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: Wymore Housing Authority

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: Wymore Housing Authority **PHA Number:** NE018

PHA Fiscal Year Beginning: (mm/yyyy) 04/2008

PHA Programs Administered:

☐ **Public Housing and Section 8**
Number of public housing units:
Number of S8 units:

☐ **Section 8 Only**
Number of S8 units:

☒ **Public Housing Only**
Number of public housing units: 26

☐ 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: Jodi Dorn
TDD: 402-645-8241
Phone: 402-645-8241
Email (if available):
wymorehousing@diodecom.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

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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. N/A

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.

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

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):

HOPE VI Revitalization Grant Status
a. Development Name: b. Development Number:
c. Status of Grant: ☐ Revitalization Plan under development ☐ Revitalization Plan submitted, pending approval ☐ Revitalization Plan approved ☐ 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: (list below)

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

By Resolution 218 on December 13, 2007, the Wymore Housing Authority Board of Commissioners approved and adopted a Violence Against Women Act policy. This policy is available for review at the main administrative office of the PHA. This policy will be reviewed at the next resident meeting scheduled for January 22, 2008. Copies are available on request.

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.

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
X	*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*;	5 Year and Annual Plans
X	*PHA Certifications of Compliance with the PHA Plans and Related Regulations and Board Resolution to Accompany the Streamlined Annual Plan*	Streamlined Annual Plans
X	*Certification by State or Local Official of PHA Plan Consistency with Consolidated Plan*.	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
X	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
N/A	Deconcentration Income Analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	Any policy governing occupancy of Police Officers and Over-Income Tenants in Public Housing. ☐ Check here if included in the public housing A&O Policy.	Annual Plan: Eligibility, Selection, and Admissions Policies
N/A	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. ☒ 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
N/A	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. ☐ 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
N/A	Follow-up Plan to Results of the PHAS Resident Satisfaction Survey (if necessary)	Annual Plan: Operations and Maintenance and Community Service & Self-

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Related Plan Component**
		Sufficiency
N/A	Results of latest Section 8 Management Assessment System (SEMAP)	Annual Plan: Management and Operations
N/A	Any policies governing any Section 8 special housing types ☐ Check here if included in Section 8 Administrative Plan	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☐ Check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
N/A	Section 8 informal review and hearing procedures. ☐ 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
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grants.	Annual Plan: Capital Needs
N/A	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans, or any other approved proposal for development of public housing.	Annual Plan: Capital Needs
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
N/A	Approved or submitted applications for demolition and/or disposition of public housing.	Annual Plan: Demolition and Disposition
N/A	Approved or submitted applications for designation of public housing (Designated Housing Plans).	Annual Plan: Designation of Public Housing
N/A	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act, 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
N/A	Documentation for required Initial Assessment and any additional information required by HUD for Voluntary Conversion.	Annual Plan: Voluntary Conversion of Public Housing
N/A	Approved or submitted public housing homeownership programs/plans.	Annual Plan: Homeownership
N/A	Policies governing any Section 8 Homeownership program (Section _____of the Section 8 Administrative Plan)	Annual Plan: Homeownership
X	Public Housing Community Service Policy/Programs ☒ Check here if included in Public Housing A & O Policy	Annual Plan: Community Service & Self-Sufficiency
N/A	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
N/A	FSS Action Plan(s) for public housing and/or Section 8.	Annual Plan: Community Service & Self-Sufficiency
N/A	Section 3 documentation required by 24 CFR Part 135, Subpart E for public housing.	Annual Plan: Community Service & Self-Sufficiency
N/A	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports 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). ☒ 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)
N/A	Consortium agreement(s) and for Consortium Joint PHA Plans Only: 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

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 I: Summary

PHA Name: Wymore Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P018501-05 Replacement Housing Factor Grant No:	Federal FY of Grant: 2005

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 09/30/07 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	3977.00	3977.00	3977.00	3977.00
3	1408 Management Improvements	2000.00	0.00		
4	1410 Administration	2977.00	2977.00	2374.31	2374.31
5	1411 Audit	500.00	400.00	400.00	400.00
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500.00	460.00	460.00	460.00
8	1440 Site Acquisition				
9	1450 Site Improvement	11500.00	11500.00	11500.00	704.61
10	1460 Dwelling Structures	7316.00	9456.00	7316.00	7316.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	1000.00	1000.00	1000.00	1000.00
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	29770.00	29770.00	27037.31	16231.92
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

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

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-05 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	
NE018	Operations	1406		3977.00	3977.00	3977.00	3977.00	Complete
	Management Improvement	1408		2000.00	0.00	0.00	0.00	
	Administrative	1410		2977.00	2977.00	2374.31	2374.31	In process
	Audit	1411		500.00	400.00	400.00	400.00	Complete
	Fees & Costs	1430		500.00	460.00	460.00	460.00	“
	Repair parking area and sidewalks	1450		11500.00	11500.00	11500.00	704.61	In progress
	Improve apts/paint, tile, carpet, doors, locks, ceiling fan installation	1460		7316.00	9456.00	7316.00	7316.00	In progress
	Snowblower & generator	1475		1000.00	1000.00	1000.00	1000.00	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 II: Supporting Pages

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-05 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	

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

PHA Name: Wymore Housing Authority			**Grant Type and Number** Capital Fund Program No: NE26P018501-05 Replacement Housing Factor No:			**Federal FY of Grant:** 2005
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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: Wymore Housing Authority	**Grant Type and Number** Capital Fund Program No: NE26P018501-05 Replacement Housing Factor No:	**Federal FY of Grant:** 2005

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

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 I: Summary

PHA Name: Wymore Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P018501-06 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006

☐Original Annual Statement ☐Reserve for Disasters/ Emergencies ☐Revised Annual Statement (revision no:)
☒Performance and Evaluation Report for Period Ending: 09/30/07 ☐Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	2592.00	2592.00	2592.00	2592.00
3	1408 Management Improvements	1000.00	0.00		
4	1410 Administration	2592.00	2592.00		
5	1411 Audit	500.00	500.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500.00	500.00		
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	6502.00	7502.00	3971.08	3650.00
11	1465.1 Dwelling Equipment—Nonexpendable	3000.00	3000.00	549.59	399.00
12	1470 Nondwelling Structures	10000.00	10000.00	10000.00	
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 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	26686.00	26686.00	17112.67	6641.00
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

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

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-06 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	
NE018	Operations	1406		2592.00	2592.00	2592.00	2592.00	Complete
	Management Improvement	1408		1000.00	0.00			
	Administration	1410		2592.00	2592.00			
	Audit	1411		500.00	500.00			FYE 3/31/07
	Fees and costs	1430		500.00	500.00			“
	Improve apts/paint, tile, carpet, A/C, install ceiling fans, doors & locks	1460		6502.00	7502.00	3971.08	3650.00	In progress
	Replace appliances	1465		3000.00	3000.00	549.59	399.00	In progress
	Extend community room, update electric, new entry doors to community bldg	1470		10000.00	10000.00	10000.00		

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 II: Supporting Pages

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-06 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	

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

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program No: NE26P018501-06 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

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

	Original	Revised	Actual	Original	Revised	Actual	

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 I: Summary

PHA Name: Wymore Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P018501-07 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007

☐ Original Annual Statement ☐ Reserve for Disasters/ Emergencies ☐ Revised Annual Statement (revision no:)
☒ Performance and Evaluation Report for Period Ending: 09/30/07 ☐ Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	2730.00	2730.00	2730.00	
3	1408 Management Improvements	500.00	500.00		
4	1410 Administration	2592.00	2592.00		
5	1411 Audit	700.00	700.00		
6	1415 Liquidated Damages				
7	1430 Fees and Costs	500.00	500.00		
8	1440 Site Acquisition				
9	1450 Site Improvement	3000.00	5000.00		
10	1460 Dwelling Structures	6294.00	6294.00		
11	1465.1 Dwelling Equipment—Nonexpendable	3000.00	2000.00		
12	1470 Nondwelling Structures	5000.00	5000.00	5000.00	
13	1475 Nondwelling Equipment	3000.00	2000.00		
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	27316.00	27316.00	7730.00	
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

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

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-07 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	
NE018	Operations	1406		2730.00	2730.00	2730.00		
	Management Imp/new computer, training as available	1408		500.00	500.00			
	Administration	1410		2592.00	2592.00			
	Audit	1411		700.00	700.00			FYE 3/31/08
	Fees and costs	1430		500.00	500.00			“
	Repair parking area, replace sidewalks	1450		3000.00	5000.00			Spring & Summer 2008
	Improve apts/paint, tile, carpet, ceiling fans, A/C	1460		6294.00	6294.00			
	Replace appliances	1465		3000.00	2000.00			
	Extend community room/update electric, new entry doors, carpet	1470		5000.00	5000.00	5000.00		Fall 2007, 2008

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 II: Supporting Pages

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-07 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	
	Furniture for community room/TV, tables, bookcases, chairs, lamps, entertainment center	1475		3000.00	2000.00			Fall 2007, 2008

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

PHA Name: Wymore Housing Authority	**Grant Type and Number** Capital Fund Program No: NE26P018501-07 Replacement Housing Factor No:	**Federal FY of Grant:** 2007

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

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	

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 I: Summary

PHA Name: Wymore Housing Authority	**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-08 Replacement Housing Factor Grant No:	**Federal FY of Grant: 2008**

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

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations	2736.00			
3	1408 Management Improvements	1000.00			
4	1410 Administration	2730.00			
5	1411 Audit	700.00			
6	1415 Liquidated Damages				
7	1430 Fees and Costs	150.00			
8	1440 Site Acquisition				
9	1450 Site Improvement	2000.00			
10	1460 Dwelling Structures	5000.00			
11	1465.1 Dwelling Equipment—Nonexpendable	2000.00			
12	1470 Nondwelling Structures	10000.00			
13	1475 Nondwelling Equipment	1000.00			
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collaterization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	27316.00			
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

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

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-08 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2008		
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	
NE018	Operations	1406		2736.00				
	Management Improvement/office equipment	1408		1000.00				
	Administration	1410		2730.00				
	Audit	1411		700.00				FYE 3/31/09
	Fees and costs	1430		150.00				“ “
	Sidewalks	1450		2000.00				
	Improve apts/ paint, tile, carpet, ceiling fans, A/C, heating, plumbing	1460		5000.00				
	Replace appliances	1465		2000.00				
	Storage building for tenants & HA, push plate entry for community building	1470		10000.00				

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 II: Supporting Pages

PHA Name: Wymore Housing Authority		**Grant Type and Number** Capital Fund Program Grant No: NE26P018501-08 Replacement Housing Factor Grant No:				**Federal FY of Grant:** 2008		
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	
	Community room furniture	1475		1000.00				

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

PHA Name: Wymore Housing Authority	**Grant Type and Number** Capital Fund Program No: NE26P018501-08 Replacement Housing Factor No:	**Federal FY of Grant:** 2008

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

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	

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan **Part I: Summary**					
PHA Name: Wymore Housing Authority				☐**Original 5-Year Plan** ☐**Revision No:**	
Development Number/Name/ HA-Wide	Year 1	Work Statement for Year 2 FFY Grant: 2009 PHA FY: 2009	Work Statement for Year 3 FFY Grant: 2010 PHA FY: 2010	Work Statement for Year 4 FFY Grant: 2011 PHA FY: 2011	Work Statement for Year 5 FFY Grant: 2012 PHA FY: 2012
	Annual Statement				
NE018		27316.00	27316.00	27316.00	27316.00
CFP Funds Listed for 5-year planning		27316.00	27316.00	27316.00	27316.00
Replacement Housing Factor Funds					

8. Capital Fund Program Five-Year Action Plan

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities						
Activities for Year 1	Activities for Year :__2__ FFY Grant: 2009 PHA FY: 2009			Activities for Year: _3__ FFY Grant: 2010 PHA FY: 2010		
	Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
See	NE018	Operations	2730.00	NE018	Operations	2730.00
Annual		Management Improvement	1000.00		Management Improvement	1000.00
Statement		Administration	2730.00		Administration	2730.00
		Audit	700.00		Audit	700.00
		Fees and costs	150.00		Fees and costs	150.00
		Sidewalks	2500.00		Sidewalks, gazebo or picnic shelter, landscaping	6000.00
		Paint, tile, carpet,A/C, heating, plumbing, update bathrooms	5656.00		Paint, tile, carpet, A/C, heating, plumbing, update bathrooms	7156.00
		Replace Appliances	2500.00		Replace appliances	1500.00
		Storage building for tenants & HA, push plate entry for community building	9350.00		Replace mower, community room furniture, picnic table, benches, outside furniture	5350.00

8. Capital Fund Program Five-Year Action Plan

Total CFP Estimated Cost			$			$

Capital Fund Program Five-Year Action Plan Part II: Supporting Pages—Work Activities					
Activities for Year :__4__ FFY Grant: 2011 PHA FY: 2011			Activities for Year: _5__ FFY Grant: 2012 PHA FY: 2012		
Development Name/Number	**Major Work Categories**	**Estimated Cost**	**Development Name/Number**	**Major Work Categories**	**Estimated Cost**
NE018	Operations	2730.00	NE018	Operations	2730.00
	Management Imp./office equip/training etc	1000.00		Management Imp./office equip/training etc	1000.00
	Administration	2730.00		Administration	2730.00
	Audit	700.00		Audit	700.00
	Fees and costs	150.00		Fees and costs	150.00
	Sidewalks, driveway	5000.00		Walks, landscaping	3000.00
	Paint, tile, carpet, heating, A/C, heating, plumbing, update bathrooms, kitchen cabinets	11006.00		Paint, tile, carpet, A/C, heating, plumbing, update bathrooms, kitchen cabinets	11006.00

8. Capital Fund Program Five-Year Action Plan

	Replace appliances	2000.00		Replace appliances	1500.00
	Maintenance tools & equipment	2000.00		Laundry room carpet & paint	1500.00
				Laundry room fixtures	3000.00
Total CFP Estimated Cost		$			$

Housing Authority of the City of

Wymore NE

Violence Against Women Act Policy

1.0 Purpose

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:
a) protecting the safety of victims;
b) creating long-term housing solutions for victims;
c) building collaborations among victim service providers; and
d) assisting the Housing Authority (HA) to respond appropriately to the violence while maintaining a safe environment for
HA, employees, tenants, applicants and others.
The Policy will assist the HA in providing rights under the Violence Against Women Act to its applicants and public housing residents.

2.0 Mission Statement

The HA's policy is to comply with the 2005 VAWA Pub. L. 109 162; Stat.2960 signed into law on January 5, 2006 and codified at 42
U.S.C. § 1437d (l) and 1437f (d), (o) & l and (u). The HA shall not discriminate against an applicant, public housing resident or program participant, on the basis of the rights or privileges provided under the VAWA.

3.0 Definitions

The definitions in this Section apply only to this Policy.
3.1 Confidentiality: Means that the HA will not enter information provided to the HA under 4.2 and 4.3 into a shared database or provide
this information to any related entity except as stated in 4.4.
3.2 Dating Violence: 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.
42 U.S.C. § 1437d (u) (3) (A).
3.3 Domestic Violence: Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed
by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with

the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws
or committed 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.
3.4 Immediate Family Member: A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands in
loco parent; or any other person living in the household of the victim and related to the victim by blood and marriage.42 U.S.C. §
1437d (u) (3) (D)
3.5 Long-term Housing: Is housing that is sustainable, accessible, affordable and safe for the foreseeable future which:
a) the person rents or owns;
b) is subsidized by a voucher or other program as long as the person meets the eligibility requirements of the program;
c) directly provided by the HA, is not time limited and the person meets the eligibility requirements of the program.
3.6 Perpetrator: A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
3.7 Stalking: **(a)** to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; **(b)** to place
under surveillance with the intent to kill, injure, harass or intimidate the victim; **(c)** in the course of, or as a result of such following,
pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the
victim; or **(d)** to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or
intimate partner of the victim. 42 U.S.C. § 1437d (u)(3)(C).
3.8 Victim: Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and
completely completed the certification under 4.2 and 4.3 or as requested by the HA.

4.0 <u>Certification and Confidentiality</u>

4.1 Failure to Provide Certification Under 4.2 and 4.3
The person shall provide complete and accurate certifications to the HA within 14 business days after the party requests in writing that
the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business
days, the HA, the owner or manager may take action to deny or terminate participation or tenancy under: 42 U. S. C. § 1437 l (5) & (6);
42 U. S. C. §1437 (d) (c) (3); 42 U. S. C. § 1437f (c)(9); 42 U. S. C. § 1437f (d)(1)(B)(ii) & (iii); 42 U. S. C. § 1437f (o)(7)(C) &(D);
or 42 U. S. C. § 1437f (o)(20) or for other good cause.
4.2 HUD Approved Certification

For each incident that a person is claiming is abuse, the person shall certify to the HA, the victim status by completing a HUD approved certification form. The person shall certify the date, time and description of the incidents, that the incidents are bona fide incidents of actual or threatened abuses and meet the requirements of VAWA and this Policy. The person shall provide information to identify the perpetrator including but not limited to the name and, if known, all alias names, date of birth, address, contact information such as postal, e-mail or internet address, telephone or facsimile number or other information.

4.3 Other Certification

A person who is claiming victim status shall provide to the HA:

a) documentation signed by the victim and 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 domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. § 1746) to the professional's belief that the incident(s) in question are bona fide incidents of abuse; or

b) a federal, state, tribal, territorial, local police or court record.

4.4 Confidentiality

The HA shall keep all information provided to THE HA under this Section confidential. The HA shall not enter the information into a shared database or provide to any related entity except to the extent that:

(a) the victim requests or consents to the disclosure in writing;

(b) the disclosure is required for:

(i) eviction from public housing under 42 U. S. C. § 1437 l (5) & (6) (See Section 5 in this Policy);

(ii) the disclosure is required by applicable law.

4.5 Compliance Not Sufficient to Constitute Evidence of Unreasonable Act

The HA compliance with Sections 4.1, 4.2 and 4.3 shall alone not be sufficient to show evidence of an unreasonable act or omission by them.

5.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy

5. 1 The HA shall not deny participation or admission to the public housing program on the basis of a person's victim status, ifthe person otherwise qualifies for admission of assistance.

5. 2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by victim and shall not be good cause for denying to a victim admission to a program, or occupancy rights, or evicting a tenant.

5.3 Criminal activity directly related to domestic violence, dating violence, or stalking

engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if thetenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.

5.4 Notwithstanding Sections 5.1, 5.2 and 5.3 the HA, may bifurcate a lease 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 the violence who is also a tenant or lawful occupant. 42 U.S.C. §1437d(l)(6)(B).

5.5 Nothing in Sections 5.1, 5.2 and 5.3 shall limit the authority of the HA, when notified, to honor court orders addressing rights of access to or control ofthe property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.

5.6 Nothing in Sections 5.1, 5.2 and 5.3 limits the HA authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However the HA may not hold a victim to a more demanding standard.

5.7 Nothing in Sections 5.1, 5.2 and 5.3 limits the HA's authority to evict or terminate assistance, or deny admission to a program if the the HA can show an actual and imminent threat to other tenants, neighbors, guests, employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.

5.8 Nothing in Sections 5.1, 5.2 or 5.3 limits the HA's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.

5.9 A public housing tenant who wants a transfer to protect their health or safety and who:

a) is victim under this Policy;

b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and

c) has complied with all other obligations of the public housing income program may transfer to another HA unit.

6.0 <u>Actions Against a Perpetrator</u>

The HA may evict or deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take

action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to:
a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator;
b) obtaining and enforcing a trespass against the perpetrator;
c) enforcing the HA or law enforcement's trespass ofthe perpetrator;
d) preventing the delivery of the perpetrator's mail to the victim's unit;
e) providing identifying information listed in 4.2; and
f) other reasonable measures.

7.0 Notice to Applicants and Tenants.
The HA shall provide notice to applicants and tenants of their rights and obligations under Section 4.4 Confidentiality and Section 5.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

8.0 Reporting Requirements

The HA shall include in its Agency Plan, a statement of goals, objectives, policies or programs that will serve the needs of victims when required. THE HA may also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

9.0 Conflict and Scope

This Policy does not enlarge the HA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another HA policy, this Policy will control.

10.0 Amendment
The Executive Director may amend this policy when it is reasonably necessary to effectuate the Policy's intent, purpose or interpretation. The proposed amendment along with the rationale for the amendment shall be submitted to the Executive Director for consideration. Where reasonably necessary, the Executive Director may approve the amendment. The amendment shall be effective and incorporated on the date thatthe Executive Director signs the amendment.

GOALS:
The Housing Authority has teamed with the local community to help support children and adults from violence. If a child is

involved, the local office of child protective services will help assist and place the child in a safe environment. If an adult is involved, the
City Police Department or County Sheriff's department will assist the adult in getting to the safe harbor The local Health department also will assist in placing families out ofharms way with a contac t person who will assist families with counseling services. All referrals will be made on a case-by-case basis.