

# **PHA Plans**

## **Streamlined Annual Version**

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

OMB No. 2577-0226  
(exp. 08/31/2009)

---

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937 that introduced 5-year and annual PHA Plans. The full PHA plan provides a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form allows eligible PHAs to make a streamlined annual Plan submission to HUD consistent with HUD's efforts to provide regulatory relief for certain types of PHAs. Public reporting burden for this information collection is estimated to average 11.7 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. HUD may not collect this information and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development, Federal Housing Administration, is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Information in PHA plans is publicly available.

---

# **Streamlined Annual PHA Plan**

## **for Fiscal Year: 2008**

**PHA Name: Lexington Housing Authority**

**609 East Third Street**

**Lexington, NE 68850**

**308-324-4633 Phone**

**308-324-4360 Fax**

**[lexha@cozadtel.net](mailto:lexha@cozadtel.net)**

**NOTE: This PHA Plan template (HUD-50075-SA) is to be completed in accordance with instructions contained in previous Notices PIH 99-33 (HA), 99-51 (HA), 2000-22 (HA), 2000-36 (HA), 2000-43 (HA), 2001-4 (HA), 2001-26 (HA), 2003-7 (HA), and any related notices HUD may subsequently issue.**

## Streamlined Annual PHA Plan Agency Identification

**PHA Name: Lexington Housing Authority**

**PHA Number: NE010**

**PHA Fiscal Year Beginning: (mm/yyyy) 07/01/2008**

### PHA Programs Administered:

**Public Housing and Section 8**     **Section 8 Only**     **Public Housing Only**  
Number of public housing units: 81    Number of S8 units:    Number of public housing units:  
Number of S8 units: 122

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

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

### PHA Plan Contact Information:

Name: **Diane K. Adams**  
TDD: **308-324-6619**

Phone: **308-324-4633**  
Email (if available): **lexha@cozadtel.net**

### Public Access to Information

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

PHA's main administrative office     PHA's development management offices

### Display Locations For PHA Plans and Supporting Documents

The PHA Plan revised policies or program changes (including attachments) are available for public review and inspection.     Yes     No.

If yes, select all that apply:

Main administrative office of the PHA  
 PHA development management offices  
 Main administrative office of the local, county or 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)

**Streamlined Annual PHA Plan**  
**Fiscal Year 2008**  
[24 CFR Part 903.12(c)]

**Table of Contents**  
[24 CFR 903.7(r)]

Provide a table of contents for the Plan, including applicable additional requirements, and a list of supporting documents available for public inspection.

**A. PHA PLAN COMPONENTS**

<input type="checkbox"/>	1. Site-Based Waiting List Policies	
	<b>903.7(b)(2) Policies on Eligibility, Selection, and Admissions</b>	
<input checked="" type="checkbox"/>	2. Capital Improvement Needs .....	5
	<b>903.7(g) Statement of Capital Improvements Needed</b>	
<input type="checkbox"/>	3. Section 8(y) Homeownership	
	<b>903.7(k)(1)(i) Statement of Homeownership Programs</b>	
<input type="checkbox"/>	4. Project-Based Voucher Programs	
<input checked="" type="checkbox"/>	5. PHA Statement of Consistency with Consolidated Plan. ....	8
	Complete only if PHA has changed any policies, programs, or plan components from its last Annual Plan.	
	5A. Lexington Housing Development Corporation.....	8
	5B. Violence Against Women Act Certification .....	8
<input checked="" type="checkbox"/>	6. Supporting Documents Available for Review .....	17
	6A. Certification of Policy Amendments .....	19
<input checked="" type="checkbox"/>	7. Capital Fund Program and Capital Fund Program .....	20
	Replacement Housing Factor, Annual Statement/Performance and Evaluation Report	
<input checked="" type="checkbox"/>	8. Capital Fund Program 5-Year Action Plan .....	39

**B. SEPARATE HARD COPY SUBMISSIONS TO LOCAL HUD FIELD OFFICE**

**Form HUD-50076, *PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Streamlined Annual Plan*** identifying policies or programs the PHA has revised since submission of its last Annual Plan, and including Civil Rights certifications and assurances the changed policies were presented to the Resident Advisory Board for review and comment, approved by the PHA governing board, and made available for review and inspection at the PHA's principal office;

For PHAs Applying for Formula Capital Fund Program (CFP) Grants:

**Form HUD-50070, *Certification for a Drug-Free Workplace;***

**Form HUD-50071, *Certification of Payments to Influence Federal Transactions;* and**

**Form SF-LLL &SF-LLLa, *Disclosure of Lobbying Activities.***

**1. Site-Based Waiting Lists (Eligibility, Selection, Admissions Policies)**

[24 CFR Part 903.12(c), 903.7(b)(2)]

Exemptions: Section 8 only PHAs are not required to complete this component.

**A. Site-Based Waiting Lists-Previous Year**

1. Has the PHA operated one or more site-based waiting lists in the previous year? If yes, complete the following table; if not skip to B. **No**

Site-Based Waiting Lists				
Development Information: (Name, number, location)	Date Initiated	Initial mix of Racial, Ethnic or Disability Demographics	Current mix of Racial, Ethnic or Disability Demographics since Initiation of SBWL	Percent change between initial and current mix of Racial, Ethnic, or Disability demographics

2. What is the number of site based waiting list developments to which families may apply at one time?
3. How many unit offers may an applicant turn down before being removed from the site-based waiting list?
4.  Yes  No: Is the PHA the subject of any pending fair housing complaint by HUD or any court order or settlement agreement? If yes, describe the order, agreement or complaint and describe how use of a site-based waiting list will not violate or be inconsistent with the order, agreement or complaint below:

**B. Site-Based Waiting Lists – Coming Year**

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 next component. **NO**

1. How many site-based waiting lists will the PHA operate in the coming year? **None**
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)

## **2. Capital Improvement Needs**

[24 CFR Part 903.12 (c), 903.7 (g)]

Exemptions: Section 8 only PHAs are not required to complete this component.

### **A. Capital Fund Program**

1.  Yes  No Does the PHA plan to participate in the Capital Fund Program in the upcoming year? If yes, complete items 7 and 8 of this template (Capital Fund Program tables). If no, skip to B.
2.  Yes  No: Does the PHA propose to use any portion of its CFP funds to repay debt incurred to finance capital improvements? If so, the PHA must identify in its annual and 5-year capital plans the development(s) where such improvements will be made and show both how the proceeds of the financing will be used and the amount of the annual payments required to service the debt. (Note that separate HUD approval is required for such financing activities.).

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

Applicability: 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.

1.  Yes  No: Has the PHA received a HOPE VI revitalization grant? (if no, skip to #3; if yes, provide responses to the items on the chart located on the next page, copying and completing as many times as necessary).
2. Status of HOPE VI revitalization grant(s):

<b>HOPE VI Revitalization Grant Status</b>	
a. Development Name:	
b. Development Number:	
c. Status of Grant:	
<input type="checkbox"/>	Revitalization Plan under development
<input type="checkbox"/>	Revitalization Plan submitted, pending approval
<input type="checkbox"/>	Revitalization Plan approved
<input type="checkbox"/>	Activities pursuant to an approved Revitalization Plan underway

3.  Yes  No: Does the PHA expect to apply for a HOPE VI Revitalization grant in the Plan year?  
If yes, list development name(s) below:
4.  Yes  No: 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:
5.  Yes  No: 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:

**3. Section 8 Tenant Based Assistance--Section 8(y) Homeownership Program**  
(if applicable) [24 CFR Part 903.12(c), 903.7(k)(1)(i)]

1.  Yes  No: Does the PHA plan to administer a Section 8 Homeownership program pursuant to Section 8(y) of the U.S.H.A. of 1937, as implemented by 24 CFR part 982 ? (If "No", skip to the next component; if "yes", complete each program description below (copy and complete questions for each program identified.)

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, what is the maximum number of participants this fiscal year?

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:

c. What actions will the PHA undertake to implement the program this year (list)?

3. Capacity of the PHA to Administer a Section 8 Homeownership Program:

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

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

**4. Use of the Project-Based Voucher Program**

**Intent to Use Project-Based Assistance**

Yes  No: Does the PHA plan to "project-base" any tenant-based Section 8 vouchers in the coming year? If the answer is "no," go to the next component. If yes, answer the following questions.

1.  Yes  No: Are there circumstances indicating that the project basing of the units, rather than tenant-basing of the same amount of assistance is an appropriate option? If yes, check which circumstances apply:

- low utilization rate for vouchers due to lack of suitable rental units
- access to neighborhoods outside of high poverty areas
- other (describe below):

2. Indicate the number of units and general location of units (e.g. eligible census tracts or smaller areas within eligible census tracts):

**5. PHA Statement of Consistency with the Consolidated Plan**

[24 CFR Part 903.15]

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary) only if the PHA has provided a certification listing program or policy changes from its last Annual Plan submission.

1. Consolidated Plan jurisdiction: **State of Nebraska**

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 on its waiting lists on the needs expressed in the Consolidated Plan/s.
- The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
- The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
- Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)
- Other: **Lexington, Nebraska Comprehensive Plan Update Dated 1999-2009**

3. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: **Housing needs being continually reviewed by the Lexington Housing Authority and the City of Lexington are consistent with the Department of Economic Development's current Housing and Community Development Consolidated Plan and Analysis of Impediments to Fair Housing Choice.**

### **5A. Lexington Housing Development Corporation**

During this past year the Lexington Housing Authority Board of Commissioners voted to form a corporation known as the Lexington Housing Development Corporation. This corporation was formed in such a way as to be controlled by the Lexington Housing Authority Board of Commissioners. The Board of Directors of the Corporation consists of three Commissioners of the Lexington Housing Authority Board and two other persons chosen by the board. To date, no formal development activity has begun. It is the goal of this Development Corporation to provide affordable housing to the population of the City of Lexington, working closely with the City of Lexington in order to help meet the goals of the City of Lexington Comprehensive Plan. This may be accomplished by building and selling single or multi-family homes and by building and renting single and multi-family homes to persons that meet the eligibility requirements. This Corporation will at all times function as a separate entity from the Lexington Housing Authority but still be under the control of the Authority. At no time will there be any Public Housing funds from existing properties used in any way by this Corporation. Currently, plans are being reviewed, however, no one particular project has been chosen proceed with.

### **5B. Violence Against Women Act Certification**

The Lexington Housing Authority Board of Commissioners adopted their Violence Against Women Act Policy by Board Resolution at their Regular Meeting March 12, 2008. All residents currently living in property owned or managed by the Lexington Housing Authority as well as all participants currently leasing a units with assistance from the Housing Choice Voucher Program have received a copy of the actual policy as well as a copy of an easy to read brochure titled "Violence Against Women In Federally Funded Rental Assisted Housing". All persons making formal application for any program with the Lexington Housing Authority will have access to the Policy as mentioned above. They will also be given a copy of the above mentioned brochure.

LEXINGTON HOUSING AUTHORITY  
VIOLENCE AGAINST WOMEN ACT  
(VAWA)  
POLICY

Attachment to  
Public Housing Admissions and Continued Occupancy Policy and  
Housing Choice Voucher Administrative Policy

Adopted by Board Action, Effective March 12, 2008

Resolution No.# 504

1. PURPOSE AND APPLICABILITY

The purpose of this policy is to implement the applicable provisions of the Violence Against Women Act and Department of Justice Reauthorization Act of 2005 and more generally to set forth Lexington Housing Authority's policies and procedures regarding domestic violence, dating violence, and stalking, as defined in this policy.

This Policy shall be applicable to the administration of Lexington Housing Authority of all federally subsidized public housing and Housing Choice Voucher rental assistance under the U.S. Housing Act of 1937. Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

2. GOALS AND OBJECTIVES

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by WAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, violence, or stalking who are assisted by Lexington Housing Authority;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between Lexington Housing Authority, 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 Lexington Housing Authority; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by Lexington Housing Authority.

### 3. OTHER LEXINGTON HOUSING AUTHORITY POLICIES AND PROCEDURES

This Policy shall be referenced in and attached to Lexington Housing Authority's Public Housing Agency Plan and shall be attached to Lexington Housing Authority's Admissions and Continued Occupancy Policy and Administrative Plan.

### 4. 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 cohabitating with or has cohabited with the victim, 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 –
1. who is or has been in a social relationship of a romantic or intimate nature with the victim; and
  2. where the existence of such a relationship shall be determined based on a consideration of the following factors:
    - a. The length of the relationship;
    - b. The type of relationship;
    - c. The frequency of interaction between the persons involved in the relationship.
- C. Stalking – means –
1. (a) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (b) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and
  2. 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 –

- a. that person;
  - b. a member of the immediate family of that person;'
  - c. the spouse or intimate partner of that person;
- D. Immediate Family Member – means, with respect to a person –
- 1. a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands as a parental figure; or
  - 2. 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.

## 5. ADMISSIONS AND SCREENING

- A. Non-Denial of Assistance. Lexington Housing Authority will not deny admission to public housing or to the HCV 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, Lexington Housing Authority, 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, Lexington Housing Authority 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 and require applicant to provide relevant documentation. Lexington Housing Authority will not disregard or mitigate potentially disqualifying information if the applicant household includes a perpetrator of a previous incident or incidents of domestic violence.

## 6. TERMINATION OF TENANCY OR ASSISTANCE

- A. VAWA Protections. Under VAWA, public housing residents and persons assisted under the HCV rental assistance program have the following specific protections, which will be observed by Lexington Housing Authority:
- 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 Lexington Housing Authority 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 Lexington Housing Authority or a HCV 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, taking any such action, neither Lexington Housing Authority nor a HCV manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking that that applied to other tenants.
    - b. Nothing contained in this paragraph shall be construed to limit the authority of Lexington Housing Authority or a HCV owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or Lexington Housing Authority, 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 6.A.2. or Federal, State or local law to the contrary, Lexington Housing Authority or a HCV owner or manager, as the case may be, may divide into two, 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 Lexington Housing Authority Leases used for all public housing operated by Lexington Housing Authority and, at the

option of HCV owners or managers, leases for dwelling units occupied by families assisted with HCV rental assistance administered by Lexington Housing Authority, shall contain provisions setting forth the substance of this paragraph.

## 7. VERIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE OR STALKING

- A. Requirement for Verification – Lexington Housing Authority or a HCV owner or manager may 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 7.C., Lexington Housing Authority shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by Lexington Housing Authority. HCV owners or managers receiving rental assistance administered by Lexington Housing Authority 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 two ways:

1. HUD-approved form – by providing to Lexington Housing Authority or to the requesting HCV owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD) and available at the Lexington Housing Authority office, 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. The form must also be 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.
2. Police or court record – by providing to Lexington Housing Authority or to the requesting HCV 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 Lexington Housing Authority, or HCV owner or manager to provide verification, must provide such verification within 14 business days after the date 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 Lexington Housing Authority, or a HCV 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.

## 8. 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 Lexington Housing Authority or to a HCV owner or manager in connection with a verification required under Section 7 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 HCV 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 HCV rental assistance program administered by Lexington Housing Authority shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

## 9. 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, Lexington Housing Authority 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 HCV 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. Verification as described in Section 7 of this policy will be required.
- B. Action on applications. Lexington Housing Authority will act upon such an application promptly.
- C. No right to transfer. Lexington Housing Authority 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 HCV assistance as provided in paragraph 9.E. below, the decision to grant or refuse to grant a transfer shall lie within the sole discretion of Lexington Housing Authority, 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 Lexington Housing Authority public housing or HCV assisted 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 Lexington Housing Authority or the landlord/manager/owner. In cases where Lexington Housing Authority determines that the family's decision to move was reasonable under the circumstances, Lexington Housing Authority or the landlord/manager/owner 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 HCV-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 HCV 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.

10. COURT ORDERS/FAMILY BREAK-UP

- A. Court Orders. It is Lexington Housing Authority's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by Lexington Housing Authority 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 Lexington Housing Authority policies regarding family break-up are contained in the Lexington Housing Authority's Public Housing Admissions and Continued Occupancy Policy (ACOP) and its HCV Administrative Plan.

11. RELATIONSHIPS WITH SERVICE PROVIDERS

It is the policy of the Lexington Housing Authority to cooperate with organizations and entities, both private and governmental that provides shelter and/or services to victims of domestic violence. If Lexington Housing Authority staff becomes aware that an individual assisted by Lexington Housing Authority is a victim of domestic violence, dating violence or stalking, Lexington Housing Authority will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring Lexington Housing Authority either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case.

12. NOTIFICATION

Lexington Housing Authority shall provide written notification to applicants, tenants, and HCV owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality denial of assistance and, termination of tenancy or assistance.

13. RELATIONSHIP WITH OTHER APPLICABLE LAWS

Neither VAWA or 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.

14. AMENDMENT

This policy may be amended from time to time by Lexington Housing Authority as approved by the Lexington Housing Authority Board of Commissioners.

## **6. Supporting Documents Available for Review for Streamlined Annual PHA Plans**

PHAs are to 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>Related Plan Component</b>
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Standard Annual, Standard Five-Year, and Streamlined Five-Year/Annual Plans;</i>	5 Year and Annual Plans
X	<i>PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan</i>	Streamlined Annual Plans
	<i>Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan.</i>	5 Year and standard Annual Plans
X	Fair Housing Documentation Supporting Fair Housing Certifications: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
	Housing Needs Statement of the Consolidated Plan for the jurisdiction(s) in which the PHA is located and any additional backup data to support statement of housing needs for families on the PHA’s public housing and Section 8 tenant-based waiting lists.	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/ACOP), which includes the Tenant Selection and Assignment Plan [TSAP] and the Site-Based Waiting List Procedure.	Annual Plan: Eligibility, Selection, and Admissions Policies
	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. <input checked="" type="checkbox"/> Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public housing rent determination policies, including the method for setting public housing flat rents. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development. <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies (if included in plan, not necessary as a supporting document) and written analysis of Section 8 payment standard policies. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation).	Annual Plan: Operations and Maintenance
X	Results of latest Public Housing Assessment System (PHAS) Assessment (or other applicable assessment).	Annual Plan: Management and Operations
	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Related Plan Component</b>
		Sufficiency
X	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
X	Any policies governing any Section 8 special housing types <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures <input checked="" type="checkbox"/> Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures. <input checked="" type="checkbox"/> Check here if included in Section 8 Administrative Plan.	Annual Plan: Grievance Procedures
X	The Capital Fund/Comprehensive Grant Program Annual Statement /Performance and Evaluation Report for any active grant year.	Annual Plan: Capital Needs
	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	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	Self-evaluation, Needs Assessment and Transition Plan required by regulations implementing Section 504 of the Rehabilitation Act and the Americans with Disabilities Act. See PIH Notice 99-52 (HA).	Annual Plan: Capital Needs
	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, Section 22 of the US Housing Act of 1937, or Section 33 of the US Housing Act of 1937.	Annual Plan: Conversion of Public Housing
X	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
	Policies governing any Section 8 Homeownership program (Section _____ of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs <input checked="" type="checkbox"/> Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
	Cooperative agreement between the PHA and the TANF agency and between the PHA and local employment and training service agencies.	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
X	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports for public housing.	Annual Plan: Community Service & Self-Sufficiency
X	Policy on Ownership of Pets in Public Housing Family Developments (as required by regulation at 24 CFR Part 960, Subpart G). <input type="checkbox"/> Check here if included in the public housing A & O Policy.	Annual Plan: Pet Policy
X	The results of the most recent fiscal year audit of the PHA conducted under the Single Audit Act as implemented by OMB Circular A-133, the results of that audit and the PHA's response to any findings.	Annual Plan: Annual Audit
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)
	Consortium agreement(s) and for Consortium Joint PHA Plans <u>Only</u> : Certification that consortium agreement is in compliance with 24 CFR Part 943 pursuant to an opinion of counsel on file and available for inspection.	Joint Annual PHA Plan for Consortia: Agency Identification and Annual Management and Operations

## **6A. Certification of Policy Amendments**

The Lexington Housing Authority certifies that amendments have been made and approved by the Board of Commissioners to ACOP – Admissions and Continued Occupancy Policy for Public Housing regarding the following:

- Services for Limited English Proficiency Speaking Applicants and Residents
- Violence Against Women Act Protections
- Accessible Units under the Tenant Selection and Assignment Plan
- Housing Disaster Victims under the Tenant Selection and Assignment Plan
- UIV – Up-front Income Verification process

The Lexington Housing Authority certifies that amendments have been made and approved by the Board of Commissioners to the Section 8 Administrative Policy regarding the following:

- Services for Limited English Proficiency Speaking Applicants and Residents
- Suitability for Tenancy  
Students
- Violence Against Women Act Protections
- Housing Disaster Victims
- UIV – Up-front Income Verification process
- Setting Higher Payment Standards as a Reasonable Accommodation Procedures

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Lexington Housing Authority</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P010501-04 Replacement Housing Factor Grant No:		<b>Federal FY of Grant: 2004</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 6) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	4,000	4,000	4,000	4,000
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	8,427.40	8,427.40	8,427.40	8,427.40
10	1460 Dwelling Structures	40,061.89	46,671.79	46,671.79	42,553.29
11	1465.1 Dwelling Equipment—Nonexpendable	26,277.16	19,667.26	19,667.26	19,667.26
12	1470 Nondwelling Structures	1,552.25	1,552.25	1,552.25	1,552.25
13	1475 Nondwelling Equipment	36,559.30	36,559.30	36,559.30	36,559.30
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	116,878	116,878	116,878	112,759.50
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Lexington Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P010501-04 Replacement Housing Factor Grant No:			Federal FY of Grant: 2004		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE010-001	Kitchen Light Fixtures	1465		4,527.33	4,527.33	4,527.33	4,527.33	Complete
Eastlawn	Community Room Furniture	1475		1,311.79	1,311.79	1,311.79	1,311.79	Complete
	Appliances	1465		1,644.40	1,644.40	1,644.40	1,644.40	Complete
NE010-002	Counter Top Replacement	1460		15,864.15	22,474.05	22,474.05	18,355.55	Incomplete
Scattered Sites	Install Back Doors	1460		11,197.74	11,197.74	11,197.74	11,197.74	Complete
	Vertical Blinds	1465		20,000.00	13,390.10	13,390.10	13,390.10	Complete
	Cut & Install Bath Mirrors	1465		105.43	105.43	105.43	105.43	Complete
H-A Wide	Maintenance Bldg. Boiler	1475		7,950.00	7,950.00	7,950.00	7,950.00	Complete
	Update Computer Equipment	1475		4,523.82	4,523.82	4,523.82	4,523.82	Complete
	Interior Painting	1460		12,000.00	12,000.00	12,000.00	12,000.00	Complete
	REAC Renovations	1460		1,000.00	1,000.00	1,000.00	1,000.00	Complete
	REAC Renovations	1450		107.94	107.94	107.94	107.94	Complete
	Maintenance Vehicle	1475		22,773.69	22,773.69	22,773.69	22,773.69	Complete
	Commissioner & Staff Training	1408		4,000.00	4,000.00	4,000.00	4,000.00	Complete
	Community Building Update	1470		259.63	259.63	259.63	259.63	Complete





## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Lexington Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P010501-05 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2005
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 4) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,825.36	2,825.36	2,825.36	2,804.53
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement	6,089.53	6,089.53	6,089.53	6,089.53
10	1460 Dwelling Structures	72,541.01	72,541.01	72,411.01	66,933.43
11	1465.1 Dwelling Equipment—Nonexpendable	24,390.57	24,390.57	24,390.57	24,390.57
12	1470 Nondwelling Structures	4,354.91	4,354.91	4,354.91	4,354.91
13	1475 Nondwelling Equipment	6,870.62	6,870.62	6,870.62	6,870.62
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	117,072.00	117,072.00	117,072.00	111,443.59
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs	1,023.22	0.00		
26	Amount of line 21 Related to Energy Conservation Measures	63,023.91	63,023.91		

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Lexington Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P010501-05 Replacement Housing Factor Grant No:			Federal FY of Grant: 2005		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE010-001	Kitchen Appliances	1465		21,185.00	21,303.44	21,303.44	21,303.44	Complete
Eastlawn	Room Darkening BR Blinds	1465		2,000.00	1,079.63	1,079.63	1,079.63	Complete
	Laundry Room Update	1470		1,000.00	3,391.22	3,391.22	3,391.22	Complete
	Indoor A/C Covers	1465		1,115.00	0.00	0.00	0.00	Complete
NE010-002	Wire LR Ceiling Fans	1460		4,725.29	4,725.29	4,725.29	4,725.29	Complete
Scattered Sits	Replacement Windows & Doors	1460		39,374.71	56,298.62	56,298.62	50,691.04	Incomplete
	LR Ceiling Fans	1465		2,000.00	2,000.00	2,000.00	2,000.00	Complete
	Cut & Install Bath Mirrors	1465		500.00	7.50	7.50	7.50	Complete
H-A Wide	REAC Renovations	1460		1,023.22	1,524.78	1,524.78	1,524.78	Complete
	REAC Renovations	1450		976.78	420.86	420.86	420.86	Complete
	Commissioner & Staff Training	1408		5,000.00	2,825.36	2,825.36	2,804.53	Incomplete
	Computer Equipment	1475		5,000.00	5,000.00	5,000.00	5,000.00	Complete
	Landscape	1450		3,072.00	3,072.00	3,072.00	3,072.00	Complete
	Concrete New and Repair	1450		5,000.00	2,596.67	2,596.67	2,596.67	Complete
	Carpet	1460		7,000.00	7,883.87	7,883.87	7,883.87	Complete





## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name:</b> Lexington Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P010510-06 Replacement Housing Factor Grant No:		<b>Federal FY of Grant:</b> 2006
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	2,000.00	4,000.00	137.13	137.13
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000.00	350.00	350.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	6,000.00	4,914.048	663.00	663.00
10	1460 Dwelling Structures	75,320.00	96,055.52	3,738.72	3,738.72
11	1465.1 Dwelling Equipment—Nonexpendable	7,000.00	1,000.00	0.00	0.00
12	1470 Nondwelling Structures	3,000.00	3,000.00	0.00	0.00
13	1475 Nondwelling Equipment	9,000.00	3,000.00	819.26	819.26
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	112,320.00	112,320.00	5,708.11	5,358.11
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	10,000.00	10,000.00		

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b> <b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b> <b>Part II: Supporting Pages</b>								
PHA Name: Lexington Housing Authority			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P101501-06 Replacement Housing Factor Grant No:			Federal FY of Grant: 2006		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE010-001	Community Bldg. Equipment	1475		1,000.00	1,000.00	0.00	0.00	Incomplete
Eastlawn	Boiler Equipment	1475		3,000.00	0.00	0.00	0.00	Complete
	Community Building Update	1470		2,000.00	2,000.00	0.00	0.00	Incomplete
NE010-002	Exterior Siding	1460		9,000.00	0.00	0.00	0.00	Complete
Scattered Sites	Replacement Windows & Doors	1460		13,762.00	26,000.00	0.00	0.00	Incomplete
	Replace Faucets	1465		2,000.00	0.00	0.00	0.00	Complete
	Replace Faucets	1460		0.00	2,000.00	0.00	0.00	Incomplete
	Appliances	1465		5,000.00	1,000.00	0.00	0.00	Incomplete
H-A Wide	Commissioner & Staff Training	1408		2,000.00	4,000.00	137.13	137.13	Incomplete
	Carpet & Interior Paint	1460		10,558.00	7,000.00	2,653.20	2,653.20	Incomplete
	Computer & Office Equipment	1475		5,000.00	2,000.00	819.26	819.26	Incomplete
	Water Heaters & Furnaces	1460		30,000.00	1,085.52	1,085.52	1,085.52	Complete
	Landscaping	1450		1,000.00	2,914.48	113.00	113.00	Incomplete
	Concrete New & Replace	1450		5,000.00	2,000.00	550.00	550.00	Incomplete
	Maintenance Bldg. Update	1470		1,000.00	1,000.00	0.00	0.00	Incomplete
	Shingles	1460		10,000.00	0.00	0.00	0.00	Complete
	Toilets & Showers	1460		2,000.00	0.00	0.00	0.00	Complete



**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

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

PHA Name: Lexington Housing Authority		Grant Type and Number Capital Fund Program No: NE26P010501-06 Replacement Housing Factor No:					Federal FY of Grant: 2006
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
NE010-001 & 002	07/17/2008			07/17/2010			

## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Lexington Housing Authority</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P010501-07 Replacement Housing Factor Grant No:		<b>Federal FY of Grant: 2007</b>
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2007 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements	3,000.00	3,000.00	0.00	0.00
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0.00	10,000	0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement	4,000.00	4,000.00	0.00	0.00
10	1460 Dwelling Structures	77,062.00	67,134.00	0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	18,072.00	1,000.00	0.00	0.00
12	1470 Nondwelling Structures	2,000.00	19,000.00	0.00	0.00
13	1475 Nondwelling Equipment	5,000.00	5,000.00	0.00	0.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	109,134.00	109,134.00	0.00	0.00
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

**7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor**

<b>Annual Statement/Performance and Evaluation Report</b>								
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)</b>								
<b>Part II: Supporting Pages</b>								
PHA Name: Lexington Housing Authority			Grant Type and Number Capital Fund Program Grant No: NE26P010501-07 Replacement Housing Factor Grant No:			Federal FY of Grant: 2007		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
NE010-001	Community Bldg. Equipment	1475		1,000.00	1,000.00	0.00	0.00	Incomplete
Easstlawn	Boiler Equipment	1465		12,000.00	0.00	0.00	0.00	Complete
	Boiler Equipment	1460		0.00	2,000.00	0.00	0.00	Incomplete
	H/C Unit Remodel	1460		42,486.00	42,486.00	0.00	0.00	Incomplete
	Architect Services	1430		0.00	10,000.00	0.00	0.00	Incomplete
	Comm, Bldg./Office Remodel	1470		0.00	18,500.00	0.00	0.00	Incomplete
NE010-002	Replacement Windows & Doors	1460		10,000	10,000	0.00	0.00	Incomplete
Scattered Sites	Appliances	1465		1,000.00	1,000.00	0.00	0.00	Incomplete
	Exterior Siding	1460		15,576.00	500.00	0.00	0.00	Incomplete
	Kitchen & Bath Cabinets	1460		0.00	5,576.00	0.00	0.00	Incomplete
	Faucets	1465		1,072.00	0.00	0.00	0.00	Complete
	Faucets	1460		0.00	1,072.00	0.00	0.00	Incomplete
H-A Wide	Commissioner & Staff Training	1408		3,000.00	3,000.00	0.00	0.00	Incomplete
	Water Heaters	1465		4,000.00	0.00	0.00	0.00	Complete
	Water Heaters	1460		0.00	1,000.00	0.00	0.00	Incomplete
	Office & Computer Equipment	1475		0.00	4,000.00	0.00	0.00	Incomplete
	Carpet & Paint	1460		8,000.00	4,000.00	0.00	0.00	Incomplete





## 7. Capital Fund Program Annual Statement/Performance and Evaluation Report and Replacement Housing Factor

<b>Annual Statement/Performance and Evaluation Report                      Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
<b>PHA Name: Lexington Housing Authority</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: NE26P010510-08 Replacement Housing Factor Grant No:		<b>Federal FY                      of Grant:                      2008</b>
<input checked="" type="checkbox"/> <b>Original Annual Statement</b> <input type="checkbox"/> <b>Reserve for Disasters/ Emergencies</b> <input type="checkbox"/> <b>Revised Annual Statement (revision no: 0)</b> <input type="checkbox"/> <b>Performance and Evaluation Report for Period Ending:</b> <input type="checkbox"/> <b>Final Performance and Evaluation Report</b>					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	15,000.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	24,134.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures	70,000.00		0.00	0.00
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	109,134.00			
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				





## 8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan					
Part I: Summary					
PHA Name Lexington Housing Authority				<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 3	
Development Number/Name/HA-Wide	Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5
		FFY Grant: NE26P010501-09 PHA FY: 2009	FFY Grant: NE26P010501-10 PHA FY: 2010	FFY Grant: NE26P010501-11 PHA FY: 2011	FFY Grant: NE26P010501-12 PHA FY: 2012
	Annual Statement				
NE010-001		70,000	26,000	12,000	33,134
Eastlawn					
NE010-002		6,134	64,134	54,134	26,000
Scattered Sites					
H-A Wide		33,000	19,000	43,000	50,000
CFP Funds Listed for 5-year planning		109,134.00	109,134.00	109,134.00	109,134.00
Replacement Housing Factor Funds					

## 8. Capital Fund Program Five-Year Action Plan

<b>Capital Fund Program Five-Year Action Plan</b>						
<b>Part II: Supporting Pages—Work Activities</b>						
Activities for Year 1	Activities for Year : 2 FFY Grant:NE26P010501-09 PHA FY: 2009			Activities for Year: 3 FFY Grant: NE26P010501-10 PHA FY: 2010		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
<b>See</b>	H-A Wide	Commissioner/Staff Training	2,000	H-A Wide	Commissioner/Staff Training	2,000
<b>Annual</b>		Architect Fees	5,000		Landscaping	5,000
<b>Statement</b>		Landscaping	1,000		Carpet & Paint	5,000
		Office & Computer Equipment	3,000		Office & Computer Equipment	3,000
		Carpet & Paint	8,000		Concrete	2,000
		Concrete	2,000		Shingles	2,000
		Shingles	2,000	NE 010-001	Boiler Equipment	5,000
		Small Utility Vehicle	10,000	Eastlawn Apts.	Laundry Equipment	10,000
	NE 101-001	Community Bldg/Office Remodel	40,000		Community Bldg/Office	10,000
	Eastlawn Apts.	Boiler Equip	5,000		Faucets/Showers/Toilets	1,000
		A/C Units	3,000	NE010-002	Faucets/ Showers/ Toilets	1,000
		H/C Unit Remodel	20,000	Scattered Sites	Siding	49,134
		Window Coverings	2,000		Window Coverings	4,000
	NE010-002	Appliances	2,000		Cabinets	10,000
	Scattered Sites	Kitchen/Bath Cabinets	4,134			
<b>Total CFP Estimated Cost</b>			<b>\$109,134.00</b>			<b>\$109,134.00</b>

