Commission and needs to be signed only if a pet is in the household.

As head of household, I have read the pet policy as written above and understand these provisions. I agree to abide by these provisions fully and understand that permission will be revoked if I fail to do so. Failure to comply with any part of the above and/or to take corrective action after sufficient notice of the violation shall be cause for termination of the lease. I have received a copy of this policy.

_____	_____	_____
Name (please print)	Community or Building	Unit Number
_____	_____	_____
Resident		Date
_____	_____	_____
The Hamtramck Housing Commission		Date

The HHC "Pet Policy" is a part of the Lease and not a separate 'policy' per se.

## HAMTRAMCK HOUSING COMMISSION

### SERVICE ANIMAL POLICY

#### BACKGROUND

The Federal Fair Housing Act, the Americans with Disabilities Act, Section 504 of the Rehabilitation Act require that applicants and tenants with disabilities be provided with "reasonable accommodations" as needed, in order for them to have an opportunity for full use and enjoyment of their housing. Allowing tenants and their guests who have disabilities to be accompanied by their service animals is a reasonable accommodation to housing policy and practice.

#### WHO NEEDS SERVICE ANIMALS?

Some disabled people require the assistance of an animal because of their disabling conditions. Under most federal laws, a person is considered to be disabled if s/he has a sensory, mental or physical condition that substantially limits one or more major life activities (such as walking, seeing, working, etc.).

#### WHAT IS A SERVICE ANIMAL?

The most common service animals are dogs, but sometimes other species are used (for example, a cat or a bird). Service animals may be any breed, size or weight. Some, but not all, service animals wear special collars and harnesses. Some, but not all, are licensed or "certified" and/or have identification papers. However, there is no legal requirement for service animals to be visibly identified or to have documentation.

The ADA defines a service animal as "any animal that is individually trained to do work or perform tasks for the benefit of a person with a disability." The Fair Housing Act considers "companion" animals to be a type of service animal; however, they are not always trained to perform tasks.



## WHAT'S THE DIFFERENCE BETWEEN A SERVICE ANIMAL AND A PET?

Service animals are not considered to be pets. A person with a disability uses a service animal as an auxiliary aid – similar to the use of a cane, crutches or wheelchair. For this reason, fair housing laws require that housing providers make modifications to "No Pet" policies to permit the use of a service animal by an individual with a disability. Also, pet fees cannot be charged for service animals (see guidelines below).

## WHAT DO SERVICE ANIMALS DO?

Service animals perform many types of services for those with disabilities. Here are some examples:

- A guide animal serves as a travel tool by a person who is legally blind.
- A hearing animal alerts a person with significant hearing loss or who is deaf when a sound occurs, such as a ringing alarm or a knock on the door.
- A service animal helps a person who has a mobility or health disability. Duties may include carrying, fetching, opening doors, ringing doorbells, activating elevator buttons, steadying a person while walking; helping a person up after a fall, etc. Service animals sometimes are called assistance animals.
- A seizure response animal assists a person with a seizure disorder. The animal's service depends on the person's needs. The animal may go for help, or may stand guard over the person during a seizure. Some animals have learned to predict a seizure and warn the person.
- A companion animal or emotional support animal assists people with psychological disabilities. Emotional support animals can help alleviate symptoms such as depression, anxiety, stress and difficulties regarding social interactions, allowing tenants to live independently and fully use and enjoy their living environment.

Because service animals provide different types of assistance, a person with a disability may require more than one service animal.

## WHAT ABOUT OTHER TENANTS WHO ARE AFRAID OF OR ALLERGIC TO ANIMALS?

While some people might have fear of dogs or other animals, this fear does not amount to a disability, so a housing provider need not "accommodate" the fear. For most people with allergies, the presence of an animal will cause only minor discomfort, such as sneezing or sniffing. Because this reaction does not constitute a disability, no accommodation is necessary for the allergic person. Rarely, a tenant's allergy is so severe that animal contact may cause respiratory

distress; in these cases, the allergic tenant may also request an accommodation (for example, to keep the animal and the allergic tenant in separate areas of the building, as much as is possible).

## **GUIDELINES FOR STAFF**

### **SERVICE ANIMAL ACCOMMODATION:**

The Hamtramck Housing Commission must review all requests a disabled tenant makes for reasonable accommodations, including requests for a service animal accommodation. You can require the tenant to provide written verification from the tenant's healthcare or mental health provider that the tenant has a disability and needs the service animal (the provider need not be an M.D.). You can require proof that the tenant is disabled, but cannot require the tenant to provide information about the specific disability. The property manager will provide a written response to the tenant (see sample letter).

### **PET POLICY:**

The limitation on the size, weight, and type of pets allowed in the Hamtramck Housing Commission's Pet Policy does not apply to service animals. Service animals may be any type of animal and any breed, size or weight, and an accommodation may involve more than one service animal.

### **DEPOSITS AND FEES:**

A service animal is not a pet. Regardless of the Hamtramck Housing Commission's policy on pets, the disabled tenant who uses a service animal is not required to make a pet deposit or pay a pet-related move-in cleaning fee. A charge may be assessed for general cleaning or damage deposit charged to all tenants. The tenant is liable for any damage the animal actually causes.

### **AWARENESS TRAINING:**

The Hamtramck Housing Commission will ensure that staff is properly trained in the facility's service animal policies, including the following rules—

- Allow a service animal to accompany the tenant at all times and everywhere on the property except where animals are specifically prohibited (such as in the pool).
- Do not pet or touch a service animal. Petting a service animal when it is working distracts the animal from the task at hand.
- Do not feed a service animal. The animal may have specific dietary requirements. Unusual food or food at an unexpected time may cause the animal to become ill.

- Do not deliberately startle a service animal. Avoid making noises at the animal (barking, whistling, etc.).
- Do not separate or attempt to separate a tenant/handler from her or his service animal.
- Avoid initiating conversation about the service animal, the tenant's disabilities or other service animals one has known. If you are curious, you may ask if the tenant/handler would like to discuss it, but be aware that many people with disabilities do not care to share personal details.
- Remember, not all disabilities are visible. The nature of the person's disability is a private matter, and you are not entitled to inquire for details.
- If other tenants complain about the fact that they are not allowed to have a pet and want to know why you have made an exception, simply state that your company complies with the fair housing laws. You can also refer your tenants to the fair housing laws or the Detroit Fair Housing agency for further details.
- Service animals do not need to wear any special identifying gear such as tags, harnesses or capes. Service animal owners/handlers are not required to carry any paperwork documenting the animal as a service animal.
- A tenant may train his or her own service animal and is not required to provide any information about training or the specific tasks the animal performs.

#### **ANIMAL CARE AND SUPERVISION:**

The tenant/handler has the responsibility to care for and supervise the animal. The tenant must retain full control of the animal at all times. This generally means that while the animal is in common areas; it is on leash, in a carrier, or otherwise in the direct control of the animal owner/handler. When in the presence of others, the animal is expected to be well behaved (not jumping on or nipping at people, not snarling or barking, etc.).

#### **REMOVAL OF A SERVICE ANIMAL:**

If a service animal is unruly or disruptive (aggressively jumping on people, nipping, or other harmful behavior), the Hamtramck Housing Commission may ask the tenant/handler to remove the animal from the immediate area. If the animal's improper behavior happens repeatedly, the Director may tell the tenant not to bring the animal into any common area, until significant steps have been taken to mitigate the behavior. Mitigation can include refresher training for both the animal and the tenant.

## **AREAS OFF-LIMITS TO SERVICE ANIMALS:**

The Hamtramck Housing Commission may designate certain areas off limits to service animals. Such designations should not infringe upon the right of a person with disabilities to full enjoyment of the amenities of the community.

## **RESOURCES/QUESTIONS**

If you have any questions regarding your rights and responsibilities under the fair housing laws, contact the Detroit Fair Housing Director at (313) 226-6898 ext. 8013.

**Americans with Disabilities Act (ADA) Information Line**  
U.S. Department of Justice  
800-514-0301, TTY 800-514-0383  
[www.usdoj.gov/crt/ada/animal.htm](http://www.usdoj.gov/crt/ada/animal.htm)

## **GUIDELINES FOR TENANTS WITH SERVICE ANIMALS**

### **REQUEST FOR A SERVICE ANIMAL ACCOMMODATION:**

The tenant who needs a service/companion animal should submit a request in writing to the Hamtramck Housing Commission requesting an accommodation for the tenant's disability. The tenant is not required to disclose the nature of his/her disability.

### **VERIFICATION OF DISABILITY AND NEED FOR A SERVICE ANIMAL:**

The tenant must provide written verification that s/he has a disability and that the accommodation is necessary to give the tenant equal opportunity to use and enjoy the community. The tenant should obtain a signed letter on professional letterhead from his/her healthcare or mental health provider to the housing provider answering the following questions:

- Is the person disabled as defined by the fair housing laws?
- In the health care provider's professional opinion, does the person need the requested accommodation (use of a service animal) to have the same opportunity as a non-disabled person to use and enjoy the housing community?

(Sample letters are attached)

## **ANIMAL CARE AND SUPERVISION:**

The tenant/handler is responsible for the care of his/her service animal. The animal must be supervised and the tenant/handler must retain full control of the animal at all times. This generally means that while the animal is in common areas, it is on leash, in a carrier, or otherwise in the direct control of the animal owner/handler. When in the presence of others, the animal is expected to be well behaved (not jumping on or nipping at people, not snarling or barking, etc.).

The tenant is responsible for the proper disposal of animal waste —

- Never allow the service animal to defecate on any property, public or private (except the tenant's own property), unless the tenant immediately removes the waste.
- Always carry equipment sufficient to clean up the animal's feces whenever the service animal is in the common areas or off the tenant's property.
- Properly dispose of waste and/or litter.
- If you need assistance with cleanup, make arrangements for such help through family, friends or advocates.

## **PROBLEMS**

If you believe staff is not handling your request for a service animal properly, contact the Detroit Fair Housing Director at (313) 226-6898 ext.:8013.

## **RESOURCES/QUESTIONS**

If you have any questions regarding your rights and responsibilities under the fair housing laws, contact the Detroit Fair Housing Director at (313) 226-6898 ext. 8013.

Americans with Disabilities Act (ADA) Information Line  
U.S. Department of Justice  
800-514-0301, TTY 800-514-0383  
[www.usdoj.gov/crt/ada/animal.htm](http://www.usdoj.gov/crt/ada/animal.htm)

**SAMPLE LETTER:**

**REQUEST FOR REASONABLE ACCOMMODATION**

This is a sample letter for tenants or prospective tenants to use when requesting a service animal as a reasonable accommodation. This form is not required; however, a tenant should request an accommodation in writing.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

I have a disability as defined by the fair housing laws. I use a service animal to assist me with the functional limitations related to my disability. My service animal also enhances my ability to live independently and to use and enjoy my dwelling fully.

Type of service animal (dog, cat, etc.): \_\_\_\_\_

As an accommodation for my disability/disabilities, I request that you:

waive your pet weight/height restrictions

waive your pet deposit/pet-related fees

other: \_\_\_\_\_

I have attached a letter from my treatment provider verifying that I have a disability and that I have a need for a service animal.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

---

**SAMPLE LETTER:**

**REASONABLE ACCOMMODATION LETTER FROM SERVICE PROVIDER  
(ON LETTERHEAD)**

Dear Hamtramck Housing Commission:

(Name of Tenant) is my client/patient, and has been under my care since (date). I am familiar with his/her history and disability-related functional limitations. S/he meets the definition of disability under the fair housing laws.

To enhance his/her ability to live independently and to use and enjoy his/her dwelling, I am prescribing a service animal that will assist (name of tenant) with the functional limitations relating to his/her disability.

I am available to answer any questions you may have concerning my recommendation that (name of tenant) have a service animal.

Sincerely,

Name of Professional  
Title

---

SAMPLE LETTER:

RESPONSE TO REQUEST FOR REASONABLE ACCOMMODATION

This is a sample letter for housing provider staff to use when responding to a tenant's request for a service animal as a reasonable accommodation.

Dear (tenant):

We have received your request for a reasonable accommodation, specifically, your use of a service animal in our housing complex. We also received the letter from your service provider confirming your disability status and need for the animal.

We agree to your request to have your animal in your unit. In addition, we agree to:

waive our pet weight/height restrictions

waive our pet deposit/pet-related fees

other: \_\_\_\_\_

Our rules require tenants with animals to follow noise regulations, to dispose of animal waste appropriately, and to ensure that animals do not cause property damage.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

SAMPLE LETTER:

RESPONSE TO REQUEST FOR REASONABLE ACCOMMODATION

This is a sample letter for housing provider staff to use when responding to a tenant's request for a service animal as a reasonable accommodation.

Dear (tenant):

We have received your request for a reasonable accommodation, specifically, your use of a service animal in our housing complex. We also received the letter from your service provider confirming your disability status and need for the animal.

We agree to your request to have your animal in your unit. In addition, we agree to:

- waive our pet weight/height restrictions
- waive our pet deposit/pet-related fees
- other: \_\_\_\_\_

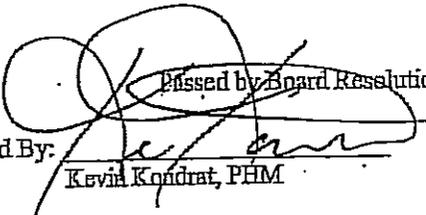
Our rules require tenants with animals to follow noise regulations, to dispose of animal waste appropriately, and to ensure that animals do not cause property damage.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

9

Passed by Board Resolution No. 2005-3 on January 20, 2005.

Attested By:

  
Kevin Kondrat, PHM

Title: Executive Director.

Date: 1/21/05

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

Capital Fund Grant Number MI28P004501-9 FFY of Grant Approval: (01/2009)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	224,949
3	1408 Management Improvements	224,949
4	1410 Administration	112,747
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	30,000
8	1440 Site Acquisition	
9	1450 Site Improvement	30,000
10	1460 Dwelling Structures	152,101
11	1465.1 Dwelling Equipment-Nonexpendable	350,000
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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	1,124,746
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	

ATTACHMENT G 2009 CAPITAL FUND PROGRAM

**Annual Statement**

**Capital Fund Program (CFP) Part II: Supporting Table**

Capital Fund Grant Number MI28P004501-9 FFY of Grant Approval: (01/2009)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide	Housing Operations	1406	224,949
HA-Wide	a. Vacancy Reduction	1408	76,494
	b. Community Policing	1408	103,455
	c. Staff Training	1408	20,000
	d. Consulting, Audit	1408	15,000
	e. Tenant accounts Receivable	1408	10,000
Cost Center	Administration of Capital Funds	1410	112,747
HA-Wide	A & E Services	1430	30,000
Senior Plaza	Site Improvements	1450	15,000
Colonel Hamtramck	Site Improvements	1450	15,000
Colonel Hamtramck	Replace Furnaces	1465	350,000
HA-Wide	Painting/Unit Rehab	1460	152,101

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

Capital Fund Grant Number MI28P004501-10 FFY of Grant Approval: (01/2010)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	224,949
3	1408 Management Improvements	224,949
4	1410 Administration	112,747
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	30,000
8	1440 Site Acquisition	
9	1450 Site Improvement	40,000
10	1460 Dwelling Structures	193,462
11	1465.1 Dwelling Equipment-Nonexpendable	248,639
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	50,000
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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	1,124,746
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**

Capital Fund Grant Number MI28P004501-10 FFY of Grant Approval: (01/2010)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide HA-Wide	Housing Operations a. Vacancy Reduction b. Community Policing c. Staff Training d. Consulting, Audit e. Tenant accounts Receivable f. Upgrade Computer	1406 1408 1408 1408 1408 1408 1408	224,949 66,000 101,949 20,000 15,000 12,000 10,000
Cost Center HA-Wide	Administration of Capital Funds A & E Services	1410 1430	112,747 30,000
Senior Plaza	Site Improvements	1450	20,000
Colonel Hamtramck	Site Improvements	1450	20,000
Colonel Hamtramck	Install Dryer Vents	1460	60,000
HA-Wide	Painting-Barrier Free	1460	98,462
Senior Plaza	Repair/Replace Canopy	1460	35,000
Colonel Hamtramck	Hot Water Heaters	1465	248,639
HA-Wide	Pickups-Carts	1475	50,000

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

Capital Fund Grant Number MI28P004501-11 FFY of Grant Approval: (01/2011)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	224,949
3	1408 Management Improvements	224,949
4	1410 Administration	112,747
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	3 2,000
8	1440 Site Acquisition	
9	1450 Site Improvement	200,000
10	1460 Dwelling Structures	305,101
11	1465.1 Dwelling Equipment-Nonexpendable	25,000
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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	1,124,746
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**

Capital Fund Grant Number MI28P004501-11 FFY of Grant Approval: (01/2011)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide HA-Wide	Housing Operations a. Vacancy Reduction b. Community Policing c. Staff Training d. Consulting, Audit e. Tenant accounts Receivable	1406 1408 1408 1408 1408 1408	224,949 67,494 102,455 28,000 15,000 12,000
Cost Center HA-Wide	Administration of Capital Funds	1410	112,747
HA-Wide	A & E Services	1430	32,000
HA-Wide	Repaving	1450	200,000
HA-Wide	Unit Rehab	1460	305,101
Senior Plaza	Upgrade Security	1465.1	25,000

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

Capital Fund Grant Number MI28P004501-12 FFY of Grant Approval: (01/2012)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	224,949
3	1408 Management Improvements	224,949
4	1410 Administration	112,747
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	35,000
8	1440 Site Acquisition	
9	1450 Site Improvement	50,000
10	1460 Dwelling Structures	477,101
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	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	1,124,746
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	

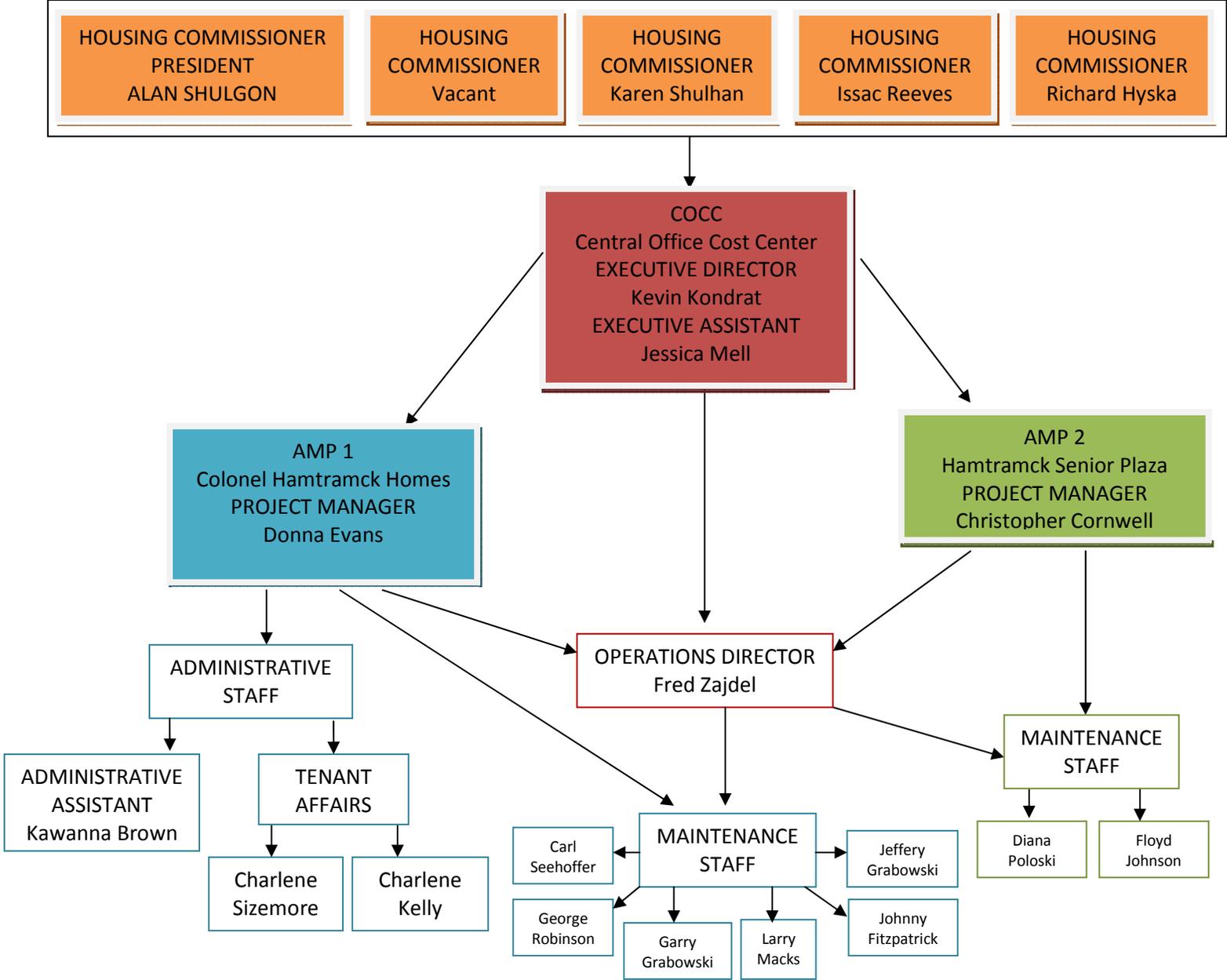
**Annual Statement**

**Capital Fund Program (CFP) Part II: Supporting Table**

Capital Fund Grant Number MI28P004501-12 FFY of Grant Approval: (01/2012)

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
HA-Wide	Housing Operations	1406	224,949
HA-Wide	a. Vacancy Reduction	1408	71,494
	b. Community Policing	1408	106,455
	c. Staff Training	1408	20,000
	d. Consulting, Audit	1408	15,000
	e. Tenant accounts Receivable	1408	12,000
Cost Center	Administration of Capital Funds	1410	112,747
HA-Wide	A & E Services	1430	35,000
HA-Wide	Landscaping	1450	50,000
HA-Wide	Unit Rehab	1460	178,462
Senior Plaza	Upgrade Security	1460	100,000
HA-Wide	Painting	1460	100,000
Colonel Hamtramck	Windows	1460	98,639

# HAMTRAMCK HOUSING COMMISSION ORGANIZATIONAL CHART



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

PHA Name: Hamtramck Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI 28P004501-05 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005
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Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending:  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	227,600.00	227,600.00	227,600.00	227,600.00
3	1408 Management Improvements	227,600.00	227,600.00	227,600.00	227,600.00
4	1410 Administration	113,800.00	113,800.00	113,800.00	113,800.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	40,000.00	40,000.00	40,000.00	40,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	40,589.00	33,472.00	33,472.00	33,472.00
10	1460 Dwelling Structures	488,660.00	495,777.00	495,777.00	495,777.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,138,249.00	1,138,249.00	1,138,249.00	1,138,249.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	76,225.25			
24	Amount of line 21 Related to Security – Soft Costs	47,090.53			

## Annual Statement/Performance and Evaluation Report

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

PHA Name: Hamtramck Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI 28P004501-05 Replacement Housing Factor Grant No:		Federal FY of Grant: 2005	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input checked="" type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
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: Hamtramck Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28P004502-05 Replacement Housing Factor Grant No:				<b>Federal FY of Grant:</b> 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Blinds, Paint, Insurance, etc	1406		227,600.00	227,600.00	227,600.00	227,600.00	100% complete
	<b>SUBTOTAL</b>			<b>227,600.00</b>	<b>227,600.00</b>	<b>227,600.00</b>	<b>227,600.00</b>	
HA Wide Management Improvement	A. Staffing, training for staff, commissioners, and residents, etc.	1408		25,000.00	18,425.48	18,425.48	18,425.48	100% complete
	B. Community Policing	1408	Lump Sum	87,600.00	67,405.69	67,405.69	67,405.69	100% complete

	C. Consulting Services such as Agency Plan Preparation, ACOP/Dwelling Lease updates, Develop/Update Market Rents, Commissioner Training, Resident Council Training, Staff Development Training, CFP Grant Close Outs, Utility Allowance Updates, Maintenance Audits	1408	Lump Sum	20,000.00	66,532.55	66,532.55	66,532.55	100% complete
	D. Vacancy Reduction Program	1408		63,000.00	63,000.00	63,000.00	63,000.00	100% complete
	E. Tenant Account Receivable Program	1408		32,000.00	12,236.28	12,236.28	12,236.28	100% complete
	<b>Subtotal</b>			<b>227,600.00</b>	<b>227,600.00</b>	<b>227,600.00</b>	<b>227,600.00</b>	
HA Wide Administration	Partial salary & benefits of staff involved with CFP: Executive Director \$36,000 Accountant 16,000 Main. Foreman 13,000 Unit Maintenance 28,000 Unit Maintenance 28,000	1410	10%	113,800.00	113,800.00	113,800.00	113,800.00	100% complete
	<b>SUBTOTAL</b>			<b>113,800.00</b>	<b>113,800.00</b>	<b>113,800.00</b>	<b>113,800.00</b>	
HA Wide Administration	A. A/E Fees	1430	Lump Sum	40,000.00	40,000.00	40,000.00	40,000.00	100% complete
	<b>Subtotal</b>			<b>40,000.00</b>	<b>40,000.00</b>	<b>40,000.00</b>	<b>40,000.00</b>	
MI 4-1 Col Hamtramck Homes	A. Landscaping	1450	Lump Sum	8,000.00	0	0	0	
	B. Site Improvement	1450	Lump Sum	5,589.00	0	0	-0-	
	<b>SUBTOTAL</b>			<b>13,589.00</b>	<b>0</b>	<b>0</b>	<b>-0-</b>	



## Annual Statement/Performance and Evaluation Report

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

PHA Name: Hamtramck Housing Commission	Grant Type and Number Capital Fund Program Grant No: M128P004501-6 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:
  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	213,455.00	219,755.00	219,755.00	89,292.75
3	1408 Management Improvements	213,455.00	219,755.00	219,755.00	212,995.79
4	1410 Administration	106,728.00	106,728.00	106,728.00	106,728.00
5	1411 Audit	3,700.00	3,700.00	3,700.00	
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000.00	20,000.00	20,000.00	11,862.86
8	1440 Site Acquisition				
9	1450 Site Improvement	94,445.00	6,871.00	6,871.00	
10	1460 Dwelling Structures	302,914.00	475,000.00	475,000.00	315,123.42
11	1465.1 Dwelling Equipment—Nonexpendable	100,580.00	47,000.00	47,000.00	26,651.71
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 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,067,277.00	1,098,809.00	1,098,809.00	762,654.53
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance	110,697.14			
24	Amount of line 21 Related to Security – Soft Costs	83,197.84			
25	Amount of Line 21 Related to Security – Hard Costs	26,651.71			
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: Hamtramck Housing Commission		Grant Type and Number Capital Fund Program Grant No: M128P004501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide	Housing Operations	1406	20%	213,455.00	219,755.00	219,755.00	82,292.75	40% done
	Subtotal			213,455.00	219,755.00	219,755.00	82,292.75	
HA Wide Management Improvements	A. Vacancy Reduction Program	1408	24	59,000.00	107,459.89	107,459.89	107,459.89	100% done
	B. Community Policing	1408	Lump Sum	60,855.00	83,197.84	83,197.84	76,438.63	94% done
	C. Staff & Resident Training	1408	Lump Sum	28,100.00	14,046.57	14,046.57	14,046.57	100% done
	D. Consulting Services such as Agency Plan Preparation, ACOP/Lease updates, Commissioner Training, Resident Council Training, Staff Development, Grant Close outs, Maintenance Audits	1408	Lump Sum	18,700.00	11,356.70	11,356.70	11,356.70	100% done
	E. Upgrade/Maintain computer system	1408	Lump Sum	14,000.00	-0-			
	F. Tenant Account Receivable Program	1408	Lump Sum	32,800.00	3,694.00	3,694.00	3,694.00	100% done
	Subtotal			213,455.00	219,755.00	219,755.00	212,995.79	

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

PHA Name: Hamtramck Housing Commission		Grant Type and Number Capital Fund Program Grant No: M128P004501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Administration	Partial Salary & benefits of staff involved in CFP Executive Director \$34,000 Accountant \$15,000 Main. Foreman \$12,000 Unit Maintenance \$26,000 Unit Maintenance \$19,728	1410	10%	106,728.00	106,728.00	106,728.00	106,728.00	100% done
	Subtotal			106,728.00	106,728.00	106,728.00	106,728.00	
HA Wide Audit	A. Audit of Capital Funds	1411	Lump Sum	3,700.00	3,700.00	3,700.00	-0-	0%
	Subtotal			3,700.00	3,700.00	3,700.00	-0-	
HA Wide Fees & Cost	A. A/E Fees	1430	Lump Sum	32,000.00	20,000.00	20,000.00	11,862.86	59% done
	Subtotal			32,000.00	20,000.00	20,000.00	11,862.86	
MI 4-1 Col. Hamtramck Homes	A. Landscaping	1450	Lump Sum	9,000.00	6,871.00	6,871.00	-0-	
	B. Site Improvement	1450	Lump Sum	19,445.00	-0-			

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

PHA Name: Hamtramck Housing Commission		Grant Type and Number Capital Fund Program Grant No: M128P004501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	C. Improve exterior lighting of development	1460	Lump Sum	130,000.00	-0-			
	D. Replace DHW heaters	1465.1	300 Units	98,580.00	-0-			
	E. Major Unit Re-hab	1450		-0-	172,276.44	172,276.44	164,999.86	95% done
	F. Barrier Free Units	1450		-0-	100,769.74	100,769.74	100,769.74	100% done
	G. Storm Doors	1450	300 Units	-0-	12,513.58	12,513.58	12,513.58	100% done
	H. Re-glaze Bath tubs	1450	300 Units	-0-	88,500.00	88,500.00	-0-	
	I. Secured Locking System	1450	300 Units	-0-	64,100.00	64,100.00	-0-	
	J. Smoke detector/Carbon Monoxide	1465	300 Units	-0-	20,348.29	20,348.29	-0-	
	Subtotal			257,025.00	465,379.05	465,379.05	278,283.18	
MI 4-2 Senior Plaza	A. Landscaping	1450	Lump Sum	9,000.00	-0-			
	B. Site improvements	1450	Lump Sum	14,000.00	-0-			
	C. Tuck point & Clean brick	1460	Lump Sum	36,000.00	-0-			
	D. Replace smoke damper motors	1465.1	2	2,000.00	-0-			
	E. Replace exit stair doors	1460	12	24,000.00	-0-			

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

PHA Name: Hamtramck Housing Commission		Grant Type and Number Capital Fund Program Grant No: M128P004501-06 Replacement Housing Factor Grant No:				Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	F. Replace/repair sidewalks	1450	Lump Sum	23,000.00	-0-			
	G. Reseal & stripe parking areas	1450	Lump Sum	20,000.00	-0-			
	H. Prep units as barrier free	1460	4 Units	112,914.00	9,927.40	9,927.40	9,927.40	100% done
	I. Carpet	1460		-0-	26,912.84	26,912.84	26,912.84	100% done
	J. Upgrade security system	1465		-0-	26,651.71	26,651.71	26,651.71	100% done
	Subtotal			240,914.00	63,491.95	63,491.95	63,491.95	
	Total			1,067,277.00				



# Annual Statement/Performance and Evaluation Report

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

PHA Name: Hamtramck Housing Commission	Grant Type and Number Capital Fund Program Grant No: M128P004501-07 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: 2)  
 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	213,455	224,949		
3	1408 Management Improvements	213,455	224,949		
4	1410 Administration	106,728	112,475		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	32,000	32,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	0	155,000		
10	1460 Dwelling Structures	451,659	355,373		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	50,000	0		
13	1475 Nondwelling Equipment	0	20,000		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	1,067,277	1,124,746		
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: Hamtramck Housing Commission		<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28P004501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Operations	Housing Operations	1406	20%	213,455	224,949			
	<b>SUBTOTAL</b>			<b>213,455</b>	<b>224,949</b>			
HA Wide Management Improvements	A. Vacancy Reductions	1408	Lump sum	66,000	70,000			
	B. Community Policing	1408	Lump Sum	67,855	94,949			
	C. Staff Development & training	1408	Lump Sum	28,100	25,000			
	D. Consulting Services, such as Agency Plan, Resident Council training, staff development, audits, utility allowances	1408	Lump sum	18,700	15,000			
	E. Tenants Account Receiveable	1408	Lump sum	32,800	20,000			
	<b>SUBTOTAL</b>			<b>213,455</b>	<b>224,949</b>			

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

PHA Name: Hamtramck Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P004501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
HA Wide Administration	Partial salaries & benefits: Executive Director \$34,000 Accountant \$20,747 Maintenance Forema \$12,000 Unit Maintenance \$26,000 Unit Maintenance \$19,728	1410		106,728	112,475			
	<b>SUBTOTAL</b>			<b>106,728</b>	<b>112,475</b>			
HA Wide Feeds & Costs	A. A/e Services	1430	Lump Sum	32,000	32,000			
	<b>SUBTOTAL</b>			<b>32,000</b>	<b>32,000</b>			
HA Wide	Cement Work	1450		0	85,000			
	Water Sealing-Senior Plaza	1450		0	70,000			
	<b>SUBTOTAL</b>			<b>0</b>	<b>155,000</b>			
MI4-1	A. Install Fire Stops	1465. 1		175,000	0			
	B. Replace Furnaces	1465. 1		175,000	0			
	C. Ceramic Tile Social Room	1460		0	40,000			
	D. Unit Renovations	1460		0	40,373			
	<b>SUBTOTAL</b>				<b>80,373</b>			

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

PHA Name: Hamtramck Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28P004501-07 Replacement Housing Factor Grant No:				Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI 4-2	A. Prep 4 units as barrier free	1465.1		101,639	0			
	B. Elevator Renovations	1460		0	275,00			
	<b>SUBTOTAL</b>				<b>275,000</b>			
HA Wide	A. Computer upgrades	1475		0	20,000			
	<b>SUBTOTAL</b>				<b>20,000</b>			

