

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

MUSKEGON HEIGHTS HOUSING COMMISSION  
615 E. HOVEY AVE.  
MUSKEGON HGTS, MI 49444

MI-031

**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:** Muskegon Heights Housing Commission

**PHA Number:** MI031

**PHA Fiscal Year Beginning:** 04/01/2008

### 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 2007 - 2011**  
[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 provide decent, safe, and affordable housing, economic opportunity, as well as, a 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: 4%
  - X 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) 30%
  - Improve voucher management: (SEMAP score) 90%
  - 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)**

**Establish a public housing self - sufficiency program in family complex.**

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

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

**Standard Plan**

**Streamlined Plan:**

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

**X 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.

The Muskegon Heights Housing Commission will continue its efforts to reorganize and build staff capacity in order to improve its performance the Standard level under PHAS. The Commission is also working to establish the systems and staff capacity to improve its performance in the area of Section 8 to achieve High performer status during the next fiscal year. The Housing Commission has approval of its Environmental Reviews through 2010, and will continue upgrading its public housing stock with Capital Fund Program dollars, with an eye toward some Family Self Sufficiency Program rental units .

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

**Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	1
ii. Table of Contents	1
1. Housing Needs	5
2. Financial Resources	11
3. Policies on Eligibility, Selection and Admissions	13
4. Rent Determination Policies	21
5. Operations and Management Policies	26
6. Grievance Procedures	28
7. Capital Improvement Needs	29
8. Demolition and Disposition	34

9. Designation of Housing	35
10. Conversions of Public Housing	36
11. Homeownership	37
12. Community Service Programs	40
13. Crime and Safety	42
14. Pets (Inactive for January 1 PHAs)	44
15. Civil Rights Certifications (included with PHA Plan Certifications)	44
16. Audit	44
17. Asset Management	45
18. Other Information	45

**Attachments**

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

**Required Attachments:**

- Admissions Policy for Deconcentration
- FY 2007 Capital Fund Program Annual Statement
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)

**Optional Attachments:**

- PHA Management Organizational Chart
- FY 2000 Capital Fund Program 5-Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local	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>
	jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	
	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (ADA) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
X	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/99 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the methodology for setting public housing flat rents Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development Check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures <input type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant	Annual Plan: Capital Needs

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

## **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.

<b>Housing Needs of Families in the Jurisdiction By Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ability	Size	Locatio-n
Income <= 30% of AMI	2,750	5	4	4	4	4	4
Income >30% but <=50% of AMI	475	4	4	4	3	3	3
Income >50% but <80% of AMI	345	2	2	4	2	3	3
Elderly	260	4	3	4	4	2	3
Families with Disabilities	875.	4	4	4	3	3	3
Race/Ethnicity African American	90%*	4	3	4	3	3	3
Race/Ethnicity White	8%*	4	3	4	3	3	3
Race/Ethnicity H/Other	2%*	4	3	4	3	3	3
Race/Ethnicity							

\* Assumes percentage or renter households mirrors general population proportions in the City

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: 2007
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year:
- Other housing market study  
Indicate year:
- Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/>	Section 8 tenant-based assistance		
<input checked="" type="checkbox"/>	Public Housing		
<input type="checkbox"/>	Combined Section 8 and Public Housing		
<input type="checkbox"/>	Public Housing Site-Based or sub-jurisdictional waiting list (optional)		
If used, identify which development/sub jurisdiction:			
	# Of families	% Of total families	Annual Turnover
Waiting list total	27		
Extremely low income <=30% AMI	23	86%	
Very low income (>30% but <=50% AMI)	2	7%	
Low income (>50% but <80% AMI)	2	7%	
Families with children	18	67%	
Elderly families	0	0	
Families with Disabilities	5	19%	
Race/ethnicity Black	26	96%	
Race/ethnicity White	1	4%	
Race/ethnicity			
Race/ethnicity			
Characteristics by			

<b>Housing Needs of Families on the Waiting List</b>			
Bedroom Size (Public Housing Only)			
1BR	9	33%	36
2 BR	12	44%	43
3 BR	4	15%	78
4 BR	2	7%	25
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			

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/sub jurisdiction:			
	# Of families	% Of total families	Annual Turnover
Waiting list total	12		50
Extremely low income <=30% AMI	10	84%	
Very low income (>30% but <=50% AMI)	!	8%	
Low income (>50% but <80% AMI)	1	8%	
Families with children	12	100%	
Elderly families	0	0	
Families with			

<b>Housing Needs of Families on the Waiting List</b>			
Disabilities	1	8%	
Race/ethnicity Black	12	100%	
Race/ethnicity White	0	0	
Race/ethnicity	0	0	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	9	39%	
2 BR	12	44%	
3 BR	4	15%	
4 BR	2	2%	
5 BR			
5+ BR			
Is the waiting list closed (select one)? No X Yes			
If yes:			
How long has it been closed (# of months)? 5 years			
Does the PHA expect to reopen the list in the PHA Plan year? No XYes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? XNo 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
- X

- 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 2008grants)</b>		Capital Improvements
a) Public Housing Operating Fund	\$580,000	
b) Public Housing Capital Fund	\$695,668	
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance	\$168,444	

<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)	0	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)	0	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2006 Capital Fund	\$363,558	
<b>3. Public Housing Dwelling Rental Income</b>	\$873,314	Public Housing Operations
<b>4. Other income (list below)</b>	0	
<b>4. Non-federal sources (list below)</b>	0	
<b>Total resources</b>	<b>\$2,680,984</b>	

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

[24 CFR Part 903.7 9 (c)]

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

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

**(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number 5 )
- When families are within a certain time of being offered a unit: (state time)
- Other: At the time of application.

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: Landlord References

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

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

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

**(2) Waiting List Organization**

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

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

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

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

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

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

2.  Yes  No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?  
If yes, how many lists?
3.  Yes  No: May families be on more than one list simultaneously  
If yes, how many lists?
4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
- PHA main administrative office
  - All PHA development management offices
  - Management offices at developments with site-based waiting lists
  - At the development to which they would like to apply
  - Other (list below)

**(3) Assignment**

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

**(4) Admissions Preferences**

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

- 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 X 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 - Government Action
- 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)

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 - Government Action

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)

X 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)

X 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 lists 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:

Extenuating circumstances as defined by MHHC AND SECTION 8 ADM PLAN.

**(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 - Government Action
- 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)

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 - Government Action
- 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 preferences

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 highest of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare

rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---Or---

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

b. Minimum Rent

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

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

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

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

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

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

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

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

- For the earned income of a previously unemployed household member  
 For increases in earned income  
 Fixed amount (other than general rent-setting policy)  
If yes, state amount/s and circumstances below:

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

- For household heads  
 For other family members  
 For transportation expenses

- For the non-reimbursed medical expenses of non-disabled or non-elderly families
- Other (describe below)

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

- Never
- At family option      Any time the family experiences an income increase

Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)\_\_\_\_\_

Other: Any change in family composition

- 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  
Fair Market Rents

## **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 sub market
- 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 sub market
- 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
- X  \$26-\$50

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

### **A. PHA Management Structure**

Describe the PHA's management structure and organization.

(Select one)

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

The Board of Commissioners consists of 5 members, appointed by the Mayor. Current structure includes an Executive Director/Modernization Coordinator and administrative staff positions which include Deputy Director/Finance Administrator, Senior Property Manager/Section 8 Coordinator, Property Manager, Resident Services Coordinator, Administrative Assistant, Maintenance Supervisor and 5 Maintenance line positions.

**B. HUD Programs Under PHA Management**

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

Program Name	Units or Families Served at Year Beginning 4/1/03	Expected Turnover
Public Housing	346	140
Section 8 Vouchers	50	12
Section 8 Certificates	NA	
Section 8 Mod Rehab	NA	
Special Purpose Section 8 Certificates/Vouchers (list individually)	NA	
Public Housing Drug Elimination Program (PHDEP)	NA	
Other Federal Programs (list individually)	NA	

**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:
- (2) Admissions and Continued Occupancy Policy (ACOP)
  - Grievance Procedure
  - Lease Agreement
  - Maintenance Plan
  - Housekeeping Policy
- (3) Section 8 Management:
  - Administrative Plan
  - Housekeeping Policy

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

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

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

If yes, list additions to federal requirements below:

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

- PHA main administrative office  
 Other (list below)

## **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)

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

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

Capital Fund Grant Number MI33PO311501-08 FFY of Grant Approval: (08/30/2007)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	0
2	1406 Operations	68,344
3	1408 Management Improvements	136,688
4	1410 Administration	68,344
5	1411 Audit	5,000
6	1415 Liquidated Damages	0
7	1430 Fees and Costs	9,261
8	1440 Site Acquisition	0
9	1450 Site Improvement	139,691
10	1460 Dwelling Structures	137,770
11	1465.1 Dwelling Equipment-Nonexpendable	50,000
12	1470 Nondwelling Structures	0
13	1475 Nondwelling Equipment	0
14	1485 Demolition	0
15	1490 Replacement Reserve	0
16	1492 Moving to Work Demonstration	0
17	1495.1 Relocation Costs	0
18	1498 Mod Used for Development	0
19	1502 Contingency	68,344
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	683,442
21	Amount of line 20 Related to LBP Activities	0
22	Amount of line 20 Related to Section 504 Compliance	0
23	Amount of line 20 Related to Security	100,000
24	Amount of line 20 Related to Energy Conservation Measures	61,852

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA-Wide	<b>Operations</b>  <b>Management Improvements</b> Security personnel, staff training, computer hardware/software, unit turn around contractors  <b>Administration</b> Administrative Salaries & benefits, partial payment of energy performance contract loan, staff training, Miscellaneous Costs,	0  1408  1410	68,344  136,688  68,344
PHA-Wide	<b>Audit</b> Audit	1411	5,000
PHA-Wide	<b>Fees and Costs</b> A/E Design & Construction	1430	9,261
MI-31-01 MI-31-04	<b>Site Improvements</b> Complete diagnostic survey of sewer lines, remove trees, survey & analysis of water seeping into basements and correct the problems, correct parking lot storm drain problems	1450	139,691
MI-31-01 MI-31-04	<b>Dwelling Structure</b> Replace window screens in town house units, installing vandal proof screens & additional security cameras, install rain gutters	1460	137,770
MI-31-01 MI-31-04	<b>Dwelling Equipment</b> Replace defective/out dated furnaces & water heaters as needed	1465	50,000
PHA-Wide	<b>Contingency</b>	1502	68,344

	Line item expenditure shortfall backup		
TOTAL	AMOUNT OF GRANT		683,442

**Annual Statement**  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
MI-31-01	9/30/09	9/30/11
MI-31-02	9/30/09	9/30/11
MI-31-03	9/30/09	9/30/11
MI-31-04	9/30/09	9/30/11
PHA-Wide	9/30/09	9/30/11

**(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)

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

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

Optional 5-Year Action Plan Tables				
Development Number	Development Name (Or indicate PHA wide)	Number Vacant Units	% Vacancies In Development	
MI-03-001-4	PHA-Wide	18	6%	
Description of Needed Physical Improvements or Management Improvements			Estimated Cost	Planned Start Date (HA Fiscal Year)
Remodel 292 kitchens including lighting and flooring			\$1,700,000	04/01/2010
Replace all water heaters with sealed burners units & electronic igniters			\$90,000	04/01/2010
Replace all forced air furnaces with furnaces that have sealed burners & electronic igniters			\$250,000	04/01/2010
A/E service to eliminate water seeping into basements of town house units, add new masonry lean to & masonry enclosure for each buildings electrical service bank, reroute electrical lines into building, water proof basement walls ,			\$500,000	04/01/2008
Install window treatments (mini blinds)in all apartments)			\$35,000	04/01/2008
Install vandal proof screens over patio doors in East Side Court or possibly enclose the area, installing a small window & installing a regular steel entry door with steel screen door			\$75,000	04/01/2008
Install vandal proof window screens East Park Manor & East Side Court, if unable to purchase new windows			\$500,000	04/01/2008
Install cord channels through apartments to eliminate trip hazards & additional cable and telephone jacks			\$125,000	04/01/2009
Install bath vanities in all apartments			\$169,950	04/01/2009
Begin cyclical plan to re-roof all buildings in inventory			\$37,000	04/01/20010
Replace all defective windows with thermally insulated windows in			\$1,500,000	10/01/2011

all buildings		
Replace existing boiler in Administration Building with new roof top HVAC	\$12,000	04/01/2010
Replace or encapsulate exterior asbestos panels in town house units, high rise & Administration Building	\$700,000	04/01/2010
Replace sewer leads to apartments	\$350,000	04/01/2010
Install new building canopies at units without covered entrances to prevent ice build up	\$100,000	04/01/2010
Replace/upgrade elevators at high rise	\$200,000	04/01/2011
Construct a duplex unit using Replacement Housing Factor funds, sale proceeds of 5(h) Homeownership Demonstration Program and/or Capital Funds.	\$175,000	04/01/2009
Construct an additional 24 duplex units funded by Low Income Housing Tax Credits, Replacement Housing Factor funds and/or Capital Funds.	\$4,200,000	04/01/2011
Eliminate in ground water meter pit @ high rise & construct a building to house water meters & pumps above ground, installing backflow preventer.	\$60,000	04/01/2008
<b>Total estimated cost over next 5 years</b>	<b>10,778,950</b>	

## 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:

- X 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:

The PHA will purchase or trade to obtain a buildable lot(s) to construct a 3 bedroom duplex unit for lease up under public housing. The 5 year goal is to construct a total of 25 duplex units attaching Family Self Sufficiency requirements to the tenancy. The units would be 2, 3 & 4 bedroom apartments with basements, garages & using as much green technology & equipment as possible. The units would range from 900 to 1,100 square feet with identifiable and

individual unit green space. The PHA hopes to obtain Low Income Housing Tax Credits to combine with Replacement Housing Factor & Capital Funds, as well as, sale proceeds from 5 (h) Homeownership Demonstration Program units. The development would provide a mixed-income development around the existing public housing complexes, providing incentives seen & unseen to residents and the community at large that they can elevate their way of life. Graduation from this upward mind set & economic migration will instill skills, personal motivation & achievements that should serve to short circuit the negative mind sets that have crippled generations of families from using public housing as stepping stone to a better life.

### **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:	5 (h) Homeownership Demonstration Program
1b. Development (project) number:	MI-33-PO31-003
2. Activity type:	Demolition Disposition <input checked="" type="checkbox"/>
3. Application status (select one)	Approved <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date application approved, submitted, or planned for submission:	<u>(08/29/2007)</u>
5. Number of units affected:	6
6. Coverage of action (select one)	<input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development
7. Timeline for activity:	Pending Environmental Review

- a. Actual or projected start date of activity:
- b. Projected end date of activity:  
UNKNOWN

**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:	
1b. Development (project) number:	
2. Designation type:	
	Occupancy by only the elderly <input type="checkbox"/>
	Occupancy by families with disabilities <input type="checkbox"/>
	Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one)	
	Approved; included in the PHA’s Designation Plan <input type="checkbox"/>

Submitted, pending approval <input type="checkbox"/>
Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input type="checkbox"/> Revision of a previously approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input type="checkbox"/> Total development

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

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

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

3.  Yes  No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)

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

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

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

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

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

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

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

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

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

1. X Yes
- 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: 5 (H) Homeownership Demonstration Program	
2. Federal Program authority:	
<input type="checkbox"/>	HOPE I
<input checked="" type="checkbox"/>	5(h)
<input type="checkbox"/>	Turnkey III
<input type="checkbox"/>	Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one)	
<input checked="" type="checkbox"/>	Approved; included in the PHA’s Homeownership Plan/Program
<input type="checkbox"/>	Submitted, pending approval
<input type="checkbox"/>	Planned application
4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (10/31/1985)	
5. Number of units affected: 20	
6. Coverage of action: (select one)	
	Part of the development
<input checked="" type="checkbox"/>	Total development

**B. Section 8 Tenant Based Assistance**

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR parts 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 (1)]

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

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

1. Cooperative agreements:

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

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

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (Waiting list/random selection/specific criteria/other)	Access (Development office / PHA main office / other provider name)	Eligibility (Public housing or Section 8 participants or both)


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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (Start of FY 2000 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing		
Section 8		

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

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)
- X Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
  - X 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
  - X 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**

PLEASE SEE ATTACHED COMMUNITY SERVICE REQUIREMENTS

**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)

All Developments: MI-33-01/02/04

**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
- X Volunteer Resident Patrol/Block Watchers Program
- X Other (describe below)
  - (a) Contract for supplemental police services with City
  - (b) Request more patrols of the area by State Police

2. Which developments are most affected? (List below)
- (a) East Park Manor, East Side Court & Columbia Court

**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)

East Park Manor, Columbia Court, and Eastside Court

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

PHAs eligible for FY 2000 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 2000 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: MKGHTSPHDEP)

**14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)] FILE ATTACHMENT

PLEASE SEE ATTACHED PET POLICY

### **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

PLEASE SEE ATTACHED CIVIL RIGHTS CERTIFICATION

### **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? 0
5.  Yes  No: Have responses to any unresolved findings been submitted to HUD?  
If not, when are they due (state below)?

### **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

3.  Yes  No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes      No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)
- Attached at Attachment (File name)
- Provided below:
- (a) Window treatment for uniform appearance
  - (b) Paint cycle for long time residents
  - (c) Patio windows foggy
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
- Any adult recipient of PHA assistance could nominate candidates
- 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: City of **Muskegon Heights Strategic Plan**

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)

Provide decent, safe & affordable housing for low income families

Promote economic self sufficiency among low income families

Other: (list below)

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

By providing 10 of the 24 sections of the Community Development Block Grant Program's Strategic Plan addressing housing needs, affordability, strategies & solutions with public housing programs being pivotal possible solutions.

**D. Other Information Required by HUD**

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

## **Attachments**

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

PLEASE SEE ATTECHED VAWA POLICY

# PHA Plan Table Library

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

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

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

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	
3	1408 Management Improvements	
4	1410 Administration	
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	
11	1465.1 Dwelling Equipment-Nonexpendable	
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	
18	1498 Mod Used for Development	
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

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

**Annual Statement**  
**Capital Fund Program (CFP) Part III: Implementation Schedule**

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

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

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

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



**HA Board Resolution Approving  
Comprehensive Plan or Annual  
Statement**

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

OMB Approval No. 2577-0157  
(exp. 3/31/2010)

**Comprehensive Grant Program (CGP)**

Public reporting burden for this collection of information is estimated to average 0.5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless that collection displays a valid OMB control number.

This collection of information requires that, as a condition to receive a CGP grant, each Housing Authority (HA) certify that it has complied or will comply with statutory, regulatory and other HUD requirements. This information is essential to determine HA compliance, or intent to comply, with CGP requirements. Responses to the collection are required by regulation. The information requested does not lend itself to confidentiality.

Acting on behalf of the Board of Commissioners of the below-named Housing Authority (HA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

- Comprehensive Plan Submitted on 3/12/08  Amendments to Comprehensive Plan Submitted on \_\_\_\_\_
- Action Plan / Annual Statement Submitted on \_\_\_\_\_  Amendments to Action Plan / Annual Statement Submitted on \_\_\_\_\_

I certify on behalf of the (HA Name) \_\_\_\_\_ that:

1. The HA will comply with all policies, procedures, and requirements prescribed by HUD for modernization, including implementation of the modernization in a timely, efficient, and economical manner;
2. The HA has established controls to ensure that any activity funded by the CGP is not also funded by any other HUD program, thereby preventing duplicate funding of any activity;
3. The HA will not provide to any development more assistance under the CGP than is necessary to provide affordable housing, after taking into account other government assistance provided;
4. The proposed physical work will meet the modernization and energy conservation standards under 24 CFR 968.115 or 24 CFR 950.610;
5. The proposed activities, obligations and expenditures in the Annual Statement are consistent with the proposed or approved Comprehensive Plan of the HA;
6. The HA will comply with applicable nondiscrimination and equal opportunity requirements under 24 CFR 5.105(a) or 24 CFR 950.115;
7. The HA will take appropriate affirmative action to award modernization contracts to minority and women's business enterprises under 24 CFR 5.105(a) or 24 CFR 950.115(e); or the IHA will, to the greatest extent feasible, give preference to the award of modernization contracts to Indian organizations and Indian-owned economic enterprises under 24 CFR 950.175;
8. The HA has provided HUD or the responsible entity with any documentation that the Department needs to carry out its review under the National Environmental Policy Act (NEPA) and other related authorities in accordance with 24 CFR 968.110(c), (d) and (m) or 24 CFR 950.120(a), (b), and (h), and will not obligate, in any manner, the expenditure of CGP funds, or otherwise undertake the activities identified in its Comprehensive Plan/Annual Statement, until the HA receives written notification from HUD indicating that the Department has complied with its responsibilities under NEPA and other related authorities;
9. The HA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 950.120(c) and (d);
10. The HA will comply with the relocation assistance and real property acquisition requirements under 24 CFR 968.108 or 24 CFR 950.117;
11. The HA will comply with the requirements for physical accessibility under 24 CFR 968.110(a) or 24 CFR 950.115(d);
12. The HA will comply with the requirements for access to records and audits under 24 CFR 968.145 or 24 CFR 950.120(e);
13. The HA will comply with the uniform administrative requirements under 24 CFR 968.135 or 24 CFR 950.120(f);
14. The HA will comply with lead-based paint testing and abatement requirements under 24 CFR 968.110(k) or 24 CFR 950.120(g);
15. The HA has complied with the requirements governing local/tribal government and resident participation in accordance with 24 CFR 968.315(b) and (c), 968.325(d) and 968.330 or 24 CFR 950.652(b) and (c), 950.656(d) and 950.658, and has given full consideration to the priorities and concerns of local/tribal government and residents, including any comments which were ultimately not adopted, in preparing the Comprehensive Plan/Annual Statement and any amendments thereto;
16. The HA will comply with the special requirements of 24 CFR 968.102 or 24 CFR 950.602 with respect to a Turnkey III development; and
17. The PHA will comply with the special requirements of 24 CFR 968.101(b)(3) with respect to a Section 23 leased housing bond-financed development.
18. The modernization work will promote housing that is modest in design and cost, but still blends in with the surrounding community.

Attested By: Board Chairman's Name

*Larry B. Matturo*  
Board Chairman's Signature

3/12/08  
Date

(Seal)

**Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

**Certification of Consistency  
with the Consolidated Plan**U.S. Department of Housing  
and Urban Development

I certify that the proposed activities/projects in the application are consistent with the jurisdiction's current, approved Consolidated Plan.  
(Type or clearly print the following information:)

Applicant Name: Muskegon Heights Housing CommissionProject Name: 2008 Capital Fund ProgramLocation of the Project: 615 E. Hovey AvenueMuskegon Heights, MI 49444Name of the Federal  
Program to which the  
applicant is applying: Housing & Urban DevelopmentName of  
Certifying Jurisdiction: City of Muskegon HeightsCertifying Official  
of the Jurisdiction  
Name: Reatha AndersonTitle: Director of Community Development and PlanningSignature: Reatha Anderson, DirectorDate: March 06, 2008.

**PHA Certifications of Compliance with the PHA Plans and Related Regulations:  
Board Resolution to Accompany the *Standard Annual, Standard 5-Year/Annual, and  
Streamlined 5-Year/Annual PHA Plans***

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ standard Annual, X standard 5-Year/Annual or \_\_\_ streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning 4/1/2008, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.

13. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
14. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105( a).
15. The PHA will provide HUD or the responsible entity any documentation that the Department needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58.
16. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
17. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
18. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act and 24 CFR Part 35.
19. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments) and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments.).
20. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
21. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.

**Muskegon Heights Housing Commission**  
 PHA Name

**MI031**  
 PHA Number/HA Code

- Standard PHA Plan for Fiscal Year: 20\_\_
- Standard Five-Year PHA Plan for Fiscal Years 2008 - 2012 including Annual Plan for FY 2008
- Streamlined Five-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_, including Annual Plan for FY 20\_\_

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

Name of Authorized Official	McKinley V. Copeland	Title	Executive Director
Signature		Date	3/5/2008

# DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB  
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b> Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI): N/A	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u><i>Mckinley V. Copeland</i></u> Print Name: <u>Mckinley V. Copeland, Executive Director</u> Title: <u>Executive Director</u> Telephone No.: <u>231-733-2033</u> Date: <u>3/5/2008</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.



## **COMMUNITY SERVICE REQUIREMENTS POLICY**

## **TABLE OF CONTENTS**

### **I. GENERAL INFORMATION**

- A. Background
- B. What is Community Services?
- C. Who must comply?
- D. Who is exempt?
- E. What is the Annual Obligation?
- F. What happens when someone does not comply?
- G. When does the Community Service Requirements start?
- H. How does the PHA administer its program?
- I. PHA Responsibilities to its residents.

### **II. PROGRAM ADMINISTRATION**

- A. PHA Responsibilities

### **III. DOCUMENTATION**

- A. Resident Notification Letter
- B. PHA Certification Form
- C. Third Party Certification Form

## II. PROGRAM ADMINISTRATION

The Muskegon Heights Housing Commission (M.H.H.C.) 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.

### A. PHA Responsibilities

#### (1) Eligibility Determination

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

##### a. An **exempt** person is an adult family member who:

- Is **62** years of age or older;
- Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
- Is engaged in work activities;
- Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.
- Is a family member receiving assistance, benefits or services under a state program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the Housing Commission is located.

##### b. 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.

- c. The PHA will include a copy of the general information section of its Community Services Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- d. 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 Muskegon Heights 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:

**a. 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.

**b. 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.

**c. Verification of Compliance**

The MHHC 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.

**d. Notice of Noncompliance**

If the MHHC 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 MHHC must notify the specific family member of this determination.

The Notice of Noncompliance must:

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

2. State that the MHHC 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 MHHC 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 MHHC non-renewal of the lease because of noncompliance determination.

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:

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.

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.

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

- Martin Luther King Elementary
- Christian Community Center
- Mission for Area People
- Columbia Court Apartments
- East Park Manor Apartments
- Muskegon Heights Police Dept.

- Muskegon Heights Middle School
- Muskegon Heights High School
- Schools
- Or other certifiable activities

The following third party entities have entered into agreement with the MHHC to provide activities available to satisfy the Community Service activities:

**Religious Organizations**

Name  
Address  
Phone Number  
Contact Person

**Qualified activities**

Phone bank  
Out reach  
Food service (soup kitchen)  
or other certifiable activities

**Schools**

Name  
Address  
Phone Number  
Contact Person

**Qualified activities**

PTA Volunteer  
Library Aide  
Hall Monitor  
Playground  
Or other certifiable activities

**Hospitals**

Name  
Address  
Phone Number  
Contact Person

**Qualified activities**

Reception  
Candy Striper  
  
or other certifiable activities

## **I. PHA Responsibilities to its residents**

The PHA must develop a policy that describes how it will determine which family members are subject to or exempt from performing the service requirement and the process for verifying changes to existing status.

The PHA must provide every family a written description of the service requirement and the process for claiming status. The PHA must also notify each adult family member of its initial determination of exempt and non-exempt status.

The PHA must review family compliance with the service requirements and must verify such compliance annually at least 30 days before the renewal of the lease (Annual Re-Certification).

The PHA must retain reasonable documentation of service requirement performance or exemption in the resident's file folder.

### **III. DOCUMENTATION**

- A. Resident Notification Letter**
- B. PHA Certification Form**
- C. Third Party Certification Form**
- D. Community Service Exemption Certification**
- E. Memorandum of Understanding**
- F. Physician Disability/Handicapped Verification Form**

M U S K E G O N



HOUSING COMMISSION

East Park Manor / East Side Court / Columbia Court

615 E. HOVEY AVENUE / MUSKEGON HEIGHTS, MICHIGAN 49444

PHONE (231) 733-2033

FAX (231) 737-3206

## COMMUNITY SERVICE COMPLIANCE CERTIFICATION

I have received a copy of, have read and understand the contents of the Muskegon Heights Housing Commission Community Service Policy as required by HUD through the Quality Housing and Work Responsibility Act of 1998.

I understand that I must perform **96 hours** of community service per year at no less than **8 hours** per month per this requirement. I further understand that if I do not comply with this requirement that my lease will not be renewed.

\_\_\_\_\_  
**Adult Family Member**

\_\_\_\_\_  
**Date**

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

**MUSKEGON HEIGHTS HOUSING COMMISSION**

HOUSING AUTHORITY CERTIFICATION FORM  
Housing Authority Community Service Work Activities

I \_\_\_\_\_ an adult family member of the household that resides at \_\_\_\_\_, do acknowledge that,  
Street Address City, State

I am required to complete 8 hours of Community Service per month and / or 96 hours per year to remain eligible for the Annual renewal of my lease.

\_\_\_\_\_  
Signature

<b>ACTIVITY(S) PERFORMED</b>	<b>HOURS COMPLETED</b>

**TOTAL HOURS** \_\_\_\_\_

This service was performed during the month of \_\_\_\_\_, **200**\_\_.

Signature of Housing Authority Rep. \_\_\_\_\_ Date \_\_\_\_\_

M U S K E G O N



HOUSING COMMISSION

East Park Manor / East Side Court / Columbia Court  
615 E. HOVEY AVENUE / MUSKEGON HEIGHTS, MICHIGAN 49444  
PHONE (231) 733-2033 FAX (231) 737-3206

**MUSKEGON HEIGHTS HOUSING COMMISSION**

**THIRD PARTY CERTIFICATION FORM**

I \_\_\_\_\_ an adult family member of the household that resides at \_\_\_\_\_, do acknowledge that, \_\_\_\_\_ Street Address \_\_\_\_\_ City, State

I am required to complete 8 hours of Community Service per month and / or 96 hours per year to remain eligible for the Annual renewal of my lease.

\_\_\_\_\_  
Signature

ACTIVITY(S) PERFORMED	HOURS COMPLETED

**TOTAL HOURS** \_\_\_\_\_

This service was performed during the month of \_\_\_\_\_, **200**\_\_.

Signature of Third Party Representative  
Rep. \_\_\_\_\_ Date \_\_\_\_\_

**MUSKEGON HEIGHTS HOUSING COMMISSION  
COMMUNITY SERVICE EXEMPTION CERTIFICATION**

I have received a copy of, have read and understand the contents of the Muskegon Heights Housing Commission Community Service Policy as required by HUD through the Quality Housing and Work Responsibility Act of 1998.

I certify that I am eligible for exemption from the Community Service requirement for the following reason.

- ( ) I am 62 years or age or older.
- ( ) I have a disability, which prevents me from working.  
**(Documentation to verify disability is required)**
- ( ) I am working every week.  
**(Employment verification form will serve as documentation).**
- ( ) I am participating in a Welfare to Work Program.  
(Must provide verification letter from agency).
- ( ) I am receiving Welfare assistance and I am participating in a required economic self-sufficiency program or work activity.  
**(Must provide verification from the funding agency that you are complying with job training or work requirements).**
- ( ) I am a primary caregiver to a disabled person and I am on the lease with said person.

\_\_\_\_\_  
**Adult Family Member**

\_\_\_\_\_  
**Date**

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

# MEMORANDUM OF UNDERSTANDING BETWEEN

---

AND

## THE MUSKEGON HEIGHTS HOUSING COMMISSION

**PURPOSE:** This Memorandum of Understanding entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_\_\_, by and between the Muskegon Heights Housing Commission, hereinafter referred to as "**MHHC**" or "**PHA**" and \_\_\_\_\_.

Hereinafter referred to as "Third Party", sets forth the coordination interface between PHA and the Third Party for the purpose of providing alternative work service activities to participants in the Community Service Program as defined under Section 512 of the Quality Housing and Work Responsibility Act (**QHWRA**) Effective October 1, 2000.

### **I. PURPOSE:**

To establish a community work service process within the community in order to assist adult residents to participate in meeting their eight (8) hours per month of community service requirements.

### **II. OBJECTIVES:**

- A. To develop procedures for working together to provide quality and timely opportunities for community service for the participating residents of the Muskegon Heights Housing Commission.
- B. To create a directory of eligible opportunities from which residents can make selections.
- C. To provide participating residents the greatest possible selection choice of community service activities.
- D. To provide alternative work services as they become available to the participants.
- E. To have our participating residents volunteer and contribute eight (8) hours of community service each month.

### **III. ROLES AND RESPONSIBILITIES OF THE THIRD PARTY**

To ensure that each community service participant is assigned work deemed appropriate by the Third Party.

The Third Party will ensure that the Community Work Service Time Sheet is signed by a designated representative to record the hours of community service worked each time a resident participates.

To designate appropriate local staff in the Third Party to serve as liaison for coordination of the participating residents in community service activities.

#### **IV. ROLES AND RESPONSIBILITIES OF THE AUTHORITY**

To ensure that only the adult residents as identified by Section 512 of the Quality Housing and Work Responsibility Act (**QHWRA**) are notified of all community work service opportunities available to them to meet their service work requirements.

To monitor and track all hours worked by all participating residents for record keeping purposes for determining participant residents for record keeping purposes for determining participant compliance.

The PHA will designate \_\_\_\_\_ to act as liaison person between the Third Party and PHA.

The PHA will monitor and support ongoing lines of communication with residents to motivate and encourage participation in the work service program.

To ensure the conditions under which the community service is to be performed are not hazardous to the participating residents.

#### **V. CHANGES AND ASSURANCES**

It is understood and agreed that the PHA and the Third Party shall not be liable in the event of an accident, injury or death and shall be harmless from any litigation involving tort or other violation of local, state or federal laws.

The Memorandum of Understanding may be altered, modified, or rescinded as necessary by the Executive Director or the Assistant Director.

The Authority Executive Director and the Third Party Director will take appropriate actions within their respective agencies to ensure effective implementation of the terms identified herein.

**VI. SIGNATURES**

IN WITNESS WHEREOF, THIRD PARTY AND MHHC/PHA, by their authorized agents have executed this Memorandum of Understanding as of the \_\_\_\_\_ day of \_\_\_\_\_, in the year 200\_\_\_\_\_.

\_\_\_\_\_Muskegon Heights Housing Commission  
Name

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

WITNESSES:  
\_\_\_\_\_

WITNESSES:  
\_\_\_\_\_

\_\_\_\_\_  
**MUSKEGON HEIGHTS HOUSING COMMISSION**  
**615 East Hovey Avenue/Muskegon Heights/ Michigan 49444**

**Muskegon Heights Housing Commission**

**Policy on Deconcentration**

**Projects Michigan 33-1, 33-2, 33-3 & Section 8**

Pursuant to the Quality Housing and Work Responsibility Act of 1998 (QHWRA) Section 513- Public Housing and Section 8 Targeting contains certain provisions relative to the deconcentration of public housing communities. The Muskegon Heights Housing Commission hereby provides the following information and policy statement relative to deconcentration of East Park Manor, Eastside Court (family) and Columbia Court (Elderly disabled):

**Michigan 33-2, Columbia Court (90)**

The final deconcentration rule exempts elderly housing developments from the analysis

**Project 33-1, 33-3, East Park Manor and Eastside Court (250)**

The Housing Commission has two (2) family sites that are adjacent to each other and are considered one general family housing development.

The following information is submitted pursuant to:

- A) 24 CFR 903, Rule to Deconcentrate Poverty and Promote Integration in Public Housing; Final Rule dated December 22, 2000 and;
- B) 24 CFR 903, Public Housing Agency Plans: Deconcentration-Amendments to Established Income Range Definition; Proposed Rule dated August 15, 2001
- C) All of the PHA Developments are located high poverty areas of the City and are project based units, which provide no opportunity to relocate and maintain the housing subsidy.

**Section 8 Voucher Program**

The Housing Commission has 50 Section 8 Vouchers, tenant based, and families are encouraged to look for suitable housing throughout Muskegon County in our effort to deconcentrate poverty. The action is encouraged because the entire City is impoverished except for the southeast corner commonly known as Woodcliff 1 & 2. There are small pocket areas of the City that are owner occupied houses that are very well maintained, but for the most part, renting is not an option.

Dated: May 14, 2008

Certified: 

McKinley V. Copeland, Executive Director

MUSKEGON HEIGHTS HOUSING COMMISSION  
East Park Manor, East Side Court and Columbia Court Apartments

PET OWNERSHIP RULES

OVERVIEW

This policy details the requirements for a tenant to keep a pet in a Muskegon Heights Housing Commission (MHHC) apartment. A tenant will not keep a pet without prior written permission from MHHC.

This policy does not apply to animals that are certified to assist persons with disabilities provided that the animal has been trained to assist persons with that specific disability and the animal actually assists the person with that specific disability. The pet policy does not exempt such a tenant from the requirements of the lease that prohibit any conduct which disturbs other tenants or threatens the physical or social environment of their neighbors.

REQUIREMENTS

The MHHC will utilize the following procedures in implementing the pet policy.

**Obtaining MHHC Permission:** If an eligible tenant or prospective tenant wishes to obtain permission to keep a pet, MHHC staff will meet with the prospective pet owner and explain the Commission policy and review the pet rules. If MHHC finds a tenant or prospective tenant eligible to keep a pet, the tenant or prospective tenant must submit to the Housing Authority a completed Pet Permit and Agreement Form, and pay the required security deposit.

MHHC reserves the right to deny permission for house pets which are or may be, in the sole judgment of the Commission, vicious or dangerous, or which are large in stature exceeding 30 pounds in weight when fully grown. Dogs expressly prohibited are Pit Bulls, Rottweilers, Wolf dogs, Doberman Pinschers and German Shepherds. The MHHC reserves the right to exclude other breed or mixed breed on a case-by-case basis.

**Failure to Obtain Written Permission:** If a tenant does not obtain written permission to keep a pet but does so anyway, the MHHC will seek to evict the tenant. If MHHC finds any unauthorized pet outside a tenant's apartment, as in their backyard or area in their exclusive control or a common area, MHHC will have the pet removed.

**Complaints Against Pet Owners:** In the event of complaints against approved pet owners, the MHHC shall work with the pet owner to resolve the complaints informally. If the complaints are not resolved and/or there has been a violation of the pet rules, MHHC shall impose fines in accordance.

If there are two violations, MHHC may at its sole discretion notify the tenant to remove the pet within ten (10) days or (immediately if the animal is deemed “vicious”), terminate the pet owner’s tenancy or both. Any unresolved complaints may be the subject of a grievance by the tenant under established grievance procedures, except that, animals deemed “vicious” by MHHC must be removed from MHHC property pending grievance.

**Amending Pet Rules:** The pet policy and rules may be changed at any time by MHHC provided that tenants are given an opportunity to comment and with 30 days advance notice.

## DEFINITION

For the purpose of these pet rules, "pet" is defined as domesticated small animals traditionally kept in the home for pleasure rather than for utility, protection, or commercial.

To have, or to keep common household pets, meaning a dog (excluding pit bulls or other dangerous breeds), a cat, a bird, a rodent (defined as only a gerbil, hamster, guinea pig and rabbit), a reptile (defined as only a turtle), and/or a fish.

At no time will the Muskegon Heights Housing Commission approve of exotic pets, such as snakes, monkeys, game pets, etc.

Animals assisting the handicapped are exempt from these rules. Certification of the pet's training to assist the handicapped must be provided to management prior to admission.

## PET RESTRICTIONS

Only one cat or dog will be allowed per apartment. No pet over thirty (30) pounds or twenty (20) inches high. There may be no more than two birds or small caged animals per apartment. No limit is placed on the number of fish; however, the size of the fish tank may not exceed twenty (20) Gallons.

These pet rules exclude from the project pets not owned by a tenant. Residents will not be allowed to House a pet which is not their own.

## LOCATION OF PETS

All pets must be leashed and under the control of a responsible individual while on the development common areas.

All birds must be caged.

No pet is allowed at any time in community/recreation rooms, laundry rooms or other

interior or exterior sitting areas.

### RESTRICTION

Every dog and cat must be registered with management upon admission and thereafter annually on the anniversary date of admission. Registration of dogs and cats requires proof of current dog or cat licensure, including up-to-date proof of inoculations. Cats must have current inoculations, as appropriate to the species including, but not limited to, feline distemper shots. Dogs shall have certificates or inoculations for heart-worm, parvo, and rabies. Such tests, vaccines, or shots shall be maintained on an annual basis, unless otherwise specified by a veterinarian. A verification letter that a cat or dog has been spayed or neutered is required prior to admission.

Upon admission and thereafter annually, the resident is asked to present the following:

1. Proof of current license.
2. Proof of inoculations (as required by Veterinarian).
3. Identification tag.
4. Proof of spaying or neutering.
5. Photograph of pet.
6. All cats must be declawed.
7. Veterinarian's statement that animal is in good health.

Tenants must board their pets (except for fish) away from the development or make other arrangements for the care of their pets when they intend to leave their unit for 24 hours or more. The Pet Permit and Agreement requires the tenant to provide MHHC with the name and phone number of relative or friend who has agreed to assume responsibility for the pet in the event of sudden illness or death of the tenant. The MHHC reserves the right to consider the presence of an unattended pet an emergency, and will enter the unit to remove the pet.

MHHC staff, including maintenance personnel, reserve the right to refuse to enter a unit to perform work where there is an unattached animal.

### ALTERING

Female dogs and cats over six (6) months must be spayed, and males over eight (8) months must be neutered.

### PET DEPOSIT

The pet owners agree to pay a Pet deposit **equal to one and a half month's rent** to the Muskegon Heights Housing Commission, in advance, over and above the Resident's Security Deposit, which is to be used for collateral in case of damage to the apartment or Commission property by the pet. Upon termination of residence by the pet owner, or removal of all dogs or cats (or other pet) from the owner's apartment, all or

part of the pet deposit will be refunded dependent upon needed repairs and maintenance, such as cleaning to remove pet odors, stains and etc. Pet owners also agree to pay a \$150.00 non-refundable fee to cover the reasonable operating costs to the property relating to the presence of pets. This fee will not be charged to service animal owners.

## SANITATION

Dogs and cats are required to be "house broken". Cats must be litter box-trained and dogs must be able to exercise outside the building. Management shall designate a space or spaces to be used exclusively for the purpose of exercising dogs. Pet owners shall be responsible for the immediate clean-up of feces, after the exercise of their dog- Resident dog Owners must bag and securely tie dog feces and deposit it in designated trash receptacles. Cat owners must bag "kitty litter", tie securely and drop in designated trash receptacles. A \$50.00 charge, per occurrence, shall be assessed against the pet owner for not immediately cleaning up their pet's feces.

Pet feces must be disposed of properly by placing in a plastic bag and sealing tightly. Then and only then, should it be put down the garbage chute. Improper disposal of pet feces (putting loose down the chute) will result in a fine Of \$5.00 being assessed against all of those tenants having a pet.

Dogs and cats shall not be permitted to excrete anywhere in the building other than cats using a litter box in residents apartment). There will be a \$50.00 charge per occurrence.

Tenants owning a cat must provide a litter box for their cat. The litter box must be cleaned on a daily basis, disposing of the feces in the above mentioned manner.

Management reserves the right to inspect the pet owners' units on a periodic basis to guarantee that the above sanitation standards are met.

## FLEA CONTROL

All fur bearing pets must wear flea collars at all times. This rule must be adhered to for the protection of non-pet residents.

## NOISE

No pet may make noise which disrupts other residents. Barking and/or whining dogs and crying or "caterwauling" cats will not be considered acceptable pets. The management may request the resident to remove the pet from the premises if the above nuisances are not corrected.

## PET BEHAVIOR

Any pets that bite, attack, or demonstrate other aggressive behavior towards humans

will not be kept on Housing Commission property.

A pet must be removed from the development if the pets' conduct or condition is duly determined to be a nuisance or a threat to the health or safety of other occupants or the project or of other persons in the community where the development is located.

No pet shall be tied up, or left unattended on the outside of building(s) at anytime on Housing Commission property.

No dog Houses will be allowed on Housing Commission property.

### ALTERNATE CARETAKER

The pet owner must supply management with the names of at least one (1) persons who will be willing to assume immediate responsibility for the pet in case of an emergency whereby the owner is unable to adequately maintain the pet.

Written verification of the willingness of these persons to assume alternate caretaker responsibility is required. It is the responsibility of the pet owner to inform the management of any change in the names, addresses or telephone numbers of persons designated as alternate caretakers. Any expenses relating to alternate caretakers are the responsibility of the pet owner.

The resident pet owner absolves management and/or its agents of any or all liability, financial or otherwise, for actions taken on behalf of the pet owner, or the well-being of the pet, if the management is unable to reach the alternate caretaker(s) in an emergency.

### SICK OR INJURED ANIMALS

No sick or injured pet will be accepted for occupancy. Admitted pets which suffer illnesses or injury must be immediately taken for veterinarian care at the resident pet owner's expense.

### RULE ENFORCEMENT

Any tenant who receives two (2) letters of violation of these pet rules may be required, after private conference to remove the pet from the premises, and provide management with a signed affidavit stating that the dog or cat (or other pet) is no longer on the premises and will not return in the future. Misrepresentation of this affidavit will be grounds for eviction of the resident.

Management exercise the right to act immediately in insisting an offending pet is

removed forthwith in situations deemed to be of an emergency nature. In such instances, management will act as specified in the section of caretaker in removing a sick, or diseased, injured and/or aggressive animal.

UNDERSTANDING OF RULES AND REGULATIONS PET

I have reviewed and understood the above regulations and rules, and agree to conform to the same and understand that violation of the rules may result in a requirement to permanently remove pet from the unit within ten (10 days, or to vacate the dwelling.)

\_\_\_\_\_  
Tenant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

The pet(s) I wish to keep in my dwelling unit is:

\_\_\_\_\_  
DESCRIPTION

\_\_\_\_\_  
DESCRIPTION

\_\_\_\_\_  
NAME

\_\_\_\_\_  
NAME

Name of Person(s) to care for my pet in case of emergency

Name: \_\_\_\_\_ (Daytime #) \_\_\_\_\_

(Evening #) \_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_  
Signature of person accepting  
*responsibility* for care of pet

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of tenant

\_\_\_\_\_  
Date

If the above named person(s) changes their name, address or telephone number, or you decide to have another person care or your pet in case of an emergency, please notify the housing commission management office.

# **MUSKEGON HEIGHTS HOUSING COMMISSION VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY**

## **I. Purpose and Applicability**

The purpose of this policy (herein, “Policy”) is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162), and more generally, to set forth the Muskegon Heights Housing Commission’s policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by the Muskegon Heights Housing Commission of all federally subsidized public housing and Section 8 rental assistance under the United States Housing Act of 1937 (42 U.S.C. §1437, *et seq.*). Notwithstanding its title, this policy is genderneutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking, as well as to female victims of such violence.

## **II. Goals and Objectives**

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking, who are assisted by the Muskegon Heights Housing Commission;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between the Muskegon Housing Commission, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by the Muskegon Heights Housing Commission; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by the Muskegon Housing Commission.

## **III. Other Muskegon Heights Housing Commission Policies and Procedures**

This Policy shall be referenced in and attached to the Muskegon Heights Housing Commission’s Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of the Muskegon Housing Commission’s Admissions and Continued Occupancy Policy (“ACOP”). The Muskegon Heights Housing Commission’s annual public housing agency plan shall also

contain information concerning the Muskegon Heights Housing Commission's activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent that any provision of this policy shall vary or contradict any previously adopted policy or procedure of the Muskegon Heights Housing Commission, the provisions of this Policy shall prevail.

#### **IV. Definitions**

As used in this Policy:

A. *Domestic Violence* – The term 'domestic violence' includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.

B. *Dating Violence* – means violence committed by a person—

(A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and

(B) where the existence of such a relationship shall be determined based on a consideration of the following factors:

(i) The length of the relationship.

(ii) The type of relationship.

(iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

(i) that person;

(ii) a member of the immediate family of that person; or

(iii) the spouse or intimate partner of that person;

D. *Immediate Family Member* - means, with respect to a person –

(A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or

(B) any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

## **V. Admissions and Screening**

A. *Non-Denial of Assistance*. The Muskegon Heights Housing Commission will not deny admission to public housing or to the Section 8 rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

B. *Mitigation of Disqualifying Information*. When so requested in writing by an applicant for assistance whose history includes incidents in which the applicant was a victim of domestic violence, the Muskegon Heights Housing Commission may, but shall not be obligated to, take such information into account in mitigation of potentially disqualifying information, such as poor credit history or previous damage to a dwelling. If requested by an applicant to take such mitigating information into account, the Muskegon Heights Housing Commission shall be entitled to conduct such inquiries as are reasonably necessary to verify the claimed history of domestic violence and its probable relevance to the potentially disqualifying information. The Muskegon Heights Housing Commission will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

## **VI. Termination of Tenancy or Assistance**

A. *VAWA Protections*. Under VAWA, public housing residents and persons assisted under the Section 8 rental assistance program have the following specific protections, which will be observed by the Muskegon Heights Housing Commission:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.

2. In addition to the foregoing, tenancy or assistance will not be terminated by the Muskegon Heights Housing Commission as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

(a) Nothing contained in this paragraph shall limit any otherwise available authority of the Muskegon Heights Housing Commission or a Section 8 owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant's household. However, in taking any such action, neither the Muskegon Heights Housing Commission nor a Section 8 manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.

(b) Nothing contained in this paragraph shall be construed to limit the authority of the Muskegon Heights Housing Commission or a Section 8 owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or the Muskegon Heights Housing Commission, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

*B. Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, the Muskegon Heights Housing Commission or a Section 8 owner or manager, as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by the Muskegon Heights Housing Commission. Leases used for all public housing operated by the Muskegon Heights Housing Commission and, at the option of Section 8 owners or managers, leases for dwelling units occupied by families assisted with Section 8 rental assistance administered by the Muskegon Heights Housing Commission, shall contain provisions setting forth the substance of this paragraph.

## **VII. Verification of Domestic Violence, Dating Violence or Stalking**

*A. Requirement for Verification.* The law allows, but does not require, the Muskegon Housing Commission or a section 8 owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., the Muskegon Housing Commission shall require verification in all

cases where an individual claims protection against an action involving such individual proposed to be taken by the Muskegon Housing Commission. Section 8 owners or managers receiving rental assistance administered by the Muskegon Heights Housing Commission may elect to require verification, or not to require it as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD-approved form* - by providing to the Muskegon Heights Housing Commission or to the requesting Section 8 owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD) (*i.e.*, Form HUD-50066), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. *Other documentation* - by providing to the Muskegon Heights Housing Commission or to the requesting Section 8 owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
3. *Police or court record* – by providing to the Muskegon Heights Housing Commission or to the requesting Section 8 owner or manager a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. Time allowed to provide verification/ failure to provide. An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by the Muskegon Housing Commission, or a Section 8 owner or manager to provide verification, must provide 6 such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

C. Waiver of verification requirement. The Executive Director of the Muskegon Housing Commission, or a Section 8 owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

## **VIII. Confidentiality**

A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to the Muskegon Housing Commission or to a Section 8 owner or manager in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing, or
2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 assistance, as permitted in VAWA, or
3. otherwise required by applicable law.

B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 rental assistance program administered by the Muskegon Heights Housing Commission shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

## **IX. Transfer to New Residence**

A. Application for transfer. In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, the Muskegon Heights Housing Commission will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or Section 8 tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

B. Action on applications. The Muskegon Heights Housing Commission will act upon such an application reasonably promptly.

C. No right to transfer. The Muskegon Heights Housing Commission will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of Section 8 assistance as provided in paragraph IX. E., below, the decision to grant or refuse to grant a transfer shall lie within the sole discretion of the Muskegon Housing Commission, and this policy does not create any right on the part of any applicant to be granted a transfer.

D. Family rent obligations. If a family occupying Muskegon Heights Housing Commission public housing moves before the expiration of the lease term in order to protect the health or safety of a household member, the family will remain liable for the rent during the remainder of the lease term unless released by the Muskegon Heights Housing Commission. In cases where the Muskegon Heights Housing Commission determines that the family's decision to move was reasonable under the circumstances, the Muskegon Heights Housing Commission may wholly or partially waive rent payments and any rent owed shall be reduced by the amounts of rent collected for the remaining lease term from a tenant subsequently occupying the unit.

E. Portability. Notwithstanding the foregoing, a Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 program and has moved from the unit in order to protect a health or safety of an individual member of the household who is or has been the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

## **X. Court Orders/Family Break-up**

A. Court orders. It is the Muskegon Heights Housing Commission's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by the Muskegon Housing Commission and their property. This includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of victims and addressing the distribution of personal property among household members in cases where a family breaks up.

B. Family break-up. Other Muskegon Heights Housing Commission policies regarding family break-up are contained in the Muskegon Heights Housing Commission's Public Housing Admissions and Continuing Occupancy Plan (ACOP) and its Section 8 Administrative Plan.

## **XI. Relationships with Service Providers**

It is the policy of the Muskegon Heights Housing Commission to cooperate with organizations and entities, both private and governmental, that provide shelter and/or services to victims of domestic violence. If Muskegon Heights Housing Commission staff become aware that an individual assisted by the Muskegon Heights Housing Commission is a victim of domestic violence, dating violence or stalking, the Muskegon Heights Housing Commission staff may refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring the Muskegon Heights Housing Commission or its staff either to maintain a relationship with any particular provider of shelter or services to victims of domestic violence or to make a referral in any particular case. The Muskegon Heights Housing Commission's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which the Muskegon Heights Housing Commission has referral or other cooperative relationships.

## **XII. Notification**

The Muskegon Heights Housing Commission shall provide written notification to applicants, tenants, and Section 8 owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

## **XIII. Relationship with Other Applicable Laws**

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

## **XIV. Amendment**

This policy may be amended from time to time by the Muskegon Heights Housing Commission as approved by the Commission.

**NOTICE OF CHANGES TO LEASE TERMS**  
**Violence Against Women Act 2007 Lease Provisions**

**Your lease has been modified by the Muskegon Heights Housing Commission Board, who has adopted the changes set out below. You will be required to sign a lease amendment at your next recertification, incorporating these changes. Federal law requires that these changes be made effective immediately. Therefore, there is no comment period, AND THE CHANGES APPLY EVEN IF YOU HAVE NOT SIGNED THE LEASE AMENDMENT. These changes are entirely favorable to the resident. These changes do not change long standing Muskegon Heights Housing Commission policy. Specific terms are defined in the Admissions and Continued Occupancy Policy (“ACOP”), which has also been amended.**

If a member of the tenant’s household, or their guest or other person under their control engages in criminal activity directly relating to domestic violence, dating violence, or stalking, such conduct shall not be cause for termination of the lease or occupancy rights, of the victim, if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of domestic violence, dating violence or stalking.

One or more incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as a serious or repeated violation of the lease by the victim or threatened victim of that violence, and shall not be good cause for terminating the assistance, tenancy or occupancy right of the victim of such violence.

Nothing in this lease revision prohibits the Muskegon Heights Housing Commission from evicting the member of the household who has engaged in actual or threatened actions of domestic violence, dating violence, or stalking.

A resident who claims as a defense to an eviction action that the eviction action is brought because of criminal activity directly relating to domestic violence, dating violence or stalking, must provide a written certification in a form provided by the Muskegon Heights Housing Commission or substantially similar thereto, that they are a victim of domestic violence, dating violence, or stalking, and that the incident or incidents which are the subject of the eviction notice are bona fide incidents of actual or threatened abuse. This written certification must be provided within fourteen days after the Muskegon Heights Housing Commission requests the certification in writing, which may be the date of the termination of lease letter. It may also be the date of any other written communication from the Muskegon Heights Housing Commission stating that the tenant is subject to eviction due to the incident which the tenant then wishes to allege was a bona fide instance of actual or threatened abuse. The certification requirement may be complied with by completing the certification form which is available from the Muskegon Heights Housing Commission office. Information provided in the certification form shall be retained in confidence, shall not be entered into a shared data base, and shall not be provided to a related entity unless the tenant consents in writing, the information is required for use in eviction proceedings, or its use is otherwise required by law.

The Muskegon Heights Housing Commission may bifurcate the lease under, in order to evict, remove, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant:

The Muskegon Heights Housing Commission may evict a tenant for any violation of a lease not premised on the act or acts of violence in question against the tenant or a member of the tenant's household, provided that the Muskegon Heights Housing Commission does not subject an individual who is or has been a victim of domestic violence, dating violence, sexual assault, or stalking to a more demanding standard than other tenants in determining whether to evict or terminate. A victim tenant who allows a perpetrator to violate a court order relating to the act or acts of violence is subject to eviction. A victim tenant who allows a perpetrator who has been barred from Muskegon Heights Housing Commission property to come onto Muskegon Heights Housing Commission property, including but not limited to the victim's apartment and any other area under their control, is subject to eviction.

The Muskegon Heights Housing Commission may terminate the tenancy of any tenant if the public housing agency can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the Muskegon Heights Housing Commission if that tenant's tenancy is not terminated; and

None of these provisions shall be construed to supersede any provision of any Federal, State, or local law that provides greater protection than this section for victims of domestic violence, dating violence, sexual assault, or stalking.

**Operating Budget  
Schedule of Administration  
Expense Other Than Salary**

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

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

Public Reporting Burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-00260), Washington D.C. 20503. Do not send this completed form to either of the above addressees.

Name of Housing Authority:		Locality:					Fiscal Year End:	
Muskegon Heights Housing Commission		Muskegon Heights, MI 49444					03/31/2007	
(1) Description	(2) Total	(3) Management	(4) Development	(5) Leased Rental	(6a) Turnkey III	(6b) Section 8	(6c) Other	
1 Legal Expense (see Special Note in Instructions)	25,000	25,000				500		
2 Training (list and provide justification)	4,500	4,000				550		
3 Travel - Trips To Conventions and Meetings (list and provide justification)	5,550	5,000						
4 Other Travel: Outside Area of Jurisdiction								
5 Within Area of Jurisdiction						550		
6 Total Travel	5,550	5,000				1,860		
7 Accounting	8,000	6,140					5,500	
8 Auditing						4,910		
9 Sundry Rental of Office Space	4,910							
10 Publications	500	500						
11 Membership Dues and Fees (list organization and amount)	1,100	1,000				100		
12 Telephone, Fax, Electronic Communications	17,000	16,500				500		
13 Collection Agent Fees and Court Costs								
14 Administrative Services contracts (list and provide justification)						1,345		
15 Forms, Stationary and Office Supplies	10,000	8,655						
16 Tenant League Expenses	42,650	42,650				6,855		
17 Total Sundry	76,160	69,305				9,765		
18 Total Administration Expense Other Than Salaries	119,210	109,445						

**ANNUAL AUDIT FEES FOR THE MUSKEGON HEIGHTS HOUSING COMMISSION WAS PAID FROM  
CAPITAL FUND 2005**

1st Draw 12/06/2005  
2nd Draw 03/08/2006

\$4,125.00  
\$1,375.00

Voucher #092-264915  
Voucher #092-280436

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

Warning: HUD will prosecute false claims and statements.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)  
Signature of authorized representative & Date.

Conviction may result in criminal and/or civil penalties:

X *Michael V. Copeland*  
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form HUD-52571 (3/95)  
ref Handbook 7475.1

Operating Budget  
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 9/30/2006)  
Fiscal Year End 03/31/2007

Name of Housing Authority	Locality	Present Salary Rate As of (date)	Requested Budget Year		Allocation of Salaries by Program							
			Position Title and Name By Organizational Unit and Function	No. Months	Amount	Management	Section 8	Capital Fund	Turnkey III	Section 8 Programs	Other Programs	Method of Allocation
(1a)	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
EXECUTIVE DIRECTOR - MCKINLEY COPELAND		71,926.40	73,364.93	12	73,365	56,491		16,874				
DEPUTY DIRECTOR/FINANCE - FAYE BROWN		41,995.20	42,835.10	12	42,835	38,980		3,855				
RESIDENT SERVICES COORDINATOR - PEARLINE MURRAY		24,148.80	24,736.19	12	24,736	24,736						
ADMIN ASSISTANT / WORK ORDER CLERK - LISA PASCHEL		29,369.60	30,514.60	12	30,515	26,879		3,635				
SENIOR PROPERTY MANAGER/SECTION 8 COORDINATOR - PAM KEMP		38,001.60	38,751.63	12	38,762	22,482	14,342	1,938				
PROPERTY MANAGER - GELINDA DIGGS		30,160.00	30,763.20	12	30,763	30,763						
MAINTENANCE INSPECTOR - WILLIAM STEPHENS		28,870.40	29,736.51	12	29,737	24,087		5,650				
MAINTENANCE WORKER I - HARVEY SMITH		29,016.00	29,886.48	12	29,886	29,886						
MAINTENANCE WORKER I - EDITH OAKES		29,120.00	29,702.40	12	29,702	29,702						
MAINTENANCE WORKER I - MCKINLEY PAYNE		29,120.00	29,702.40	12	29,402	29,402						
ASSISTANT MAINTENANCE SUPERVISOR - DONALD TAYLOR		30,742.40	31,972.40	12	31,972	31,972						
<b>TOTALS THIS PAGE</b>					391,706	345,382	14,342	31,982				

ALL POSITIONS, AS IDENTIFIED, DO NOT EXCEED 100% OF ANY INDIVIDUAL EMPLOYEES TIME  
 Executive Director or Designated Official  
 Date 10/23/06  
 form HUD-52566 (3/95)  
 ref Handbook 7475.1

To the best of my knowledge, all the information provided in the accompanying herewith, is true and accurate.  
 Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)  
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Insurance: Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

ESTIMATE BASED ON 2006 COSTS

Total Insurance: 135,000

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

	ADMIN	MAINT
FICA	15,320.00	11,090.00
HEALTH INS	24,568.00	20,470.00
DENTAL INS	3,730.00	1,800.00
VISION & LIFE INS	1,950.00	1,720.00
RETIREMENT	11,070.00	6,900.00
TOTAL	56,638.00	41,980.00

Total Employee Benefits: 98,618

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

BASED ON 2006 ACTUALS

Total Collection Losses: 18,500

Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions: Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those for future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52557 need not be repeated here.

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

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

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

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

Total Water	125,000.00
Total Electricity	100,000.00
Total Gas	140,000.00
Total Fuel	
Total Other	
<b>Total Utilities:</b>	<b>365,000</b>

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

**Total Maintenance, Materials:** 80,000

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

HEATING CONTRACTOR	25,350.00	ELEVATOR SERVICES	18,170.00
LAWN CARE	40,000.00		
PEST CONTROL	13,540.00		
TEMP SERVICES	22,070.00		
PAINTER SERVICES	27,320.00		
CONTRACTOR SERVICES	20,890.00		
ELECTRICAL CONTRACTOR	5,660.00		
PLUMBING SERVICES	6,000.00		

**Total Maint. Contract Costs:** 179,000

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

ESTIMATE

Total Interest on Investments: 500

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

BASED ON ACTUAL CHARGES FROM FYE 3/31/06 TENANT CHARGES

LATE FEES	12,700.00	MISC INCOME FROM KEYS, RAKES, NSF FEES, OTHER CHARGES	15,000.00
MAINTENACE CHARGES	6,000.00		
MOVE OUT CHARGES	23,300.00		
COURT COSTS	23,000.00		

Total Other Income: 80,000

Operating Expenditures

Summary of Staffing and Salary Data

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

Column (1) Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.

Column (2) Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50 % respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).

Column (3) Enter the portion of total salary expense shown in Column (5) or Column (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.

Column (4) Enter the portion of total sairy expense shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.

Column (5) Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).

Column (6) Enter the portion of total salary expense shown in Column (5) or Column (9), form HUD-52566, allocable to Section 8 Programs.

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

Account Line	Total Number of Positions (1)	Equivalent Full-Time Positions (2)	HUD-Aided Management Program			
			Salary Expense			
			Management (3)	Section 23 Leased Housing Only (4)	Modernization Programs (5)	Section 8 Program (6)
Administration-Nontechnical Salaries 1	6	6	200,331.00		26,332.00	14,342.00
Administration-Technical Salaries 1						
Ordinary Maintenance and Operation-Labor 1	5	5	145,050.00		5,650.00	
Utilities-Labor 1						
Other (Specify) (Legal, etc.) 1						
Extraordinary Maintenance Work Projects 2						
Betterments and Additions Work Projects 2						

1 Carry forward to the appropriate line on HUD-52564, the amount of salary expense shown in Column (3) on the corresponding line above. Carry forward to the appropriate line on HUD-52564 (Section 23 Leased Housing Budget), the amount of salary expense shown in Column (4) on the corresponding line above.

2 The amount of salary expense distributed to Extraordinary Maintenance Work Projects and to Betterments and Additions Work Projects is to be included in the cost of each individual project to be performed by the HA Staff, as shown on form HUD-52567.

Operating Budget
Summary of Budget Data
and Justifications

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

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

Public Reporting Burden for this collection of information is estimated to average 0.75 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

Table with 2 columns: Name of Local Housing Authority, Locality, Fiscal Year Ending. Row 1: Muskegon Heights Housing Commission, Muskegon Heights, MI 49444, 03/31/2007

Operating Receipts

Dwelling Rental: Explain basis for estimate. For HUD-aided low-rent housing, other than Section 23 Leased housing, state amount of latest available total HA monthly rent roll, the number of dwelling units available for occupancy and the number accepted for the same month end.

ESTIMATE BASED ON 2006 REVENUES

Total Operating Receipts: 855,000

Excess Utilities: (Not for Section 23 Leased housing.) Check appropriate spaces in item 1, and explain "Other". Under item 2, explain basis for determining excess utility consumption.

- 1. Utility Services Surcharged: Gas, Electricity, Other (Specify)
2. Comments

EXCESS UTILITY CHARGES: METERS ARE INSTALLED TO CHARGE RESIDENTS FOR EXCESS USE OF UTILITIES

Total Excess Utilities: 900

Non Dwelling Rent: (Not for Section 23 Leased housing.) Complete item 1, specifying each space rented, to whom, and the rental terms.

Table with 3 columns: Space Rented, To Whom, Rental Terms. Row 1: Roof Top, Antenna Rental, 1,500.00. Row 2: Office Rental, Section 8, 4,910.00

2. Comments

Total Non-Dwelling Rent: 6,410

		Operating Reserve	PHA/IHA Estimates	HUD Modifications
<b>Part I - Maximum Operating Reserve - End of Current Budget Year</b>				
740	2821	PHA/IHA-Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564		

		Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End		
780		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): GAAP reserve FYE 3/31/05 Unrestricted Net Assets	03/31/2005	(179,895)
790		Provision for Operating Reserve - Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE	03/31/2006	166,054
800		Operating Reserve at End of Current Budget Year (check one) <input type="checkbox"/> Estimated for FYE <input checked="" type="checkbox"/> Actual for FYE GAAP Reserve FYE 3/31/06 Unrestricted Net Assets	03/31/2006	(13,841)
810		Provision for Operating Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700	03/31/2007	(69,411)
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	03/31/2007	(63,252)
830		Cash Reserve Requirement- _____ of line 480		

Comments:

PHA/IHA Approval Name MCKINLEY V. COPELAND  
 Title EXECUTIVE DIRECTOR  
 Signature *M. Copeland* Date 10/23/2006

Field Office Approval Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Signature \_\_\_\_\_ Date \_\_\_\_\_

Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 03/31/05 PUM (2)	<input type="checkbox"/> Estimates <input checked="" type="checkbox"/> or Actual Current Budget Yr. 03/31/06 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Ordinary Maintenance and Operation:</b>								
330	4410	Labor	43.59	40.55	34.93	145,050		
340	4420	Materials	33.35	19.11	19.27	80,000		
350	4430	Contract Costs	79.08	42.56	43.11	179,000		
<b>360</b>		<b>Total Ordinary Maintenance and Operation Expense (line 330 to 350)</b>	<b>156.02</b>	<b>102.22</b>	<b>97.31</b>	<b>404,050</b>		
<b>Protective Services:</b>								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
<b>400</b>		<b>Total Protective Services Expense (sum of lines 370 to 390)</b>						
<b>General Expense:</b>								
410	4510	Insurance	32.85	31.82	32.51	135,000		
420	4520	Payments in Lieu of Taxes	6.92	7.05	7.16	29,730		
430	4530	Terminal Leave Payments						
440	4540	Employee Benefit Contributions	3.57	32.82	23.75	98,620		
450	4570	Collection Losses	9.83	4.30	4.46	18,500		
460	4590	Other General Expense	0.23					
<b>470</b>		<b>Total General Expense (sum of lines 410 to 460)</b>	<b>53.40</b>	<b>75.99</b>	<b>67.88</b>	<b>281,850</b>		
<b>480</b>		<b>Total Routine Expense (sum of lines 210, 250, 320, 360, 400, and 470)</b>	<b>371.27</b>	<b>325.41</b>	<b>335.31</b>	<b>1,392,221</b>		
Rent for Leased Dwellings:								
490	4710	Rents to Owners of Leased Dwellings						
<b>500</b>		<b>Total Operating Expense (sum of lines 480 and 490)</b>	<b>371.27</b>	<b>325.41</b>	<b>335.31</b>	<b>1,392,221</b>		
<b>Nonroutine Expenditures:</b>								
510	4610	Extraordinary Maintenance	2.80					
520	7520	Replacement of Nonexpendable Equipment						
530	7540	Property Betterments and Additions						
<b>540</b>		<b>Total Nonroutine Expenditures (sum of lines 510, 520, and 530)</b>	<b>2.80</b>					
<b>550</b>		<b>Total Operating Expenditures (sum of lines 500 and 540)</b>	<b>374.07</b>	<b>325.41</b>	<b>335.31</b>	<b>1,392,221</b>		
<b>Prior Year Adjustments:</b>								
560	6010	Prior Year Adjustments Affecting Residual Receipts						
<b>Other Expenditures:</b>								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
<b>580</b>		<b>Total Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 560 plus line 570)</b>	<b>374.07</b>	<b>325.41</b>	<b>335.31</b>	<b>1,392,221</b>		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(164.03)	(107.94)	(156.41)	(649,411)		
<b>HUD Contributions:</b>								
600	8010	Basic Annual Contribution Earned-Leased Projects-Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
<b>620</b>		<b>Total Basic Annual Contribution (line 600 plus or minus line 610)</b>						
630	8020	Contributions Earned - Op.Sub.-Cur Yr.(before year-end adj)	146.00	141.09	139.69	580,000	Estimate	
640		Mandatory PFS Adjustments (net)						
650		Other (specify):						
660		Other (specify):						
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)						
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)	146.00	141.09	139.69	580,000		
<b>690</b>		<b>Total HUD Contributions (sum of lines 620 and 680)</b>	<b>146.00</b>	<b>141.09</b>	<b>139.69</b>	<b>580,000</b>		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690)	(16.03)	33.15	(16.72)	(69,411)		
		Enter here and on line 810						

Operating Budget

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

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

Public reporting burden for this collection of information is estimated to average 116 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project 2577-0026, Washington D.C. 20503. Do not send this completed form to either of the above addressees.

a. Type of Submission <input checked="" type="checkbox"/> Original; <input type="checkbox"/> Revision No. _____		b. Fiscal Year Ending 03/31/2007	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____	d. Type of HUD assisted Projects 01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Housing 02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA Leased Rental Housing 04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership	
e. Name of Public Housing Agency / Indian Housing Authority (PHA/IHA) Muskegon Heights Housing Commission					
f. Address (City, State, zip code) 615 East Hovey Avenue Muskegon Heights, MI 49444				i. HUD Field Office Detroit	
g. ACC Number C - 3018		h. PAS/LOCCS Project No. MI031		DUNS Number 16108826	

j. No. of Dwelling Units 346	k. No. of Unit Months Available 4152	m. No. of Projects 4
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Line No.	Acct. No.	Description (1)	Actuals Last Fiscal Yr. 3/31/2005 PUM (2)	<input type="checkbox"/> Estimates or Actual Current Budget Yr. 3/31/2006 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount (to nearest \$10) (7)
<b>Homebuyers Monthly Payments for:</b>								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
040	Total Break-Even Amount (sum of lines 010, 020, and 030)							
050	7716	Excess (or deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
<b>Operating Receipts</b>								
070	3110	Dwelling Rental	162.88	156.27	157.76	655,000		
080	3120	Excess Utilities	0.82	0.19	0.22	900		
090	3190	Non dwelling Rental			1.54	6,410		
100	Total Rental Income (sum of lines 070, 080, and 090)		163.70	156.46	159.52	662,310		
110	3610	Interest on General Fund Investments	0.59	0.07	0.12	500		
120	3690	Other Income	45.75	60.94	19.27	80,000		
130	Total Operating Income (sum of lines 100, 110, and 120)		210.04	217.47	178.90	742,810		
<b>Operating Expenditures - Administration:</b>								
140	4110	Administrative Salaries	42.00	36.23	48.25	200,331		
150	4130	Legal Expense	2.67	5.18	6.02	25,000		
160	4140	Staff Training		0.74	0.96	4,000		
170	4150	Travel		1.02	1.20	5,000		
180	4170	Accounting Fees	2.00	1.75	1.48	6,140		
190	4175	Auditing Fees						
200	4190	Other Administrative Expenses	17.17	16.13	16.69	69,310		
210	Total Administrative Expense (sum of line 140 thru line 200)		63.84	61.05	74.61	309,781		
<b>Tenant Services:</b>								
220	4210	Salaries	2.11		5.96	24,740		
230	4220	Recreation, Publications and Other Services	1.39	0.23	0.82	3,400		
240	4230	Contract Costs, Training and Other			0.82	3,400		
250	Total Tenant Services Expense (sum of lines 220, 230, and 240)		3.50	0.23	7.60	31,540		
<b>Utilities:</b>								
260	4310	Water	27.26	29.51	30.11	125,000		
270	4320	Electricity	36.97	23.45	24.08	100,000		
280	4330	Gas	30.28	32.96	33.72	140,000		
290	4340	Fuel						
300	4350	Labor						
310	4390	Other utilities expense						
320	Total Utilities Expense (sum of line 260 thru line 310)		94.51	85.92	87.91	365,000		

# Certification for a Drug-Free Workplace

U.S. Department of Housing  
and Urban Development

Applicant's Name

Muskegon Heights Housing Commission

Program/Activity Receiving Federal Grant Funding

## MUSKEGON HEIGHTS HOUSING COMMISSION (PUBLIC HOUSING)

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees --

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will --

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted --

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

2. Sites for Work Performance. The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above. Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

**EAST PARK MANOR, EAST SIDE COURT, COLUMBIA COURT & SCATTER SITE HOMES**

Check here  if there are workplaces that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.

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

Name of Authorized Official

MCKINELVY V. COPELAND

Title

EXECUTIVE DIRECTOR

Signature

X

Date

OCTOBER 23, 2006

# Certification of Payments to Influence Federal Transactions

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

Applicant Name

**MUSKEGON HEIGHTS HOUSING COMMISSION**

Program/Activity Receiving Federal Grant Funding

**MUSKEGON HEIGHTS HOUSING COMMISSION ( PUBLIC HOUSING )**

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

**MCKINLEY V. COPELAND**

Title

**EXECUTIVE DIRECTOR**

Signature



Date (mm/dd/yyyy)

10/23/2006

PHA/IHA Board Resolution Approving  
Operating Budget or Calculation of  
Performance Funding System  
Operating Subsidy

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

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

Public Reporting Burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600; and to the Office of Management and Budget, Paperwork Reduction Project (2577-0044) Washington, D.C. 20503. Do not send this completed form to either of the above addressees.

Acting on behalf of the Board of Commissioners of the below-named Public Housing Agency (PHA)/Indian Housing Authority (IHA), as its Chairman, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

(date)

Operating Budget Submitted on:

10/24/2006

Operating Budget Revision Submitted on:

Calculation of Performance Funding System Submitted on:

Revised Calculation of Performance Funding System Submitted on:

I certify on behalf of the: (PHA/IHA) Name)

Muskegon Heights Housing Commission

that:

1. All regulatory and statutory requirements have been met:
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments:
3. Proposed budget expenditures are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents:
4. The budget indicates a source of funds adequate to cover all proposed expenditures:
5. The calculation of eligibility for Federal funding is in accordance with the provisions of the regulations:
6. All proposed rental charges and expenditures will be consistent with provisions of law:
7. The PHA/IHA will comply with the wage rate requirements under 24 CFR 968.110(e) and (f) or 24 CFR 905.120(c) and (d):
8. The PHA/IHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i) or 24 CFR 905.120(g):
9. The PHA/IHA will comply with the requirements for the reexamination of family income and composition under 24 CFR 960.209.990.115 and 905.315: and
10. The PHA will comply with the requirements for certification of Housing Manager and Assisted Housing Manager positions (24 CFR 967.304 and 967.305).

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements.

Conviction may result in criminal and/or civil penalties. (16 U.S.C. 1001, 1010, 1012-31 U.S.C. 3729, 3802)

Board Chairman's Name (type)

Signature:

Date:

LARRY B MATTOX

*Larry B. Mattox*

10/23/2006

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name MUSKEGON HEIGHTS HOUSING COMMISSION

Comprehensive Grant Number MI33P031501-03  
 FFY of Grant Approval 2003

Original Annual Statement      Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_      Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements	226,698.37	226,698.37	226,698.37	226,698.37
4	1410 Administration	73,119.13	73,119.13	73,119.13	73,119.13
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	18,129.49	18,129.49	18,129.49	18,129.49
8	1440 Site Acquisition				
9	1450 Site Improvement	49,097.35	49,097.35	49,097.35	49,097.35
10	1460 Dwelling Structures	222,184.66	222,184.66	222,184.66	222,184.66
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures	45,476.00	45,476.00	45,476.00	45,476.00
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	634,705.00	634,705.00	634,705.00	634,705.00
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				

Signature of Executive Director: *[Signature]* Date: 06/06/2007 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete  
 Form HUD-52837 (9/98) ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-33-01	PROJECT COST OVER RUN IN 2002 CFP DUE TO ASBESTOS, 2003 (BONUS) DUE TO FIRE MARSHALL REQUIREMENTS	1408		228,941	226,698.37	226,698.37	226,698.37	COMPLETE
PHA-WIDE	MANAGEMENT IMPROVEMENTS HIRE SECURITY GUARDS FOR THE HIGH RISE, RELOCATE OFFICE FOR HIGH RISE, TRAINING ON COMPUTER, SECURITY SOFTWARE AND CAMERAS...	1410		63,471	73,119.13	73,119.13	73,119.43	COMPLETE
PHA-WIDE	AUDIT	1411		-0-	-0-	-0-	-0-	COMPLETE
PHA-WIDE	FEES & COSTS	1430		25,000	18,129.19	18,129.19	18,129.19	COMPLETE
MI-33-01	SITE IMPROVEMENT INSTALL 50 CROSSWALKS, CLEAR PARKING LOT STORM DRAINS, PATCH & SEAL, COAT PARKING LOT AT HIGH RISE, INSTALL EXTERIOR LIGHTING-EAST-SIDE COURT	1450		58,000	49,097.35	49,097.35	49,097.35	COMPLETE
MI-33-02								

Signature of Executive Director

Date

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
PHA-WIDE	DWELLING STRUCTURE INSTALL CONCRETE REAR STEPS, INSTALL THIRD RAISER SUPPORT TO BASE- MENT STAIRS, INSTALL 50 DEADBOLT LOCKS, & 50 KITCHEN CABINETS, INSTALL SPRINKLERED TRASH CHUTE IN HIGH RISE, REHAB OFF- LINE BURN UNIT, CONTRACT UNIT REHAB TO IMPROVE UNIT TURN AROUND TIME	1460		209,293	222,184.66	222,184.66	222,184.66	COMPLETE
MI-33-02								
MI-33-03								
MI-33-01	NON-DWELLING STRUCTURE REMODEL ACTIVITY ROOM, HALLWAY, COMPUTER LAB AND LANDSCAPE	1470		50,000	45,476.00	45,476.00	45,476.00	COMPLETE
Signature of Executive Director		Date		Signature of Public Housing Director		Date		

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
 2 To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>2</sup>	
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original		Revised <sup>1</sup>
MI-33-01	09/30/05		06/30/05	09/30/07		12/31/05
MI-33-02	09/30/05		06/30/05	09/30/07		12/31/05
MI-33-03	09/30/05		06/30/05	09/30/07		12/31/05
PHA-Wide	09/30/05		06/30/05	09/30/07		12/31/05

Signature of Executive Director: *MW Copeland* Date: *6/6/07*  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Page \_\_\_\_ of \_\_\_\_  
<sup>2</sup> To be completed for the Performance and Evaluation Report. Previous edition is obsolete

form HUD-52837 (9/98)  
 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name: MUSKEGON HEIGHTS HOUSING COMMISSION

Comprehensive Grant Number: M133P031501-05  
 FY of Grant Approval: 2005

Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  
 Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)	117,832.91	130,824.07	130,824.07	130,830.66
3	1408 Management Improvements	142,522.00	136,830.66	136,830.66	130,830.66
4	1410 Administration	71,261.00	71,261.00	71,261.00	71,261.00
5	1411 Audit	2,500.000	2,500.000	2,500.000	2,500.00
6	1415 Liquidated Damages				0
7	1430 Fees and Costs		0		0
8	1440 Site Acquisition				
9	1450 Site Improvement	37,022.00	41,222.71	41,222.71	41,222.71
10	1460 Dwelling Structures	193,739.00	258,710.56	258,710.56	258,710.56
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	71,261.00	71,261.00	71,261.00	71,261.00
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod Used for Development				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)	712,610.00	712,610.00	712,610.00	712,610.00
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				

Signature of Executive Director: *Mark Miller* Date: *6/27/07*  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
 2 To be completed for the Performance and Evaluation Report.

Page 1 of 3 Previous edition is obsolete form HUD-52837 (9/98) ref Handbook 7485.3

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

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

Development Number/Name PHA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-WIDE	OPERATIONS	1406		117,832.91	130,824.07	130,824.07	130,824.07	
	Security							
PHA-WIDE	MANAGEMENT IMPROVEMENTS	1408		142,522.00	136,830.66	136,830.66	130,830.66	
	Security, training							
PHA-WIDE	ADMINISTRATION	1410		71,261.00	71,261.00	71,261.00	71,261.00	
	Administrative salaries, benefits, misc costs							
PHA-WIDE	AUDIT	1411		2,500.00	2,500.00	2,500.00	2,500.00	
	costs							
PHA-Wide	FEES and COSTS	1430		-0-	-0-	-0-	-0-	
	Architects and engineers							
MI-33-01,	SITE IMPROVEMENTS	1450		37,022.00	41,222.71	41,222.71	41,222.71	
	Install exterior site lights, connect parking lot storm drains to City lines, seed							
MI-33-02								

Signature of Executive Director

*William J. ...*

Date 6/27/07

Signature of Public Housing Director

Date

This report is prepared for the Performance and Evaluation Report of a Revised Annual Statement. It is completed for the Performance and Evaluation Report.

Previous edition is obsolete

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Supporting Pages

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-33-01	Rehabilitate off line units, replace storm doors, relace 58 defective front porches complete new shower installation, com track some unit turn around work	1480	193,739.00	258,710.56	258,710.56	258,710.56		
MI-33-03	Rehabilitate off line units, replace storm doors, relace 58 defective front porches complete new shower installation, com track some unit turn around work	1490	71,261.00	71,261.00	71,261.00	71,261.00		
PHA-WIDE	REPLACEMENT RESERVES							

Signature of Executive Director: *Will Campbell* Date: *10/27/07*

Signature of Public Housing Director

Date

<sup>2</sup> to be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
 to be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
MI-33-01	03/31/06		03/31/07	09/30/07		06/30/07	
MI-33-02	03/31/06		03/31/07	09/30/07		06/30/07	
MI-33-03	03/31/06		03/31/07	09/30/07		06/30/07	
PHA-Wide	03/31/06		03/31/07	09/30/07		06/30/07	

Signature of Executive Director  
*William P. ...*  
 Date  
 6/27/07

Signature of Public Housing Director  
 Date  
 Page \_\_\_ of \_\_\_  
 Previous edition is obsolete  
 form HUD-52837 (9/98)  
 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report

U.S. Department of Housing and Urban Development

OMB Approval No. 2577-0157 (exp. 3/31/2010)

Comprehensive Grant Program (CGP) Part I: Summary

Office of Public and Indian Housing

HA Name

Comprehensive Grant Number  
MI33R031501-4

FFY of Grant Approval  
2004

Muskogon Heights Housing Commission

- Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  
 Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original Total Estimated Cost	Revised 1	Obligated Total Actual Cost 2 Expended
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Non-expendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling 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	24,956		0
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant (Sum of lines 2-19)	24,956		0
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			

Signature of Executive Director: *Michael W. Campbell* Date: *7/26/07*  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
 1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
 2 To be completed for the Performance and Evaluation Report.  
 Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete  
 Form HUD-52837 (9/96) ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-33-04	Combine RHF funds with Capital Funds & home sale proceeds to construct a duplex with 3 bedrooms in each unit for rent in a Family Self Sufficiency Program.	1498	1	125,000		0	0	Planning

Signature of Executive Director: *M. K. Peland* Date: *7/26/67* Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete

Form HUD-52837 (9/98)  
 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
MI-33-04	12/31/07			12/31/08			Planning

Signature of Executive Director: *[Signature]* Date: *7/30/07* Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete form HUD-52837 (9/98) ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HIA Name: Muskogon Heights Housing Commission  
 Original Annual Statement  Reserve for Disasters/Emergencies   
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  
 Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report   
 Comprehensive Grant Number: M133R031501-5  
 FFY of Grant Approval: 2005

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup>
		Original	Revised <sup>1</sup>	
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs			
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment--Non-expendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling 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	14,028		0
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant (Sum of lines 2-19)	14,028		0
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			

Signature of Executive Director: *Mark Miller* Date: 7/24/07  
 Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete  
 Form HUD-52837 (9/95)  
 ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
MI-33-05	Combine RHF funds with Capital Funds & home sale proceeds to construct a duplex with 3 bedrooms in each unit for rent in a Family Self Sufficiency Program.	1498	1	125,000		0	0	Planning

Signature of Executive Director: *M. Campbell* Date: *7/26/07* Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete

form HUD-52837 (9/98)  
 ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
MI-33-05	12/31/07			12/31/09			Planning
Signature of Executive Director: <i>[Signature]</i> Date: <i>7/26/07</i>							
Signature of Public Housing Director: _____ Date: _____							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement. Page \_\_\_\_ of \_\_\_\_ Previous edition is obsolete form HUD-52837 (9/98)  
<sup>2</sup> To be completed for the Performance and Evaluation Report. ref Handbook 7485.3

Annual Statement / Performance and Evaluation Report

Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
(exp. 3/31/2010)

HA Name: Muskrigon Heights Housing Commission

Comprehensive Grant Number: MI33R031501-6  
FFY of Grant Approval: 2006

Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>2</sup> Expended
		Original	Revised <sup>1</sup>	
1	Total Non-CGP Funds			
2	1406 Operations (May not exceed 10% of line 20)			
3	1408 Management Improvements			
4	1410 Administration			
5	1411 Audit			
6	1415 Liquidated Damages			
7	1430 Fees and Costs		460	
8	1440 Site Acquisition			
9	1450 Site Improvement			
10	1460 Dwelling Structures			
11	1465.1 Dwelling Equipment—Non-expendable			
12	1470 Non-dwelling Structures			
13	1475 Non-dwelling 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		19,669	0
19	1502 Contingency (may not exceed 8% of line 20)			
20	Amount of Annual Grant (Sum of lines 2-19)		19,669	0
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			

Signature of Executive Director: *Michael W. Coppeland* Date: 7/20/07  
Signature of Public Housing Director: \_\_\_\_\_ Date: \_\_\_\_\_  
Page \_\_\_\_ of \_\_\_\_  
Previous edition is obsolete  
form HUD-52837 (9/96)  
ref Handbook 7485.3

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
MI-33-06	Combine RHF funds with Capital Funds & home sale proceeds to construct a duplex with 3 bedrooms in each unit for rent in a Family Self Sufficiency Program.	1498	1	125,000		0	0	Planning

Signature of Executive Director

*M. J. [Signature]*

Date

7/25/07

Signature of Public Housing Director

Date

1 To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
 2 To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	
MI-33-06	12/31/08			12/31/10		Planning

Signature of Executive Director

*M. C. Campbell*

Date

7/26/07

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

## Public Hearing

Topic: 1 and 5 year Improvement Plan

Date: January 8, 2007

Time: 5:00 pm

No residents or members of the public showed up to express an opinion.

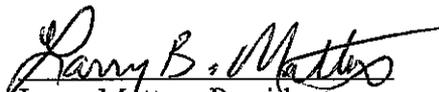
Date: January 10, 2007

Certified:

  
\_\_\_\_\_  
McKinley W. Copeland  
Executive Director

Date: 7/25/07

Approved:

  
\_\_\_\_\_  
Larry Mattox, President

STATE OF MICHIGAN  
County of Muskegon

ss.

Gary Ostrom

being duly sworn deposes and says that he is the Publisher of the MUSKEGON CHRONICLE, a newspaper printed in Muskegon County and circulated within the Counties of Muskegon, Ottawa, Newaygo, Mason, and Oceana; that the annexed notice was duly printed and published in said MUSKEGON CHRONICLE for two (2) day(s); that is to say, on the 30th day(s) of December 2006, and the 6th day(s) of January 2007, and that said publication was continued during said time without any intermission or omission, and that he has a personal knowledge of the facts above set forth.

PUBLIC HEARING NOTICE  
The Muskegon Heights Housing Commission will be holding a public hearing on its annual 1 year and 5 year plans, Monday, January 8, 2007 at 5:00 P.M. At 615 E. Hovey Ave.  
PUBLISH: December 30; January 6, 2007

RECEIVED  
JAN 11 2007

MUSKEGON HEIGHTS  
HOUSING COMMISSION

[Signature]  
Subscribed and sworn to before me this 8th day  
of January A.D. 2007.

[Signature]  
Notary Public, Muskegon County, Mich.  
Notary Public State of Michigan  
Muskegon County  
Expires: 12/28/07

Printer's fees: \_\_\_\_\_ inches \_\_\_\_\_ times, \$ \_\_\_\_\_

COMBINED PUBLIC NOTICES OF  
INTENT TO REQUEST RELEASE OF FUNDS  
AND

FINDING OF NO SIGNIFICANT IMPACT ON THE ENVIRONMENT

Responsible Entity: Muskegon Heights Housing Commission, 615 E. Hovey Avenue, Muskegon Heights, MI 49444, 231-733-2023.

The City of Muskegon Heights is bounded by the centerline of the following streets: Getty street on the East; Glade Street on the West; Norton Avenue on the South, except for Mona Lake to approximately Peck Street on the West; Keating on the North except for Hackley Avenue from Glade Street to Park Street centerline.

TO ALL INTERESTED AGENCIES, GROUPS AND PERSONS: In accordance with 24 CFR Part 58 and applicable Environmental Review Procedures for CDBG Programs; On or about April 3, 2007 under Title 1 of the Housing and Community Development Act of 1974 (PL93-383) the Muskegon Heights Housing Commission will submit a request to the Michigan State Office of Housing & Urban Development for the release of Capital Funds Programs monies under Title 1 of the Public Housing Act of 1937, as amended, to undertake a project known as the Capital Fund Program & Capital Fund Program Replacement Housing Factor for fiscal years 2006 through 2010 for purpose of:

2006 Fiscal Year

1. Install shower surrounds ESC
2. Operating Supplement
3. Administration Supplement
4. Install security cameras & trim trees family sites
5. Complete Furnace updates EPM
6. Computer Lab instructor
7. Replace windows and steel screens EPM
8. Install back flow diverter CC
9. Replacement Reserves
10. Contract for unit turn around assistance
11. Security Personnel Contract - CC
12. Demolish trash bins & walls EPM
13. Repair exterior walls from wall demolition EPM
14. Remodel Kitchens, install bath vanities, sink/faucets EPM/CC
15. Family Self Sufficiency Program

2007 Fiscal Year

1. Remodel kitchens, install bath vanities, sink/faucets EPM/CC
2. Complete furnace updates EPM
3. Connect parking lot storm drains to City lines ESC
4. Make rear entry door wheelchair accessible with button CC
5. Operating Supplement
6. Replacement Reserves
7. Administration Supplement
8. Contract for unit turnaround assistance
9. Contract work order/inventory clerk
10. Security personnel contract - CC
11. Purchase a floor cleaning machine - CC
12. Brick & mortar tuck pointing CC
13. Family Self Sufficiency Program

2008 Fiscal Year

1. Repair/Replace front porches - EPM
2. Manned security contract - CC
3. Remodel kitchens, install bath vanities sink/faucets EPM/ESC
4. Update electrical panels EPM
5. Install fence around high-voltage panel EPM
6. Operating Supplement
7. Administration supplement
8. Replacement Reserves
9. Computer Lab instructor
10. Install exterior water faucets EPM/ESC
11. Family Self Sufficiency Program
12. Security personnel CC
13. Contract for unit turn around assistance

2009 Fiscal Year

1. Operating Supplement
2. Administration Supplement
3. Replacement Reserves
4. Upgrade parking lot lighting in family sites
5. Correct water infiltration problems in basements - East Park Manor
6. Installation of exterior water faucets in every family unit
7. Computer Lab instructor
8. Encapsulate exterior building panels with lead paint EPM
9. Construct duplex units FSS program
10. Family Self Sufficiency Program
11. Security personnel CC
12. Remodel kitchens, install bath vanities, sink/faucets EPM/CC
13. Contract for unit turn around assistance

- 2010 Fiscal Year

1. Operating supplement
2. Administration supplement
3. Replacement Reserves
4. Remodel kitchens install bath vanities, sink/faucets
5. Computer lab instructor
6. Family Self Sufficiency Program
7. Construct duplex units FSS program
8. Security personnel CC
9. Insulate roof overhangs ESC
10. Install cable & telephone cord raceways EPM/ESC
11. Contract for unit turn around assistance

FINDING OF NO SIGNIFICANT IMPACT

The Muskegon Heights Housing Commission has determined that the projects specified will have no significant impact on the human environment. Therefore, an Environmental Impact Statement under the National Environmental Policy Act (NEPA) of 1969 is not required. No further environmental review of said projects is proposed to be conducted and the Commission intends to make a request to HUD for the release of funds for projects identified. Additional project information is contained in the Environmental Review Record (ERR) on file in the Housing Commission office, at the above address, and may be observed or copied (upon request) weekdays from 8:00 a.m. until 4:30 p.m.

PUBLIC COMMENTS

Any individual, group or agency disagreeing with this determination or desiring to comment on the project may submit written comments to the Muskegon Heights Housing Commission, 615 E. Hovey Avenue, Muskegon Heights, Michigan 49444. All comments must be received by March 30, 2007 in order to be considered by the Commission as part of its official record prior to its submission to HUD for a request for release of funds.

RELEASE OF FUNDS

The Muskegon Heights Housing Commission certifies to HUD that the Housing Commission and Rillastine R. Wilkins, in her official capacity as Mayor, consent to accept the jurisdiction of the Federal Courts if an action is conveyed to enforce responsibilities in relation to the environmental review process and that these responsibilities have been satisfied. HUD's acceptance of the certification satisfies its responsibilities under NEPA and allows the Muskegon Heights Housing Commission to use Program Funds.

OBJECTIONS TO RELEASE OF FUNDS

HUD will accept objections to its release of funds and the Muskegon Heights Housing Commission certification for a period of fifteen (15) days following the anticipated submission date or its actual receipt of the request (whichever is later) per one of the following conditions: (a) the certification was not executed by the Certifying Officer for the Commission; (b) the Applicant has omitted a step or failed to make a decision or finding required by HUD regulation 24 CFR Part 58; (c) that the Grant recipient has incurred costs not authorized by 24 CFR Part 58 before approval of release of funds by HUD; or (d) that another Federal agency acting pursuant to 40 CFR Part 1504 has submitted a written finding that the project is unsatisfactory from the standpoint of environmental quality. Objections must be prepared and submitted in accordance with the required procedures (24 CFR Part 58) and shall be addressed to Les Berman, Environmental Officer, U.S. Department of Housing and Urban Development, Patrick V. McNamara Federal Building, 17th Floor, 477 N. Michigan Avenue, Detroit, Michigan 48226.

No objection received after March 30, 2007 will be considered by HUD.

Muskegon Heights Housing Commission  
MCKINLEY COPELAND, Director

M U S K E G O N  
  
HOUSING COMMISSION  
"We House Dreams"

East Park Manor / East Side Court / Columbia Court  
615 E. Hovey Avenue, Muskegon Heights, MI 49444  
Phone (231) 733-2033 Fax (231) 737-3206

Resident Advisory Board Meeting

Date: April 9, 2007

Time: 3:00 pm

Attending: Janie Chappel, Cleoma Adams (Columbia Court); Alpha Ward, Jamasha Price, Willa Bradford (East Park Manor), Pearline Murray and McKinley V. Copeland (Staff)

Copeland stated the purpose of the RAB and his appreciation for residents volunteering to revive the Board again. Some had served on the old board and had valuable experience.

Topics Discussed:

Members were given a copy of the 1 and 5 year modernization plan that was printed in the Chronicle, Questions on potential cost, if new items could be added, what would happen if something was not acted on in a given year and if residents would be hired to work on any projects.

Members voted unanimous approval of the plans.

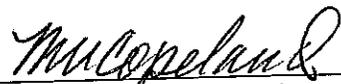
Also discussed, PHA public relations brochure, ways to attract working residents, conduct of some residents and activities for youth.

Next meeting - May 15, 2007

Adjourned at 4:15 pm

Date: April 13, 2007

Certified:

  
\_\_\_\_\_  
McKinley V. Copeland  
Executive Director

Date:

7/25/07

Approved:

  
\_\_\_\_\_  
Larry Mattox, President

## Office Locations

Muskegon Heights Housing Commission  
East Park Manor/East Side Court  
615 E. Hovey Avenue  
Muskegon Heights, MI 49444

Main Office: 231-733-2033  
Main Fax: 231-737-3206  
TDD/TTY: 1-800-545-1833 Ext. 858  
Resident Council 231-733-2033 Ext. 30

Columbia Court Apartments  
65 E. Columbia Avenue  
Muskegon Heights, MI 49444

Phone: 231-739-1272  
Fax: 231-830-9719

## OFFICE STAFF

McKinley V. Copeland  
Executive Director

Faye Brown  
Deputy Director/ Finance Coordinator

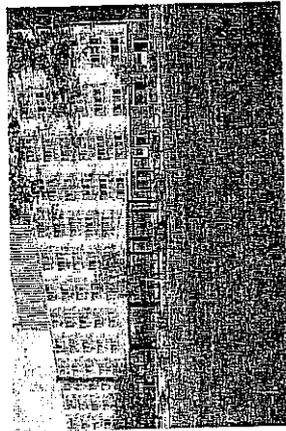
Pamela Kemp  
Senior Property Manager

Donald Taylor  
Assistant Maintenance Supervisor

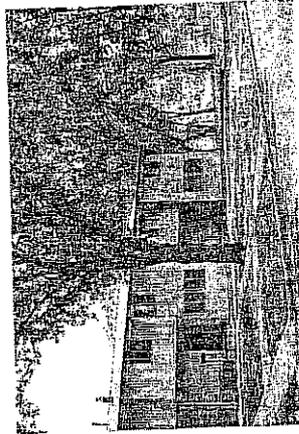
Gelinda Diggs  
Property Manager

Pearline Diggs-Murray  
Resident Services Coordinator

Lisa A. Paschal  
Administrative Asst./Systems Adm.



Columbia Court

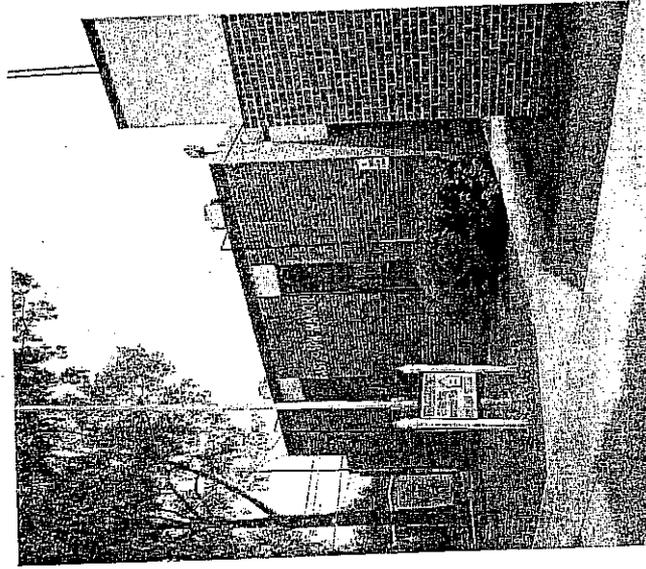


Eastside Court



East Park Manor

MUSKEGON  
**HEIGHTS**  
HOUSING COMMISSION  
"We House Dreams"



Affordable Housing



615 E. Hovey Avenue  
Muskegon Heights, MI 49444  
Phone (231) 733-2033  
Fax (231) 737-3206  
TDD/TTY 1-800-545-1833 EXT. 858

## ABOUT OUR AGENCY

The Muskegon Heights Housing commission has been serving the community for 50 years. Our agency consists of the following programs:

- Public Housing Program for families, the elderly and disabled.
- Section 8 Rental Assistance Program
- 5H Homeownership Program, Housing scattered throughout Muskegon Heights.

The Housing Commission provides low-income housing for low to medium income families, elderly, and disabled. The housing Commission is funded by the U.S. Department of Housing and Urban Development (HUD). The monthly rental payment is based on 30% of the monthly adjusted household income.

## MISSION STATEMENT

The goal of this Public Housing Authority funded by the U.S. Department of Housing and Urban Development is: To provide decent, safe, sanitary, and affordable housing to low-income families; also, to promote economic growth and opportunities that provide self-sufficiency.

Resident Advisory Board

Resident Councils at the Elderly and Family Sites.

## PUBLIC HOUSING PROGRAM

The Public Housing Program consists of East Park Manor, East Side Court and Columbia Court Apartments.

East Park Manor consists of 200 units which has 1, 2, 3, or 4 bedrooms sizes in each unit.

East Side Court consist of 50 units which have 2, 3, or 4 bedrooms sizes in each unit.

Columbia Court units are one-bedroom units with the exception of 1 unit that has 2 bedrooms, to provide housing for live-in assistants. Columbia Court is designated housing for the Elderly and Disabled.

## SECTION 8 PROGRAM

The Section 8 Program provides assistance for low-income families in the private rental market through the Housing Assistance Payments Program.

Rental Voucher Holders select a unit from the private rental market. Rental assistance makes market rate housing affordable. Program participants normally pay no more than 40% of monthly- adjusted income towards rent and utilities. The Housing Assistance Payment subsidizes the balance of the rent to the property owner.

## 5(H) HOMEOWNERSHIP PROGRAM

The 5(h) Homeownership program is a public housing program that educates and prepares families for home ownership. Potential homebuyers reside in homes throughout Muskegon Heights for no more than 5 years to prepare for purchasing.

During the five-year period the residents are educated on budgeting, and how to repair credit if needed so that they may purchase the homes. If they are not able to purchase after the five-year period they must relocate to give another family an opportunity for purchase.

## APARTMENT AMENITIES

Playgrounds  
New Stoves  
New Refrigerators  
New Showers  
New Steel Entry and Screen Doors  
New Electric Dryer Hook-Ups  
24 Hours Security Guards \*  
Security Camera's

## COMPLEX AMENITIES

Basketball Court  
Tennis Court  
Gazebo and Grills \*  
Shuffle Board Court  
Community Rooms

\* High-Rise Only

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name  
 MUSKEGON HEIGHTS HOUSING COMMISSION

Comprehensive Grant Number  
 MI33R031501-07

FFY of Grant Approval  
 2007

Original Annual Statement  
 Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_

Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost Revised <sup>1</sup>	Obligated	Total Actual Cost <sup>2</sup> Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		22,349		22,349
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)		22,349		22,349
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				

Signature of Executive Director \_\_\_\_\_ Date 10/21/2008 Signature of Public Housing Director \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> To be completed for the Performance and Evaluation Report or Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 Page \_\_\_ of \_\_\_ Previous edition is obsolete  
 form HUD-52837 (9/99) ref Handbook 7485.3

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work <sup>2</sup>
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
MI-33-05	COMBINE RHF GRANTS WITH CAPITAL FUNDS & HOME SALE PROCEEDS TO CONSTRUCT A DUPLEX WITH 3 BEDROOMS IN EACH APARTMENT FOR RENT IN A FAMILY SELF SUFFICIENCY PROGRAM	1460	1	125,000		22,349		
Signature of Executive Director		Date		Signature of Public Housing Director		Date		
		10/21/2008						

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates 2
	Original	Revised 1	Actual 2	Original	Revised 1	Actual 2	
MI-33-05	12/31/07			12/31/09			
Signature of Executive Director _____ Date 10/21/2008							
Signature of Public Housing Director _____ Date _____							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part I: Summary

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

OMB Approval No. 2577-0157  
 (exp. 3/31/2010)

HA Name

MUSKEGON HEIGHTS HOUSING COMMISSION

Comprehensive Grant Number  
 MI-33R031501-08

FFY of Grant Approval  
 2008

Original Annual Statement  Reserve for Disasters/Emergencies  
 Performance and Evaluation Report for Program Year Ending \_\_\_\_\_  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report

Line No.	Summary by Development Account	Original	Total Estimated Cost Revised 1	Obligated	Total Actual Cost 2 Expended
1	Total Non-CGP Funds				
2	1406 Operations (May not exceed 10% of line 20)				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures		19,526	19,526	
11	1465.1 Dwelling Equipment—Non-expendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling 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 (may not exceed 8% of line 20)				
20	Amount of Annual Grant (Sum of lines 2-19)		19,526	19,526	
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				

Signature of Executive Director

*[Signature]*

Date

10/21/2008

Signature of Public Housing Director

Date

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Proposed Work 2
				Original	Revised 1	Funds Obligated 2	Funds Expended 2	
MI-33-05	COMBINE RHF GRANTS WITH CAPITAL FUNDS AND HOME SALES PROCEEDS TO CONSTRUCT A DUPLEX WITH 3 BEDROOMS IN EACH APARTMENT FOR RENT IN A FAMILY SELF SUFFICIENCY PROGRAM	1460	1	125,000		19,526		
Signature of Executive Director		Date		Signature of Public Housing Director		Date		
		10/21/2008						

<sup>1</sup> To be completed for the Performance and Evaluation Report of a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.  
 Page \_\_\_ of \_\_\_ Previous edition is obsolete  
 form HUD-52837 (9/99)  
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Annual Statement / Performance and Evaluation Report  
 Comprehensive Grant Program (CGP) Part III: Implementation Schedule

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>2</sup>
	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	Original	Revised <sup>1</sup>	Actual <sup>2</sup>	
MI-33-05	6/30/08			6/30/10			
Signature of Executive Director							
Date				Signature of Public Housing Director			
10/21/2008							
Date							

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

# 2007 ANNUAL REPORT TO THE COMMUNITY



## WHERE HEALING BEGINS

### MESSAGE FROM THE BOARD CHAIRPERSON, MOLLY MCCORMICK

1221 W. Laketon Ave.  
Muskegon, MI 49441  
231-759-7909  
FAX 231-759-8618  
24-Hour Crisis Line  
231-722-3333  
www.everywomansplace.org  
www.websterhouseyouthservices.org

THE MISSION of Every Woman's Place/ Webster House Youth Services is to improve and enhance the lives of women, youth, children and families in crisis in our community by providing and advocating for services which lead to their safety, their emotional and economic self-sufficiency, their productivity, and their ability to participate fully in our society.

#### AGENCY PHILOSOPHY

The name Every Woman's Place was chosen by our original incorporators to reflect our goal to serve every woman, youth or child who requests our services. If we are to do that effectively, it is our strong belief that our staff and volunteers must be representative of and sensitive to every youth, woman and her children. The agency subscribes and adheres to a supportive philosophy of self-determination and empowerment. Individuals often entrust to us information about their very private affairs. Therefore, they will be treated with respect, with regard for their dignity, and with absolute confidentiality for their privacy. The role of the agency is to assist service participants in discovering and researching their options, and to support the participant's choice of those options. The agency will pursue and/or provide those opportunities within the community that lead to participant's safety, self-sufficiency, productivity, and meaningful participation in their communities. In addition, the agency will provide a voice in public forums for those women, youth and children that are unable to speak freely and without fear, advocating for changes in our society that better the plight of women, youth, and children in crisis.

#### CEO

Susan P. Johnson, Ph.D.

#### BOARD CHAIRPERSON

Molly McCormick

#### VICE CHAIRPERSON

Diane Kartes

#### BOARD TREASURER

Donna Bylenga

#### BOARD SECRETARY

Mary Villanueva

#### BOARD OF DIRECTORS

Mary Lou Achterhoff

Arthur Duren

Mary Husid

Linda Juarez

Louise Jewell

Nancy Mandt

Jenny McNeill

Craig Monette

Shanda Zaharako

Every Woman's Place/Webster House Youth Services is pleased to present our annual report to you, and hope that you find it informative. The Lakeshore community has been very good to us and shares a common interest in ensuring that individuals and families have a safe place to be, are free from violence and have opportunities to heal, learn, grow and thrive. As the board chair for this agency, I am proud of the services we wrap around those who need our help. I am amazed by the accomplishment of women, youth and children and what they can overcome with the

help of our case workers, counselors, and support staff.

The prevention services, funded by many local public and private donors, are necessary if we are to keep children from engaging in violence and to teach young people about healthy relationships. Our community has shown us that we can work together to accomplish this goal. Schools are participating in the Dating Violence Program sponsored by the Aleana Foundation, more parents are seeking our help with their children who have been exposed to violence. We continue to work with Webster House youth and their families through our Strengthening Families program, now offered in Spanish.

This agency also realizes the value of working beyond its four walls by reaching out to families through our outreach programs in the streets, being a collaborating partner in the Family Resource Centers in the schools, at our Safe Haven Supervised Visitation and Safe Custody Exchange program located on Terrace Street, and in the Muskegon County court house.

As you review some of our statistics and financial information for the 2006/2007 program year, please keep in mind that these are people not numbers... that families are now safe and self-sufficient as a result of these numbers and we are grateful to those of you who have helped them along the way!

"It's really helpful when you're a teenager to have somebody there to say 'You can do this, you just gotta take these steps'."

Webster House Youth Services (WHYS) is a center for youth in crisis. Our staff is available as a resource for youth experiencing conflict in their lives and will support the entire family through the healing process.



"I thought I'd be pregnant or living on my own by fifteen and I wouldn't have much of a life. I never thought about going to college or graduating high school, or anything like that. Webster House and Every Woman's Place is one of the major ones (agencies) that I've worked with, and they've given me support, they've actually given me a chance to attain the goals that I want, and they've taught me how I can do it."

Placement/Shelter: 396\*

777 received crisis intervention and outreach services,

1,298\* received case management.

Life skills education: 185

Prevention education services: 1,457

131 received non-residential counseling,

40 received mentoring.

Community education: 118

Primary Prevention services: 53

42 received independent living services.

\* Five thousand Youth placed into independent living using housing coupons through the United States Social Assistance Program and five survivors of domestic violence or successfully recovering from substance abuse were placed into housing through the same program for this fiscal year.

### SERVICES TO WOMEN, CHILDREN, YOUTH AND FAMILIES

- 24-hour access to secure shelter for domestic violence/sexual assault victims and runaway/homeless youth ages 11 to 21
- Walk-in crisis interventions Monday through Friday, 9am-5pm
- 24-hour crisis line: (231) 722-3333
- Supportive staff available 24/7
- Case management and advocacy services
- Supportive housing services for survivors and their children
- Subsidized rent and/or financial assistance
- Goal and budget planning
- Employment and training services
- Individual and family counseling
- Support groups
- Hospital response for domestic and sexual assault
- Safety planning
- Legal advocacy
- Advocacy with other systems such as DHS and landlords
- Supervised Visitation & Safe Exchange services
- Domestic violence education
- Youth mentoring for ages 8 to 18
- Drop In Centers: Emergency phone calls, food, links to services, recreation general support
- Independent living services for ages 14 to 21 who are homeless, have an unstable housing situation, or are in the foster care system
- Prevention services: Family-oriented sessions, Simple Ways To Avoid Trouble, Dating Violence, Asset Development, HIV/AIDS Education

### Every Woman's Place helped me say I CAN do it... I AM SOMEBODY all over again.

Every Woman's Place provides emergency shelter for victims and survivors of domestic violence and sexual assault. Our facility provides a safe haven, complete with support groups, counseling and advocacy services. All services are free of charge to survivors & their children.

Adult shelter clients: 168 Child shelter clients: 167

1,485 received non-residential crisis services.

Hotline calls: 2,312

Non-residential sexual assault clients: 96

736 legal advocacy clients

54 Emergency hospital responses

Personal protection orders: 99 filed, 74 granted

Employment and Training clients: 1,496

33 women and 76 children served in the Transitional Housing program.



"Things started to go downhill. He started to be very verbally and physically abusive, to the children as well as myself. He began to get very controlling and I just started to see things I didn't see before.

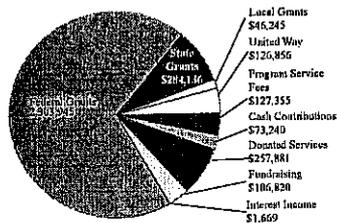
That (coming to EWP) was the best thing I could have ever done, because everything I needed and all the help I needed was here. They helped me mentally... physically... they helped me gain back my personality. It was a place that helped me say I can do it - I am somebody - all over again."

# YEAR IN A GLANCE

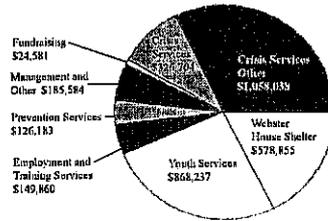


24-Hour Crisis Line  
231-722-3333

www.everywomensplace.org  
www.websterhouseyouthservices.org



2007 Revenue: \$3,328,147



2007 Expenses: \$3,318,042

## DONATIONS

Every Woman's Place/Webster House Youth Services is supported by a variety of funding sources from individual donors to federal grants. Each donor is a critical part of the successes we have achieved over the past 30 years. We thank you for your support.

Individuals or local businesses interested in supporting our efforts have a variety of opportunities to donate that can benefit you and/or your business including the Michigan State Tax Credit for Homeless Shelters/Food Banks.

50% of your donation could come right back to you. The law allows a taxpayer to reduce Michigan Income Tax or Single Business Tax liability by a credit of 50% of the amount contributed to a Homeless Shelter/Food Bank, subject to a maximum credit of:

- \$100 for an individual filing singly. (Based on a \$200 contribution.)
- \$200 for a married couple filing jointly. (Based on a \$400 contribution.)

## CASH GIFTS

Cash contributions are accepted throughout the year. Checks can be made out to Every Woman's Place/Webster House and sent to 1221 W. Laketon, Muskegon, MI 49441.

All contributions are tax-deductible. Every Woman's Place/Webster House Youth Services is a 501 (c) (3) organization.

## ENDOWMENT FUNDS

Donations to the endowment fund can be made to:

The Community Foundation of  
Muskegon County  
425 West Western  
Suite 304  
Muskegon, MI 49440

## PLANNED GIVING

Gifts such as charitable remainder trusts, gift annuities, or property are opportunities for donors to benefit financially while supporting our efforts for years to come. For more information on estate planning, please contact the Development Department at 759-7909 ext. 239. Additional info will be available through your financial advisor.

1221 W. Laketon Ave.  
Muskegon, MI 49441  
PHONE 231-759-7909  
FAX 231-759-8618



## OCTOBER 2006

Domestic Violence Prevention and Treatment Board conducts Site Review.

## DECEMBER 8, 2006

Safe Haven - Safe Exchange and Supervised Visitation Center hosts training event at Muskegon Community College with Jeremy NeVilles-Sorell (Ojibwe) who worked within the field of domestic violence on issues affecting children who have experienced domestic violence, including supervised visitation, batterers' intervention, and training and education programs. For four years, he coordinated the Duluth Family Visitation Center's efforts to serve families with a history of domestic violence that were dealing with visits and exchanges of children between parents.

## DECEMBER

The Holiday Room generates hundreds of gifts for children, teens and moms.



## APRIL 18, 2007

Huntington Bank Networking for Women Event at Muskegon Museum of Art. Dr. Sue Johnson spoke about failure to protect laws and how they have detrimental effects on a woman's decision to leave a violent partner.

## APRIL 19, 2007

Youth Career Fair at Walker Arena. Webster House staff connecting with teens.

## MAY 19, 2007

Girls on the Run Finale Run hosted at Reeths-Puffer High School. GOTR is a program for girls age 8 to 13 designed to educate and prepare girls for a lifetime of self-respect and healthy living. Over 630 girls participated. Based on pre- and post-program surveys that allowed girls to respond to how they feel about themselves and about exercise:



## JUNE 21, 2007

In 1989, Every Woman's Place/Webster House Youth Services purchased the current facility located at 1221 W. Laketon and on March 30, 2007, the last payment was hand-delivered to Shelby State Bank. EWP/WHYS hosted an open house in celebration of this momentous occasion. Thanks to YOU for the years of support West Michigan!

## AUGUST 19, 2007

Mo'z hosts Drag Show fundraiser for Every Woman's Place and Webster House Youth Services raising \$1,700!

## SEPTEMBER 14, 2007

Muskegon's Domestic Violence Task Force hosts "A Call to Men," a leading national men's organization addressing men's violence against women and the eradication of sexism.

## NOVEMBER 2006

Art Van Coat Drive collects hundreds of coats for EWP/WHYS.

## NOVEMBER 30, 2006

Drop-In Center Open House at new location, Muskegon Recreation Center. Hundreds Attend!



## JANUARY 4, 2007

WGTV-TV hosts "Causing Pain" program addressing issues of dating violence. Willie Wilson, Prevention Manager for Webster House Youth Services, and state representative from the Domestic Violence Prevention and Treatment Board were panelist for local discussion.

## JANUARY 11, 2007

Mitch Coleman from White River Yoga hosts special fundraiser for EWP.

## FEBRUARY 7, 2007

Luncheon Fundraiser held at Above and Beyond raises more than \$10,000 toward services to women, teens, and children.

## FEBRUARY 24, 2007

Teen Battle of the Bands



## MAY 11, 2007

Sue Johnson celebrates 10 Year Anniversary as CEO!

- When asked the question "I feel good about myself," there was a 12% (76 girls) increase of those who strongly agree and a 10% (63 girls) increase of those who agree.

- "I feel I am a failure" received a 6% (38 girls) increase in girls who said they strongly disagree. All categories changed significantly in response to this question.



## JUNE 2007

Every Woman's Cupboard, a compilation of recipes honoring courageous women in our community, is created by volunteers - Judy Bacheller, Laura Catalano, Pat Guillen, Amanda Morton and Starr Retzlaff. Books still available for just \$15.00!

## SEPTEMBER 8, 2007

Texas Hold'em event at Great Lakes Downs, coordinated by Webster House Youth Staff, raises more than \$2,000.



# EVERY WOMAN'S PLACE



International studies show that one in three women will experience abuse by a significant other in their lifetime, while 40% of all murdered women are killed by their husbands or lovers. These statistics are staggering, but Every Woman's Place and Webster House Youth Services are here to strengthen families. Our programs range from domestic violence prevention to youth programs geared toward helping youth make positive decisions about their lives.

Our goal is to keep families healthy and the greater Muskegon County. [Click here for a heart-wrenching illustration of domestic violence homicides in Michigan during the year 2006.](#) Read their stories and help us mourn those who have died, celebrate those who survived and connect to those that still need our help.



If you need to talk to someone right now, please call our

## 24 Hour Crisis Line 231-722-3333

If you are in immediate danger, CALL 911

We are located at 1221 W. Laketon, Muskegon, Michigan

Strengthening Families Program now offered in Spanish

Families may sign up for the program by coming to the age walk-in service hours or by calling Maribel Diaz at 759-769

### Informational Downloads

Annual Report 2006 - 2007



Download a PDF



View

Every Woman's Place & Webster's House Newsletter



Download

[Link to Download](#)



Adobe Acrobat Reader

### Muskegon Yacht Club's First Annual Women's Regatta



July 12th and 13th - All proceeds to benefit Every Woman's Place. Visit their website at [www.muskegonyachtclub.org](http://www.muskegonyachtclub.org)

#### ● MAKE A DONATION ONLINE

Now you can make donations online and help support our efforts to continue providing the community with the services it so desperately needs.

Use your Credit Card to donate with PayPal!

#### ● A PLACE WHERE HEALING BEGINS

The mission of Every Woman's Place is to improve and enhance the lives of youth, and families in crisis in our community by providing and advocating services which lead to their safety, their emotional and economic self-sufficiency, their productivity, and their ability to participate fully in our society.