

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

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# PHA Plans

5 Year Plan for Fiscal Years 2005 - 2009

Annual Plan for Fiscal Year 2009

**NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN  
ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES**

## PHA Plan Agency Identification

**PHA Name Inkster Housing Commission**

**PHA Number: MI027**

**PHA Fiscal Year Beginning: (01/2009)**

**PHA Programs Administered:**

**Public Housing and Section 8**   
  **Section 8 Only**   
  **Public Housing Only**  
 Number of public housing units: 777   
 Number of S8 units:   
 Number of public housing units:  
 Number of S8 units: 751

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

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

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

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

**A. Mission**

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

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

**B. Goals**

The goals and objectives listed below are derived from HUD's strategic Goals and Objectives and those emphasized in recent legislation. PHAs may select any of these goals and objectives as their own, or identify other goals and/or objectives. Whether selecting the HUD-suggested objectives or their own, **PHAS ARE STRONGLY ENCOURAGED TO IDENTIFY QUANTIFIABLE MEASURES OF SUCCESS IN REACHING THEIR OBJECTIVES OVER THE COURSE OF THE 5 YEARS.** (Quantifiable measures would include targets such as: numbers of families served or PHAS scores achieved.) PHAs should identify these measures in the spaces to the right of or below the stated objectives.

**HUD Strategic Goal: Increase the availability of decent, safe, and affordable housing.**

- PHA Goal: Expand the supply of assisted housing  
Objectives:
- Apply for additional rental vouchers:
  - Reduce public housing vacancies:
  - Leverage private or other public funds to create additional housing opportunities:
  - Acquire or build units or developments
  - Other (list below)
- PHA Goal: Improve the quality of assisted housing  
Objectives:
- Improve public housing management: (PHAS score)
  - Improve voucher management: (SEMAP score)
  - Increase customer satisfaction: Provide staff training
  - Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
  - Renovate or modernize public housing units:
  - Demolish or dispose of obsolete public housing:

- Provide replacement public housing:
- Provide replacement vouchers:
- Other: (list below)
  
- PHA Goal: Increase assisted housing choices  
Objectives:
- Provide voucher mobility counseling: Provide group briefing sessions & case-by-case management
  
- Conduct outreach efforts to potential voucher landlords
- Increase voucher payment standards
- Implement voucher homeownership program:
- Implement public housing or other homeownership programs:
- Implement public housing site-based waiting lists:
- Convert public housing to vouchers:
- Other: (list below)

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

- PHA Goal: Provide an improved living environment objectives:
- Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments: Addressed in the IHC ACOP
- Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments: Addressed in the IHC ACOP
- Implement public housing security improvements: Selectively install wireless security devices in vacant /renovated units, provide security services for Twin Towers Residents during non-operational hours, provide two police officers to serve the public housing community and monitor surveillance cameras in common areas in developments. Monitor surveillance cameras in hall ways and elevators in the elderly development building.
- Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
- Other: (list below)

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households

Objectives:

- Increase the number and percentage of employed persons in assisted families: Section 3 requirements through CFP. Working Preference offered to applicants
- Provide or attract supportive services to improve assistance recipients' employability: Continual outreach efforts through the Resident Council
- Provide or attract supportive services to increase independence for the elderly or families with disabilities.
- Other: (list below)

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

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

**Other PHA Goals and Objectives: (list below)**

**Annual PHA Plan**  
**PHA Fiscal Year 2009**

[24 CFR Part 903.7]

**i. Annual Plan Type:**

Select which type of Annual Plan the PHA will submit.

- Standard Plan**  
 **Troubled Agency Plan**

**ii. Executive Summary of the Annual PHA Plan**

[24 CFR Part 903.7 9 (r)]

**Inkster Housing Commission secured a loan through Fannie Mae Modernization Express Program to improve the public housing properties and to attract new applicants seeking public housing from the surrounding areas.**

**iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

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## Attachments

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

### Required Attachments:

- Admissions Policy for Deconcentration
- FY 2009 Capital Fund Program Annual Statement
  
- Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
- List of Resident Advisory Board Members
- List of Resident Board Member
- Community Service Description of Implementation
- Information on Pet Policy
- Section 8 Homeownership Capacity Statement, if applicable
- Description of Homeownership Programs, if applicable

### Optional Attachments:

- PHA Management Organizational Chart
- FY 2009 Capital Fund Program 5 Year Action Plan (mi027a12)
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)
  - P & E Report CFP FY 2004 (mi027a01)
  - P & E Report CFP FY 2005 (mi027a02)
  - P & E Report Addtl.CFP FY 2006 (mi027a03)
  - P & E Report CFP FY 2006 (mi027a04)
  - P & E Report RHF FY 2006 (mi027a05)
  - P & E Report Addtl RHF FY 2006 (mi027a06)
  - P & E Report CFP FY 2007 (mi027a07)
  - P & E Report RHF FY 2007 (mi027a08)
  - P & E Report CFP FY 2008 (mi027a09)
  - P & E Report RHF FY 2008 (mi027a10)
  - Follow-up Plan (mi027a11)

## Supporting Documents Available for Review

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

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

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

**List of Supporting Documents Available for Review**

<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

# 1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

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

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

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	3207	5	5	5	5	5	5
Income >30% but <=50% of AMI	2238	5	5	5	5	5	5
Income >50% but <80% of AMI	2953	3	3	4	4	4	3
Elderly	3192	5	5	5	5	5	5
Families with Disabilities	6563	3	4	3	3	4	3
Race/Ethnicity White	7571	4	5	4	4	4	4
Race/Ethnicity Black	20,330	5	5	5	5	5	5
Race/Ethnicity American Indian	124	5	5	5	5	5	5
Race/Ethnicity Pacific Islander	1031	3	3	4	3	3	5
Race/Ethnicity Other Race	3	5	5	5	5	5	5
Race/Ethnicity Multi-Racial	224	4	5	5	5	5	5
	832	4	5	5	5	5	5

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

- Consolidated Plan of the Jurisdiction/s  
Indicate year: 2008
- U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
- American Housing Survey data  
Indicate year
- Other housing market study  
Indicate year: 2000

- Other sources: (list and indicate year of information)  
 SEMCOG                      2000 Census  
 DATA PLACE                2000 Census

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	239		10/month
Extremely low income <=30% AMI	200	84%	
Very low income (>30% but <=50% AMI)	32	13%	
Low income (>50% but <80% AMI)	7	3%	
Families with children	215	90%	
Elderly families	3	2%	
Families with Disabilities	21	8%	
Race/ethnicity White	17	8%	
Race/ethnicity Black	204	84%	
Race/ethnicity Others	18	18%	
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			

**Housing Needs of Families on the Waiting List**

1BR	86	36%	
2 BR	86	36%	
3 BR	49	21%	
4 BR	13	5%	
5 BR	5	2%	
5+ BR	N/A		

Is the waiting list closed (select one)?  No  Yes

If yes:

How long has it been closed (# of months)?

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

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

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

<b>Housing Needs of Families on the Waiting List</b>			
Waiting list type: (select one)			
<input checked="" type="checkbox"/> Section 8 tenant-based assistance			
<input type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	269		60/year
Extremely low income <=30% AMI	243	90%	
Very low income (>30% but <=50% AMI)	25	9%	
Low income (>50% but <80% AMI)	1	1%	
Families with children	250	93%	
Elderly families	7	1%	
Families with Disabilities	4	1%	
Race/ethnicity Black	240	89%	
Race/ethnicity White	9	3%	
Race/ethnicity Others	24	8%	
Race/ethnicity	N/A		

Is the waiting list closed (select one)?  No  Yes

If yes:

How long has it been closed (# of months)? Three months

Does the PHA expect to reopen the list in the PHA Plan year?  No  Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed?  No  Yes

### C. Strategy for Addressing Needs

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

#### (1) Strategies

**Need: Shortage of affordable housing for all eligible populations**

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development
- Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
- Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
- Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
- Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
- Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
- Participate in the Consolidated Plan development process to ensure coordination with broader community strategies
- Other (list below)

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

Select all that apply

- Apply for additional section 8 units should they become available
- Leverage affordable housing resources in the community through the creation of mixed - finance housing
- Pursue housing resources other than public housing or Section 8 tenant-based assistance.
- Other: (list below)

**Need: Specific Family Types: Families at or below 30% of median**

**Strategy 1: Target available assistance to families at or below 30 % of AMI**

Select all that apply

- Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing
- Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based section 8 assistance
- Employ admissions preferences aimed at families with economic hardships
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: Families at or below 50% of median**

**Strategy 1: Target available assistance to families at or below 50% of AMI**

Select all that apply

- Employ admissions preferences aimed at families who are working
- Adopt rent policies to support and encourage work
- Other: (list below)

**Need: Specific Family Types: The Elderly**

**Strategy 1: Target available assistance to the elderly:**

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)  
Continue partnership with Senior Aging Commission to provide supportive services to elderly families.

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

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

Select all that apply

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

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

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

Select if applicable

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

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

Select all that apply

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

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

**(2) Reasons for Selecting Strategies**

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

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

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2009 grants)</b>		
a) Public Housing Operating Fund	4,293,317	
b) Public Housing Capital Fund	1,339,262	
c) HOPE VI Revitalization	N/A	
d) HOPE VI Demolition	N/A	
e) Annual Contributions for Section 8 Tenant-Based Assistance	1,856,121	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	N/A	
g) Resident Opportunity and Self-Sufficiency Grants	0	
h) Community Development Block Grant	0	
i) HOME	0	
Other Federal Grants (list below)		
<b>CFFP</b>	4,668,097	
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
2007 CFP	10,000	
2008 CFP	932,316	
MI28R02750106	60,538	
MI28R02750306	1,789	
MI28R02750107	62,004	
MI28R02750108	61,050	
<b>3. Public Housing Dwelling Rental Income</b>	760,000	
<b>4. Other income (list below)</b>		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>4. Non-federal sources</b> (list below)		
Non-Dwelling Rental	85,000	
Investment Interest	72,000	
Other	60,000	
<b>Total resources</b>	14,261,494.00	

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

[24 CFR Part 903.7 9 (c)]

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

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

##### **(1) Eligibility**

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

- When families are within a certain number of being offered a unit: (state number)
- When families are within a certain time of being offered a unit: (state time)
- Other: Upon receipt of completed application

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?

- Criminal or Drug-related activity
- Rental history
- Housekeeping
- Other) Outstanding utilities balances & the ability to secure utilities in the head-of household name, previous State and/or Federal incarceration and consumer debt

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

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

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

**(2)Waiting List Organization**

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

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

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

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

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

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

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

3.  Yes  No: May families be on more than one list simultaneously?  
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?

- PHA main administrative office
- All PHA development management offices
- Management offices at developments with site-based waiting lists
- At the development to which they would like to apply
- Other (list below)

**(3) Assignment**

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)

- One
- Two
- Three or More

b.  Yes  No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

**(4) Admissions Preferences**

a. Income targeting:

- Yes  No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:

In what circumstances will transfers take precedence over new admissions? (list below)

- Emergencies
- Over housed
- Under housed
- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below)
- Other: Life endangerment verified by written police request and information from the police officer.

c. Preferences

1.  Yes  No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If “no” is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

#### 1 Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

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

#### **(5) Occupancy**

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

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

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

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

**(6) Deconcentration and Income Mixing**

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

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

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

- Adoption of site-based waiting lists  
If selected, list targeted developments below:
- Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments  
If selected, list targeted developments below:
- Employing new admission preferences at targeted developments  
If selected, list targeted developments below:
- Other (list policies and developments targeted below)

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

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

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

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

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

List (any applicable) developments below:

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

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

List (any applicable) developments below:

## B. Section 8

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

### (1) Eligibility

- a. What is the extent of screening conducted by the PHA? (select all that apply)
- Criminal or drug-related activity only to the extent required by law or regulation
  - Criminal and drug-related activity, more extensively than required by law or regulation
  - More general screening than criminal and drug-related activity (list factors below)
  - Other Previous rental history, consumer debts and the ability to secure utilities in the head-of-household name.
- b.  Yes  No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
- c.  Yes  No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
- d.  Yes  No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)
- e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
- Criminal or drug-related activity
  - Other Previous address of applicants, if information is provide in applicant's files.

### (2) Waiting List Organization

- a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
- None
  - Federal public housing
  - Federal moderate rehabilitation
  - Federal project-based certificate program
  - Other federal or local program (list below)
- b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)
- PHA main administrative office
  - Other (list below) **29150 Carlisle Street**

**(3) Search Time**

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

If yes, state circumstances below: Once the Request for Tenancy Approval form is submitted the 60-day period is frozen.

**(4) Admissions Preferences**

- a. Income targeting

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

- b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability  
 Veterans and veterans' families  
 Residents who live and/or work in your jurisdiction  
 Those enrolled currently in educational, training, or upward mobility programs  
 Households that contribute to meeting income goals (broad range of incomes)  
 Households that contribute to meeting income requirements (targeting)  
 Those previously enrolled in educational, training, or upward mobility programs  
 Victims of reprisals or hate crimes  
 Other preference(s) Due to the number of vacant units in public housing, applicants currently receiving assistance in public housing will be housed after those applicants not currently receiving any rental assistance.

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

2 Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

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

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

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

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

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

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

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

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

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

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

- Through published notices
- Other (list below)

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

[24 CFR Part 903.7 9 (d)]

### **A. Public Housing**

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

#### **(1) Income Based Rent Policies**

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

a. Use of discretionary policies: (select one)

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

---or---

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

b. Minimum Rent

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

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

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

3. If yes to question 2, list these policies below: **See ACOP Section (A) (6-2, 6-3, 6-4 & 6-5).**

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

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

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

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

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

e. Ceiling rents

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

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

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

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

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

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

f. Rent re-determinations:

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

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

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

**(2) Flat Rents**

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

- The section 8 rent reasonableness study of comparable housing
- Survey of rents listed in local newspaper
- Survey of similar unassisted units in the neighborhood
- Other (list/describe below) Market Study developed by Michigan State Housing Development Authority.  
Computer based data of unassisted housing complexes in the surrounding areas.

## B. Section 8 Tenant-Based Assistance

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

### (1) Payment Standards

Describe the voucher payment standards and policies.

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

- At or above 90% but below 100% of FMR
- 100% of FMR
- Above 100% but at or below 110% of FMR
- Above 110% of FMR (if HUD approved; describe circumstances below)

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

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

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

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

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

- Annually
- Other (list below)

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

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

## **(2) Minimum Rent**

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

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

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

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

Implementation of the Violence Against Women and Justice Department Reauthorization Act 2005. Inkster Housing Commission informed residents of Public Housing, Housing Choice Voucher Programs and owners participating in the Housing Choice Voucher Program of the HUD's requirements. Newsletters were mailed to both public housing and section 8 participants identifying the existing regulations. Newsletters were placed in the checks of owners participating in the Housing Choice Voucher Program. During orientations public housing and section 8 participants receives information in their packages.

IHC supports and assists victims of domestic violence, dating violence, sexual assault, or stalking as well as members of the victim's immediate families from losing rental assistance

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

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

Describe the PHA's management structure and organization.

(select one)

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

## B. HUD Programs Under PHA Management

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

<b>Program Name</b>	<b>Units or Families Served at Year Beginning</b>	<b>Expected Turnover</b>
Public Housing	777	10/month
Section 8 Vouchers	751	60/Year
Section 8 Certificates	N/A	
Section 8 Mod Rehab	N/A	
Special Purpose Section 8 Certificates/Vouchers (list individually)	N/A	
Public Housing Drug Elimination Program (PHDEP)	N/A	
Other Federal Programs(list individually)		

## C. Management and Maintenance Policies

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

(1) Public Housing Maintenance and Management: (list below)

Financial Policies, (Disposition, Investment, Capitalization, Inventory and Check signing) Procurement Procedures/Procurement policy, public Housing Maintenance Plan, Public Housing Admission Policy, Admission & Continued Occupancy Policy(Grievance Procedures), Section 8 Administrative Plan, Personnel Policy Handbook, Public Housing Occupancy Guidebook and Administrative Order #s: 1,2,6,12,14,18,22,26,28,30,36 and 41

(2) Section 8 Management: (list below)

Administrative Plan and CFR 24 Section 903, HUD Handbook 7420 and Housing Quality Standards Inspection Manual.

## 6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

### A. Public Housing

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

If yes, list additions to federal requirements below:

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

### B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

2. Which PHA office should applicants or assisted families contact to initiate the informal review and informal hearing processes? (select all that apply)
- PHA main administrative office
  - Other (list below) 29150 Carlisle (Section 8 Office)

## **7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

The Capital Needs Assessment identified capital improvement needs that are addressed in the Capital Fund Financing Program.

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

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

#### **NARRATIVE**

##### **Dwelling Units with Approval Vacancies Undergoing Capital Fund Financing Program Process**

Vacant Unit Report: Inkster Housing Commission  
Scheduled modernization  
Undergoing Capital Fund Financing Program Process  
149 Units

#### Street Address

29944 PINE STREET 4  
29954 PINE STREET 5  
29970 PINE STREET 6  
29980 PINE STREET 7  
29990 PINE STREET 8  
4165 LOVETT STREET 9  
29971 PIERCE STREET 13  
4144 BURTON STREET 22  
4176 BURTON STREET 24  
29908 PIERCE STREET 25  
29916 PIERCE STREET 26  
29924 PIERCE STREET 27  
29932 PIERCE STREET 28  
30000 PIERCE STREET 33  
30006 PIERCE STREET 34  
30032 PIERCE STREET 39  
30050 PIERCE STREET 42  
30054 PIERCE STREET 43  
30064 PIERCE STREET 45  
30076 PIERCE STREET 47  
30084 PIERCE STREET 48  
30090 PIERCE STREET 49  
4085 KENWOOD AVENUE 50  
30071 PIERCE STREET 53  
30065 PIERCE STREET 54  
30051 PIERCE STREET 56

#### Street Address

4543 BURTON STREET 225  
29948 LIBERTY AVENUE 235  
30010 LIBERTY COURT 244  
30090 LIBERTY COURT 262  
4325 HENRY RUFF 284  
4319 HENRY RUFF 285  
4364 KLINK AVENUE 291  
4352 KLINK AVENUE 292  
4340 KLINK AVENUE 294  
4334 KLINK AVENUE 295  
4308 KLINK AVENUE 297  
4254 KLINK AVENUE 299  
4240 KLINK AVENUE 300  
4383 HICKORY 312  
4379 HICKORY 313  
4373 HICKORY 314  
4341 HICKORY 319  
4356 SPRUCE 334  
4360 SPRUCE 335  
4368 SPRUCE 336  
4384 SPRUCE 338  
4428 SPRUCE 343  
4448 SPRUCE 346  
4417 SPRUCE 351  
4385 SPRUCE 354  
4367 SPRUCE 356

30043 PIERCE STREET 57  
Street Address

30035 PIERCE STREET 58  
30027 PIERCE STREET 59  
30044 PINE COURT 72  
30052 PINE COURT 74  
30056 PINE COURT 75  
30072 PINE COURT 79  
30080 PINE COURT 81  
30091 PINE STREET 82  
30019 PINE STREET 88  
4175 KENWOOD AVENUE 96  
4141 KENWOOD AVENUE 101  
4184 KENWOOD AVENUE 102  
4160 KENWOOD AVENUE 104  
4130 KENWOOD AVENUE 107  
4110 KENWOOD AVENUE 109  
4096 KENWOOD AVENUE 111  
4086 KENWOOD AVENUE 112  
4155 KLINK AVENUE 119  
4181 KLINK AVENUE 120  
4187 KLINK AVENUE 121  
4195 KLINK AVENUE 122  
4215 KLINK AVENUE 123  
4225 KLINK AVENUE 124  
30095 PINE STREET 127  
30111 PINE STREET 131  
30131 PINE STREET 133  
30141 PINE STREET 134  
30161 PINE STREET 136  
30171 PINE STREET 137  
4200 KLINK AVENUE 139  
4165 HENRY RUFF 157  
4159 HENRY RUFF 158  
4153 HENRY RUFF 159  
4129 HENRY RUFF 163  
30110 PIERCE STREET 167  
30150 PIERCE STREET 171  
30170 PIERCE STREET 173  
30200 PIERCE STREET 174  
30210 PIERCE STREET 175  
30241 ANDOVER 183  
30201 ANDOVER 187  
30165 ANDOVER 189  
4021 KENWOOD AVENUE  
4039 KENWOOD AVENUE 195  
4045 KENWOOD AVENUE 196  
4433 MEADOW CIRCLE 216  
4518 MEADOW CIRCLE 217

4359 SPRUCE 357  
Street Address

4355 SPRUCE 358  
4319 SPRUCE 363  
27923 PINE STREET 365  
27919 PINE STREET 366  
27915 PINE STREET 367  
4336 HENRY 372  
4344 HENRY 373  
4348 HENRY 374  
4333 HENRY 376  
4321 HENRY 378  
27741 PINE STREET 380  
27707 LEHIGH 381  
27649 LEHIGH 383  
27645 LEHIGH 384  
27641 LEHIGH 385  
27637 LEHIGH 386  
27629 LEHIGH 387  
4416 MOORE AVENUE 391  
4420 MOORE AVENUE 392  
4551 MOORE COURT 415  
4531 MOORE COURT 419  
4523 MOORE COURT 421  
4546 MOORE AVENUE 428  
4549 MOORE AVENUE 441  
4545 MOORE AVENUE 442  
4530 INKSTER ROAD 457  
27423 LEHIGH 468  
27519 LEHIGH 471  
27523 LEHIGH 472  
27527 LEHIGH 473  
27531 LEHIGH 474  
27468 MOORE CIRCLE 491  
27456 MOORE CIRCLE 493  
27438 MOORE CIRCLE 497  
27434 MOORE CIRCLE 498  
27430 MOORE CIRCLE 499  
27426 MOORE CIRCLE 500  
4301 HARRIET - 2A 702  
30165 CARLYSLE 744  
30182 CARLYSLE 751  
30206 CARLYSLE 760  
30223 CARLYSLE 767  
30303 CARLYSLE 794  
30311 CARLYSLE 796  
30312 CARLYSLE 797  
30354 CARLYSLE 809  
3965 HENRY RUFF 856

4563 BURTON STREET 223

Vacant Unit Report: Inkster Housing Commission  
Scheduled modernization  
100 Units

Street Address

Street Address

2000 INKSTER ROAD 601  
2000 INKSTER ROAD 602  
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**(1) Capital Fund Program Annual Statement**

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

Select one:

The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Capital Fund Tables FY 2009

-or-

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

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

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

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

b. If yes to question a, select one:

The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

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

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

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

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-1	Lemoyne Gardens	110	58%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Replacement of Concrete Patio As needed		25,000	2010
Replace Exterior Doors & Frames As needed		75,000	2010
Replace Storm Doors As Needed		75,000	2010
Upgrade electrical panel Boxes		75,000	2011
Install Window Unit A/C Sleeves		139,000	2011
Evaluate & Reconnect Electrical Taps Connections		75,000	2011
Replace Front & Rear Canopy Roofs		100,000	2012
Security fencings		100,000	2013
<b>Total estimated cost over next 5 years</b>		<b>\$664,000</b>	
<b>PHA WIDE:</b>			
Tree Trimming/Pruning & Removal		25,000	2010
Replacement of Roof (Maintenance Garage)		15,000	2010
Replace AC/HAV Units (Simmons Center)		100,000	2010
Capital Fund Securitization		408,586	2010
Install Street Curb Cuts		50,000	2010
Replace distressed pavement lots		300,000	2010
Replace Pushomatic Circuit Breaker Panel		40,000	2010
Over head door replacement (Maintenance Garage)		5,000	2010
Over Head Door Operator (maintenance Garage)		1,500	2010
Heater Unit Replacement (Maintenance Garage)		5,000	2010
Exterior Painting & Caulking (mini-police center)		2,500	2010
Renovate wall & Ceilings (mini-police center)		500	2010
Sidewalk replacements Grinding & replacement As needed		25,000	2010
Management Improvement Staff Training		25,000	2010
Management Improvement (Security Services)		225,000	2010
<b>Total estimated cost over next 5 years</b>		<b>\$1,228,086</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (Or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-2	Lemoyne Gardens	31	34%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Security fencing		100,000	2010
Upgrade electrical panel boxes		75,000	2011
Replacement of Concrete Patio As needed		25,000	2011
Replace Exterior Doors & Frames		75,000	2011
Replace Storm Doors As Needed		75,000	2011
Evaluate & Reconnect Electrical Taps Connections		75,000	2011
Install Window Unit A/C Sleeves		75,000	2011
Replace Front & Rear Canopy Roofs		\$100,000	2012
<b>Total estimated cost over next 5 years</b>		<b>600,000</b>	
<b>PHA WIDE:</b>			
Kitchen Appliances		100,000	2011
Power washer for appliances cleaning		500	2011
Management Improvement (Security Services)		225,000	2011
Capital Fund Securitization		408,586	2011
Management Improvement Staff Training		25,000	2011
<b>Total estimated cost over next 5 years</b>		<b>\$759,086</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-3	Demby Terraces	77	42%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Demby Center Floor Replacement		25,000	2010
Exterior Caulking (Lehigh Center)		7,5000	2010
Install Window Unit A/C Sleeves		184,000	2011
Upgrade electrical panel boxes		75,000	2011
Security fencing		100,000	2011
Security Light Replacements		25,000	2011
Evaluate & Reconnect Electrical Taps Connections (Demby)		75,000	2011
Replacement of Concrete Patio As needed		25,000	2011
504 Conversions (4brs)		100,000	2012
Replace Exterior Doors & Frames		75,000	2012
Replace Front & Rear Canopy Roofs		184,000	2012
Replace Storm Doors As Needed		75,000	2012
<b>Total estimated cost over next 5 years</b>		<b>\$1,018,000</b>	
<b>PHA WIDE:</b>			
Upgrade electrical infrastructure		10,000	2012
Security Light replacement		25,000	2012
Replace Pushomatic Circuit Breaker Panels		25,000	2012
Management Improvement (Security Services)		250,000	2012
Capital Fund Securitization		408,586	2012
Management Improvement Staff Training		25,000	2012
Accumulation Funds for Capital Improvement of Dwelling Units		340,015	2010
<b>Total estimated cost over next 5 years</b>		<b>\$1,083,601</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-4	Twin Towers	104	65%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Remove underground storage tank		30,000	2000
Land erosion control/trees removal		5,000	2010
Install Landscaping		20,000	2000
Replace tile in common areas and restrooms		20,000	2010
Resurface parking lot & repair drain catch basins With Site Lighting		125,000	2011
Renovate Chapel & Game Rooms		20,000	2011
Replace Generator Transfer Switch		9,000	2011
Replace Center Air Conditioning Unit		15,000	2011
<b>Total estimated cost over next 5 years</b>		<b>\$244,000</b>	2013
<b>PHA Wide:</b>			
Management Improvement (Security Services)		250,000	2012
Management Improvement Staff Training		25,000	2012
Capital Fund Securitization		408,586	2012
Accumulation Funds for Capital Improvement of Dwelling Units.		300,000	2012
Landscaping		150,000	2010
<b>Total estimated cost over next 5 years</b>		<b>\$1,133,586</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-5	Canterbury Woods	4	17%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Replace Carpet Flooring		120,000	2010
Bathroom renovations		120,000	2012
Resurface Parking lot & repair drain catch basins		75,000	2013
<b>Total estimated cost over next 5 years</b>		<b>\$315,000</b>	
<b>PHA Wide:</b>			
Door lock cores conversion		385,000	2013
Install Attic Insulation		250,000	2013
Clean duct work systems		155,000	2013
Management Improvement (Security Services)		250,000	2012
Management Improvement Staff Training		25,000	2012
Capital Fund Securitization		408,586	2012
Accumulation Funds for Capital Improvement of Dwelling Units.			2012
<b>Total estimated cost over next 5 years</b>		<b>\$1,473,586</b>	

Optional 5-Year Action Plan Tables			
Development Number	Development Name (or indicate PHA wide)	Number Vacant Units	% Vacancies in Development
MI 27-6	Parkside Estates	34	25%
Description of Needed Physical Improvements or Management Improvements		Estimated Cost	Planned Start Date (HA Fiscal Year)
Install trash bin landings		20,000	2010
Replace wooden porches		350,000	2010
Security Light Replacements		5,000	2010
Bathroom renovations		125,000	2011
<b>Total estimated cost over next 5 years</b>		<b>\$500,000</b>	
<b>PHA WIDE:</b>			
Purchase Sanitation vehicle		100,000	2013
Purchase Boom Lift Truck		75,000	2013
Replacement of electrical outlets, GFI outlets & light switches		7,000	2013
Window Replacement (Maintenance Office)		15,000	2013
Window Replacement (Administration Office)		20,000	2013
Replacement of Roof (Demby Center)		10,000	2013
Replacement of Roof (Simmons Center)		20,000	2013
Capital Fund Securitization		408,586	2013
Replace Grasshopper Tractor/Lawn Equipments		10,000	2013
Management Improvement (Security Services)		250,000	2013
Management Improvement (Computers)		150,000	2013
Replacement of Telephone System		50,000	2013
Install wired Smoke Detector System		50,000	2013
<b>Total estimated cost over next 5 years</b>		<b>\$1,165,586</b>	

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

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

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

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

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

- Yes  No: d) Will the PHA be engaging in any mixed-finance development activities for public housing in the Plan year?  
If yes, list developments or activities below:  
The Inkster Group Inc. will solicit Legal Services for technical assistance. Work with Developer Partner to submit a LIHTC Application to MSHDA.

- Yes  No: e) Will the PHA be conducting any other public housing development or replacement activities not discussed in the Capital Fund Program Annual Statement?  
If yes, list developments or activities below:  
Accumulate Replacement Housing Factor Funds for future Homeownership opportunities for public housing families

## **Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

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

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>
1a. Development name: Twin Towers Development 1b. Development (project) number: MI28P27-04
2. Designation type: Occupancy by only the elderly <input checked="" type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input checked="" type="checkbox"/> Planned application <input type="checkbox"/>
4. Date this designation approved, submitted, or planned for submission: (09/23/08)
5. If approved, will this designation constitute a (select one) <input type="checkbox"/> New Designation Plan <input checked="" type="checkbox"/> Revision of a previously-approved Designation Plan?
6. Number of units affected: 160 7. Coverage of action (select one) <input type="checkbox"/> Part of the development <input checked="" type="checkbox"/> Total development

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

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

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

(date submitted or approved:)

- Requirements no longer applicable: vacancy rates are less than 10 percent
- Requirements no longer applicable: site now has less than 300 units
- Other: (describe below)

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

- a. How many of the PHA developments are subject to the Required Initial Assessments? Five
- b. How many of the PHA developments are not subject to the Required Initial Assessments based on exemptions (e.g., elderly and/or disabled developments not general occupancy projects)? One
- c. How many Assessments were conducted for the PHA covered developments? Five
- d. Identify PHA developments that may be appropriate for conversion based on the Required Initial Assessments:  
None of the developments are appropriate for Converting public housing to tenant-based assistance.

**B.** The initial assessment of converting the public housing stock to tenant-based assistance is inappropriate for Inkster Housing Commission for the following reasons: After a review of each development's operation as public housing units, while considering converting the housing stock to tenant-based assistance. IHC have concluded that such a conversion is inappropriate for the following reasons:

- 1) All public housing units will be renovated using the Capital Fund Financing Program during, 2008-09. In-addition 2000 Census indicated that the Median Contract Rent was \$449.00 with (18) % of households in poverty. The majority of the families would not be able to afford tenant-based assistance.
- 2) Currently, the majority of the residents remain in public housing to receive subsidized rents and utilities allowances due to limited monthly incomes. Tenant-based rent would require public housing residents to pay a larger portion of their income for rent and utility bills, which further reduce residents' ability to afford basis household necessities. There are no benefits for low-income families to receive tenant-based assistance at this time.
- 3) Secondly, Tenant-Based Assistance, if provided to public housing residents, would most likely be ported to surrounding cities that offer larger supply of rental properties to meet their needs of larger bedrooms-type housing.
- 4) Many of the local developers provides low-interest loans to first time homebuyers if they purchase newly built homes in the city of Inkster, many of the public housing residents have expressed interest in becoming homeowners through the low-interest homeownership program but, are unable to save enough money for the down payment with limited credit available.

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

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

[24 CFR Part 903.7 9 (k)]

**A. Public Housing**

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

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

2. Activity Description

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

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

## B. Section 8 Tenant Based Assistance

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

### 2. Program Description:

#### a. Size of Program

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

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

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

#### b. PHA-established eligibility criteria

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

If yes, list criteria below:

## **12. PHA Community Service and Self-sufficiency Programs**

[24 CFR Part 903.7 9 (1)]

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

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

#### 1. Cooperative agreements:

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

If yes, what was the date that agreement was signed? 10/14/2003

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

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

**B. Services and programs offered to residents and participants**

**(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
<i>Employment &amp; Training Designs Inc.</i>	<i>Open</i>	<i>Referrals</i>	<i>EDT</i>	<i>Both</i>
Wayne County Community College	Open	Resident Workshops	Resident Council Office	Public Housing

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

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: 08/01/08)
Public Housing		
Section 8	24	0

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

If no, list steps the PHA will take below:

**C. Welfare Benefit Reductions**

1. The PHA is complying with the statutory requirements of section 12(d) of the U.S. Housing Act of 1937 (relating to the treatment of income changes resulting from welfare program requirements) by: (select all that apply)

- Adopting appropriate changes to the PHA's public housing rent determination policies and train staff to carry out those policies
- Informing residents of new policy on admission and reexamination
- Actively notifying residents of new policy at times in addition to admission and reexamination.
- Establishing or pursuing a cooperative agreement with all appropriate TANF agencies regarding the exchange of information and coordination of services
- Establishing a protocol for exchange of information with all appropriate TANF agencies
- Other: (list below)

**D. Reserved for Community Service Requirement pursuant to section 12(c) of the U.S. Housing Act of 1937**

COMMUNITY SERVICE AND SELF SUFFICIENCY POLICY

**A. Background**

The Quality Housing and Work Responsibility Act of 1998 requires that all non-exempt (see definitions) public housing adult's residents (18 or older) contribute Eight (8) hours per month of community service (volunteer work) or practice in Eight (8) hours of training, counseling, classes or other activities to assist an individual toward self-sufficiency and/or economic independence. Residents are required to participate in Community Service or Self Sufficiency programs to continue as residents of public housing.

**B. Definitions**

**Community Service-** volunteer work which includes, but is not limited to:

- Work at a local institutions such as: school child care center, hospital, hospice, recreation center, senior center, adult day care center, homeless shelter, indigent feeding program, cooperative food bank, etc.;
- Work with a non-profit organization that serves PHC residents or their children such as Boy Scouts, Girl Scouts, Boys and Girls Clubs, 4-H program, PAL, garden clubs, community clean-up programs, beautification programs, other youth/senior organizations;
- Helping neighborhood groups with special projects;
- Working through resident organization to help other residents with problems, serving as an officer in a Resident organization, serving on the Resident Advisory Board; and
- Caring for the children of other residents so they may volunteer.

**Note: Political activity is excluded.**

**Self Sufficiency Activities-** activities that include, but are not limited to:

- Job readiness programs:
- Job training programs:
- GED classes:
- Substance abuse or mental health counseling:
- English proficiency or literacy (reading) classes:
- Apprenticeships:
- Budgeting and credit counseling:
- Any kind of class that helps a person toward economic independence; and
- Full time student status at any school, college or vocational school.
- Provide names and contacts at agencies that can provide opportunities for residents, including disabled, to fulfill their Community Service obligations. (According to the Quality Housing and Work Responsibility Act, a disabled person who can otherwise be gainfully employed is not necessarily exempt from the Community Service requirement): and
- Provide in-house opportunities for volunteer work or self sufficiency programs.

2. The IHC will provide the family with exemption verification forms and Recording/Certification documentation forms and a copy of this policy at initial application and at lease execution.
3. The IHC will make the final determination as to whether or not a family member is exempt from the Community Service requirement. Residents may use the IHC Grievance Procedure if they disagree with the IHC determination.
4. Noncompliance of family member:
  - At lease thirty (30) days prior to annual re-examination and /or lease exemption, the IHC will begin reviewing the exempt or non-exempt status and compliance of family members;
  - If the IHC finds a family member to be noncompliant, the IHC will enter into an agreement with the noncompliant member and the Head of household to make up the deficient hours over the next twelve (12) month period;
  - If, at the next annual re-examination, the family member still is not compliant, the lease will not be renewed and the entire family will have to vacate, unless the noncompliant member agrees to move out of the unit;
  - The family may use the IHC's Grievance Procedure to protest the lease termination.

## AGENCY AGREEMENT

Name Agency: \_\_\_\_\_

**The above agency agrees to participate in the U.S. Department of Housing and Urban Development's (HUD) Quality Housing and Work Responsibility Act of 1998. This Act requires that all non-exempt public housing adult resident 18 or older that do not contribute to their monthly rental payments must participate in the Community Service or Self-Sufficiency Requirements. The requirement is that every adult resident contribute eight (8) hours of community service each month or Self-sufficiency Activities.**

**We thank you for your agency's partnership with the Inkster Housing Commission in providing a site for the residents to participate in obtaining their 8 hours of service to the community.**

---

**Signature**

**Title**

**Phone Number**

**Date**

### **13. PHA Safety and Crime Prevention Measures**

[24 CFR Part 903.7 9 (m)]

Exemptions from Component 13: High performing and small PHAs not participating in PHDEP and Section 8 Only PHAs may skip to component 15. High Performing and small PHAs that are participating in PHDEP and are submitting a PHDEP Plan with this PHA Plan may skip to sub-component D.

#### **A. Need for measures to ensure the safety of public housing residents**

1. Describe the need for measures to ensure the safety of public housing residents (select all that apply)

- High incidence of violent and/or drug-related crime in some or all of the PHA's developments
- High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
- Residents fearful for their safety and/or the safety of their children
- Observed lower-level crime, vandalism and/or graffiti
- People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
- Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

- Safety and security survey of residents
- Analysis of crime statistics over time for crimes committed “in and around” public housing authority
- Analysis of cost trends over time for repair of vandalism and removal of graffiti
- Resident reports
- PHA employee reports
- Police reports
- Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
- Other (describe below)

3. Which developments are most affected? (list below) (All developments are equally affected).

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

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

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

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

**C. Coordination between PHA and the police**

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

- Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
- Police provide crime data to housing authority staff for analysis and action
- Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
- Police regularly testify in and otherwise support eviction cases
- Police regularly meet with the PHA management and residents
- Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
- Other activities (list below)

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

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

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

- Yes  No: Is the PHA eligible to participate in the PHDEP in the fiscal year covered by this PHA Plan?
- Yes  No: Has the PHA included the PHDEP Plan for FY 2009 in this PHA Plan?
- Yes  No: This PHDEP Plan is an Attachment. (Attachment Filename: \_\_\_\_)

## **14. RESERVED FOR PET POLICY**

[24 CFR Part 903.7 9 (n)]

### **PET POLICY**

*The Pet Ownership Policy was adopted in relationship to the agency's intent to provide a decent, safe and sanitary living environment for all tenants to protect and preserve the physical condition of the property.*

### **PET OWNERSHIP POLICY**

#### **1. INTRODUCTION**

*A. This section explains Management's policies on the keeping of pets and any criteria or standards pertaining to the policy. The rules are adopted in relationship to Management's intent to provide a decent, safe and sanitary living environment for all Residents, to protecting and preserving the physical condition of the property, and the financial interest of Management.*

#### **2. MANAGEMENT APPROVAL OF PETS**

##### **A. Registration of Pets:**

**Residents must submit their request for a pet in writing and enter into a Pet Agreement with the Agency. All pets must be approved in advance and registered with agency management before they are brought onto the premises.**

**Pet Registration includes:**

- 1. Current license for the pet in compliance with local ordinances and requirements.**
- 2. Certificate signed by a licensed veterinarian or State/local authority that the pet has received all inoculations required by State or local law, and that the pet has no communicable disease(s) and is pest-free.**
- 3. Dogs and cats must be spayed or neutered.**
- 4. Execution of a Pet Agreement with the Agency stating that the tenant acknowledges complete responsibility for the care and cleaning of the pet.**
- 5. Registration must be renewed and will be coordinated with the annual recertification date.**
- 6. Approval for the keeping of a pet shall not be extended pending the completion of these requirements.**

##### **B. Refusal to Register Pets:**

**If the Agency refuses to register a pet, a written notification will be sent to the pet owner stating the reason for denial and shall be served in accordance with HUD Notice requirements. The notice of refusal may be combined with**

**a notice of a pet violation. The Agency will refuse to register a pet if:**

**The pet is not a common household pet as defined in this policy;**

- 1. Keeping the pet would violate any House Pet Rules;**
- 2. The pet owner fails to provide complete pet registration information, or fails to update the registration annually;**
- 3. Management reasonable determines that the pet owner is unable to keep the pet in compliance with the pet rules and other lease obligations. The pet's temperament and behavior may be considered as a factor in determining the pet owner's ability to comply with provisions of the lease.**

**C. A Resident who cares for another resident's pet must notify Management and agrees to abide by all of the pet rules in writing.**

### **3. STANDARDS FOR PETS**

#### **A. Persons with Disabilities:**

**Pet rules will be applied to animals that assist persons with disabilities. To be eligible for the reduced pet deposit for disabled resident owners, the resident/pet owner must certify:**

- 1. That there is a person with disabilities in the household;**
- 2. That the animal has been trained to assist with the specified disability;**  
**and**
- 3. That the animal actually assists the person with the disability.**

#### **B. Types of Pets Allowed**

**Tenants are not permitted to have more than one type of pet. If an approved pet gives birth to a litter, the Resident must remove all pets from the premises except one. A resident may keep no types of pets other than the following:**

##### **1. Dogs (Pit Bulls and Rottweiler will NOT be allowed under any circumstances)**

- a. Maximum number: One (1)**
- b. Maximum adult weight: 15 pounds**
- c. Must be housebroken**
- d. Must be spayed or neutered**
- e. Must have all required inoculations**
- f. Must be licensed as specified now or in the future by State law and local ordinance.**

##### **2. Cats**

- g. Maximum number: One (1)**
- h. Maximum adult weight: 15 pounds**
- i. Must be declawed**

- j. Must be spayed or neutered**
- k. Must have all required inoculations**
- l. Must be trained to use a litter box or other waste receptacle**
- m. Must be licensed as specified now or in the future by State or local ordinance**

**3. Birds**

- n. Maximum number: Two (2)**
- o. Must be enclosed in a cage at all times**

**4. Fish**

- p. Maximum aquarium size: 75 gallons**
- q. Must be maintained on an approved stand**

**5. Rodents (Guinea pigs, hamsters, or gerbils ONLY)**

- r. Maximum number: Two (2)**
- s. Must be enclosed in an acceptable cage at all times**
- t. Must have any or all inoculations as specified now or in the future by State law or local ordinance**

**6. Turtles**

- u. Maximum number: Two (2)**
- v. Maximum adult weight: 5 pounds**
- w. Must be enclosed in an acceptable cage or container at all times**

**4. PETS TEMPORARILY ON THE PREMISES**

- A. Pets, which are not owned by a Resident, will not be allowed.  
Residents are prohibited from feeding or harboring stray animals.**

**5. DESIGNATION OF PET/NO-PET AREAS**

- A. Pets will not be allowed in Housing Offices, Community Centers, and Maintenance Shops/areas.**

**6. ADDITIONAL FEES AND DEPOSITS FOR PETS**

- A. The resident/pet owner shall be required to pay a \$300.00 for dog or cat, \$150.00 for birds, fish, rodents and turtles not to exceed the maximum number of animals allowed by IHC which are refundable Pet Deposit for the purpose of defraying all reasonable costs directly attributable to the presence of a pet. The Pet Deposit must be received by the Agency on or prior to the date the pet is properly registered and brought into the assisted unit. The Agency reserves the right to change or increase the required deposit by amendment to these rules.**

## **7. ALTERATIONS TO UNIT**

- A. Residents/pet owners shall not alter their unit, patio, premises or common areas to create an enclosure for any animal.**

## **8. PET WASTE REMOVAL CHARGES**

- A. Resident/pet owner is responsible for all pet waste from the assisted unit and surrounding areas. Pet deposit and pet waste removal charges are not part of rent payable by the resident. All reasonable expenses incurred by the Agency as the result of damages directly attributable to the presence of the pet will be the responsibility of the resident, including:**
  - 1. Cleaning and related waste removal;**
  - 2. The cost of repairs and replacements to the dwelling unit;**
  - 3. Fumigation of the dwelling unit.**
  - 4. If the Resident is in occupancy when such costs occur. The Resident shall be billed for such costs as a current charge. If such expenses occur as the result of a move-out inspection, they will be deducted from the pet deposit. The Resident will be billed for any amount, which exceeds the pet deposit. The pet deposit will be refunded when the resident moves out or no longer have a pet on the premises, whichever occurs first. The expense of flea disinfestations shall be the responsibility of the resident.**

## **9. PET AREA RESTRICTIONS**

- A. Pets must be maintained within the resident's unit. When outside of the unit (within the building or on the grounds) dogs and cats must be kept on a leash or carried and under the control of the resident or other responsible individual at all times.**
- B. Pets are not permitted in common areas including community rooms and laundry areas.**

## **10. NOISE**

- A. Pet owners must agree to control the noise of pets so that such noise does not constitute nuisance to other residents or interrupt their peaceful enjoyment of their housing unit or premises. This includes, but is not limited to loud or continuous barking, howling, whining, biting, scratching, chirping, or other such activities.**

## **11. CLEANLINESS REQUIREMENTS**

### **A. Litter Box Requirements:**

- 1. All animal waste or the litter from litter boxes shall be picked up immediately by the pet owner, disposed of in sealed plastic trash bags, and placed in a trash bin.**
- 2. Litter shall not be disposed of by being flushed through a toilet.**
- 3. Litter boxes shall be stored inside the resident's dwelling unit.**

### **B. Removal of Waste from Other Locations.**

- 1. The Resident/Pet Owner shall be responsible for the removal of any/all waste deposited by pets from the premises by placing it in a sealed plastic bag and disposing of it in an outside trash bin/other container provided by the Owner.**
- 2. Any unit occupied by any pet will be fumigated at the time the unit is vacated.**
- 3. The resident/pet owner shall take adequate precautions to eliminate any pet odors within or around the unit and to maintain the unit in a sanitary condition at all times.**

## **12. PET CARE**

- A. No pet (excluding fish) shall be left unattended in any apartment for a period in excess of twenty-four (24) hours.**
- B. All residents/pet owners shall be responsible for adequate care, nutrition, exercise and medical attention for his/her pet.**
- C. Residents/pet owners must recognize that other residents may have chemical sensitivities or allergies related to pets, or may be easily frightened or disoriented by animals. Pet owners must agree to exercise courtesy with respect to other residents.**

## **13. RESPONSIBLE PARTIES**

- A. At the time the pet is Registered with the Agency, the resident/pet owner will be required to designate two responsible parties for the care of the pet if the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render**

the pet owner unable to care for the pet.

#### **14. INSPECTIONS**

- A. The Agency may, after reasonable notice to the tenant during reasonable hours, enter and inspect the premises, in addition to other inspections allowed.**

#### **15. PET RULE VIOLATIONS**

**A. Pet Rule Violation Notice**

1. If a determination is made on objective facts supported by written statements, that a resident/pet owner has violated the Pet Rule Policy, written notice will be served.

**The Notice will contain a brief statement of the factual basis for the determination and the pet rule(s), which were violated. The notice will also state:**

- 1. That the resident/pet owner has three (3) days from the effective date of the service of notice to correct the violation or make written request for a meeting to discuss the violation.**
- 2. That the resident pet owner is entitled to be accompanied by another person of his or her choice at the meeting.**
- 3. That the resident/pet owner's failure to correct the violation, request a meeting, or appear at a requested meeting may result in initiation of procedures to terminate the pet owner's tenancy.**
- 4. If the pet owner requests a meeting within the three (3) day period, the meeting will be scheduled no later than five (5) calendar days before the effective date of service of the notice, unless the pet owner agrees to a later date in writing.**

#### **16. NOTICE FOR PET REMOVAL**

- A. If the resident/pet owner and the Agency are unable to resolve the violation at the meeting or the pet owner fails to correct the violation in the time period allotted by the Agency, the Agency may serve notice to remove the pet. The Notice shall contain:**
- 1. A brief statement of the factual basis for the Agency's determination of the Pet Rule that has been violated;**
  - 2. The requirement that the resident/pet owner must remove the pet within forty-eight (48) hours of the notice; and,**
  - 3. A statement that failure to remove the pet may result in the initiation of termination of tenancy procedures.**

## **17. TERMINATION OF TENANCY**

- A. Management may initiate procedures for termination of tenancy based on a pet rule violation if:**
  - 1. The pet owner has failed to remove the pet or correct a pet rule violation within the time period specified; and,**
  - 2. The pet rule violation is sufficient to begin procedures to terminate tenancy under terms of the lease.**

## **18. PET REMOVAL**

- A. If the health or safety of the pet is threatened by the death or incapacity of the pet owner, or by other factors that render the owner unable to care for the pet, (includes pets who are poorly cared for or have been left unattended for over twenty-four (24) hours) the situation will be reported to the Responsible Parties designated by the resident/pet owner.**
- B. If the responsible party is unwilling or unable to care for the pet, or if the Agency after reasonable efforts cannot contact the responsible party, the Agency may contact the appropriate State or local agency and request the removal of the pet.**

## **19. EMERGENCIES**

- A. Management will take all necessary steps to ensure that pets, which become vicious, display symptoms of severe illness, or demonstrate behavior that constitutes an immediate threat to the health or safety of others, are referred to the appropriate State or local entity authorized to remove such animals.**

## **15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment (File name)  
 Provided below: See Advisory Board Comments
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below: See Advisory Board Comments  
 Other: (list below) Mail letters to residents seeking additional input from residents. Posted PHA Plan in main office to receive residents' comments

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

1.  Yes  No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)
  
2.  Yes  No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

#### 3. Description of Resident Election Process

##### a. Nomination of candidates for place on the ballot: (select all that apply)

- Candidates were nominated by resident and assisted family organizations
- Candidates could be nominated by any adult recipient of PHA assistance
- Self-nomination: Candidates registered with the PHA and requested a place on ballot
- Other: (describe)

##### b. Eligible candidates: (select one)

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

c. Eligible voters: (select all that apply)

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

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

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

1. Consolidated Plan jurisdiction: (Wayne County, Michigan)

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

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

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

## D. Other Information Required by HUD

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

### Attachments

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

Resident member of the Board of Commissioners:

Ms. Angeline MaGee (Resigned 08/26/08)

4443 Hickory  
Inkster, Mi 48141

Resident Advisory Board Members:

Bobbie Wallace  
James Orr Jr.  
Rosita Payne  
Samuel Payne  
Lois Jeffrey  
Andre Price  
Evenly Jones  
Ebony Hill  
Karitsa Harris (Section 8)  
Shawn White-patrick

July 31, 2008

RE: 2009 Agency Plan  
Capital Fund Program: Improvements IHC should consider for fiscal year 2009

Attendances: **Inkster Housing Commission:**  
Tony L. Love (Executive Director)  
Michael Fuller (Resident Coordinator)  
Ernestine Williams (Housing Commissioner)

**Inkster Housing Resident Advisory Board:**  
Bobbie Wallace, (President of the Resident Council) James Orr,  
(Public Housing Resident Participant) Samuel Payne (Public  
Housing Resident Participant) Lois Jeffrey (Public Housing  
Resident Participant) and Shaw White-Patrick (Section 8  
Participant)

Work Activities: Inkster Housing Commission Capital Fund Program for **fiscal Year 2009** contains the following work items as capital improvements throughout the public housing developments:

**PHA-Wide**

Capital Fund program Securitization (Debt Service)

Appliances

Management Improvements (security Services)

Management Improvements (staff training)

CFFP & CFP Renovation Units

Operation

Relocation Activities

**MI 27-3**

Flooring with Shoe Molding

## Residents Questions (07/31/08)

1. Question: Which developments will be renovated with the loan from Fannie Mae?

Answer: Three developments will be renovated Lemoyne Gardens Demby Terrace and Parkside.

2. Question: How will residents be relocated?

Answer: Inkster Housing Commission will relocate families under the Uniform Relocation Act (URA) and all expenses related to the relocation will be paid by IHC.

3. Question: How will fiscal year 2009 Capital Fund Program funds be used in relationship with the loan through Fannie Mae?

Answer: A portion of the fiscal year 2009 Capital Fund Program funds will be used as contingency funding for the CFFP renovation work.

4. Question: Will the roof repairs be done properly and will IHC have someone watching over their work?

Answer: Yes, Richard Brown will be the project manager and the Mark Cryderman will be the Architect. Mr. Brown will be on site each day and making notes.

5. Question: Will residents be afforded employment opportunities?

Answer: Yes, contractors will be encouraged to hire residents as a Section 3 requirement and IHC staff will work with residents and the contractors in an effort to assist residents.

6. Question: Are there a person to check on the seniors living at Twin Towers, if they have not been out of their apartment in a day or two?

Answer. IHC staff checks the senior's apartment, if they have not been seen by other residents.

Meeting Adjourned

**PHA Plan  
Table Library**

**Component 7**

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

**Annual Statement**

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

Capital Fund Grant Number MI28P02750109 FFY of Grant Approval: (01/01/2009)

Original Annual Statement

Line No.	Summary by Development Account	Total Estimated Cost
1	Total Non-CGP Funds	
2	1406 Operations	0
3	1408 Management Improvements (soft cost)	225,000
	Management Improvements (hard cost)	5,000
4	1410 Administration	40,000
5	1411 Audit	
6	1415 Liquidated Damages	
7	1430 Fees and Costs	120,000
8	1440 Site Acquisition	
9	1450 Site Improvement	
10	1460 Dwelling Structures	445,676
11	1465.1 Dwelling Equipment-Nonexpendable	50,000
12	1470 Nondwelling Structures	
13	1475 Nondwelling Equipment	
14	1485 Demolition	
15	1490 Replacement Reserve	
16	1492 Moving to Work Demonstration	
17	1495.1 Relocation Costs	45,000
18	1498 Mod Used for Development	
	9000 Collaterization or Debt Service	408,586
19	1502 Contingency	
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	1,339,262
21	Amount of line 20 Related to LBP Activities	
22	Amount of line 20 Related to Section 504 Compliance	
23	Amount of line 20 Related to Security	
24	Amount of line 20 Related to Energy Conservation Measures	

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

Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Total Estimated Cost
PHA-WIDE	<u>OPERATIONS</u>	1406	
	A. Operations		<u>0</u>
	SUB TOTAL		0
	-		
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408	-
	A. Management Improvement (Security)		225,000
	(Staff/Management Training		<u>5,000</u>
	SUB TOTAL		230,000
	-		
PHA-WIDE	<u>Administration</u>	1410	-
	A. Modernization Coordinator &		<u>40,000</u>
	Fringe Benefits		-
	SUB TOTAL		40,000
	-		
PHA-WIDE	<u>FEES AND COSTS</u>	1430	-
	A. A&E fees and related costs		<u>120,000</u>
	SUB TOTAL		120,000
	-		
	<u>DWELLING STRUCTURES</u>	1460	-
MI027-3	Accumulation/ flooring with shoe molding		<u>105,661</u>
	SUB TOTAL		105,661
	<u>DWELLING STRUCTURES</u>	1460	-
PHA-WIDE	CFFP Renovation Units		<u>340,015</u>
	SUB TOTAL		340,015
	-		
PHA-WIDE	<u>DWELLING EQUIPMENT- NONEXPENDABLE</u>	1465	-
	Appliances		<u>50,000</u>
	SUB TOTAL		50,000
	-		
PHA-WIDE	<u>RELOCATION COSTS</u>	1495.1	<u>45,000</u>
	SUB TOTAL		45,000
	-		
PHA-WIDE	<u>Capital Funds Securitization/Debt Services</u>	9000	<u>408,586</u>
	SUB TOTAL		408,586
	<b>GRAND TOTAL</b>		<b><u>1,339,262</u></b>

**Annual Statement**

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

Development Number/Name HA-Wide Activities	All Funds Obligated (Quarter Ending Date)	All Funds Expended (Quarter Ending Date)
<b>PHA-WIDE</b>		
CFFP Dwelling Structures	07/18/11	07/18/13
Capital fund Securitization/Debt Services	07/18/11	07/18/13
Dwelling Equipment- Nonexpendable	07/18/11	07/18/13
Operations	07/18/11	07/18/13
Management Improvements	07/18/11	07/18/13
Administration	07/18/11	07/18/13
Fees and Costs	07/18/11	07/18/13

**Annual Statement/Performance and Evaluation Report**

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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:	<b>MI28 P027 501 04</b>	Federal FY of Grant <b>2004</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number One  
 Final Performance and Evaluation Report     
  Performance & Evaluation Report for Program Year Ending **06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	158,780	158,780	158,780	158,780
3	1408 Management Improvements Soft Costs	285,118	285,118	285,118	285,118
	Management Improvements Hard Costs				
4	1410 Administration	0	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	157,456	157,456	157,456	157,456
8	1440 Site Acquisition				
9	1450 Site Improvement	82,320	82,320	82,320	82,320
10	1460 Dwelling Structure	806,689	850,785	850,785	806,689
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	60,229	16,133	16,133	16,133
18	1498 Mod used for Development				
19	1502 Contingency				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>1,550,592</b>	<b>1,550,592</b>	<b>1,550,592</b>	<b>1,506,496</b>
21	Amount of Line 20 related to LBP Activities				
22	Amount of Line 20 related to Section 504 Compliance				
23	Amount of Line 20 related to Security - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date  
**X**  
 Tony L. Love, Executive Director

Signature of Public Housing Director and Date  
**X**

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:					MI28 P027 501 04		Federal FY of Grant: <b>2004</b>
Development Number/Name	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost Original      Revised		Total Actual Cost Funds      Funds Obligated      Expended		Status of Work	
MI 27-1	<u>SITE IMPROVEMENTS</u>	1450							
	Install Parking Lots		5 Lots	0	0	0	0	moved fy 2005	
	SUB TOTAL			0	0	0	0		
MI 27-2	<u>SITE IMPROVEMENTS</u>	1450							
	Install Parking Lots		2 Lots	0	0	0	0	moved fy 2005	
	SUB TOTAL			0	0	0	0		
MI 27-3	<u>SITE IMPROVEMENTS</u>	1450							
	Install Parking Lots		4 Lots	0	0	0	0	moved fy 2005	
	SUB TOTAL			0	0	0	0		
MI 27-3	<u>DWELLING STRUCTURES</u>	1460							
	Upgrade Electrical Roof Raisers		16 Blgs.	45,926	45,926	45,926	45,926		
	SUB TOTAL			45,926	45,926	45,926	45,926		
MI 27-4	<u>DWELLING STRUCTURES</u>	1460							
	Exterior Building Recondition			59,860	58,180	58,180	58,180		
	Exterior Brick Repair			0	44,096	44,096	0		
	North Tower Renovation			110,000	110,000	110,000	110,000		
	SUB TOTAL			169,860	212,276	212,276	168,180		

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 501 04</b> Replacement Housing Factor Grant No.:					Federal FY of Grant: <b>2004</b>	
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
MI 27-5	<u>DWELLING STRUCTURES</u>	1460						
	Install Individual Unit Boilers			0	0	0	0	
	Construct A/C Unit Holders			24,442	24,442	24,442	24,442	
	SUB TOTAL			24,442	24,442	24,442	24,442	
MI 27-6	<u>DWELLING STRUCTURES</u>							
	Install Vinyl Siding & Down Spouts System	1460		204,073	204,073	204,073	204,073	
	SUB TOTAL			204,073	204,073	204,073	204,073	
PHA WIDE	<u>SITE IMPROVEMENTS</u>	1450						
	Concrete Paving and Sidewalk Replacement			21,000	21,000	21,000	21,000	
	Tree Removal			56,870	61,320	61,320	61,320	
	SUB TOTAL			77,870	82,320	82,320	82,320	
PHA WIDE	Repair Concrete Masonry, Reconstruct Columns and Repair Structural Cracks	1460		27,685	27,685	27,685	24,916	
	Repair Roofs, Shingles & Vent Flashings			34,070	34,070	34,070	34,070	
	Replace Kitchen Cabinets & Range Hoods			0	0	0	0	
	SUB TOTAL			61,755	61,755	61,755	61,755	
PHA WIDE	Occupancy Improvement Plan/Mod. Units	1460		170,000	302,313	302,313	302,313	
PHA WIDE	<u>DWELLING STRUCTURES</u>	1460		64,718	0	0	0	
	Capital Funds Securitization/ Occupancy Improvement Plan Units (paint/ repair -walls/ceilings, replace roofs, replace lightings, replace wall switches as needed, install hard wired smoke detectors, replace floorings/carpets, replace doors, install closet doors w/ headers, remodel kitchens as needed repair plumbing as needed. Install furnace as need, install furnaces as needed & replacement of bath tub liners).							
	SUB TOTAL			234,718	302,313	302,313	302,313	

**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part II: Supporting Pages**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 501 04</b> Replacement Housing Factor Grant No.:						Federal FY of Grant: <b>2004</b>
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA WIDE	<b>RELOCATION COSTS</b>	1495 .1		60,000	16,133	<u>16,133</u>	<u>16,133</u>	Moved to Twin Towers
	Relocation Activities due to renovation of occupancy improvement units. To include transfer of utilities, cable television services and telephone lines.							
	SUB TOTAL			60,000	16,133	<u>16,133</u>	<u>16,133</u>	
PHA WIDE	<b>Operations</b>	1406		158,780	158,780	158,780	158,780	
	<b>Energy Audit</b>	1408		25,000	0	0	0	
	<b>Management Improvement (Security)</b>	1408		<u>285,118</u>	<u>285,118</u>	<u>285,118</u>	<u>285,118</u>	
	SUB TOTAL			310,118	285,118	285,118	285,118	
	<b>Administration</b>	1410						
	Executive Director			0	0	0	0	
	Director of Finance			0	0	0	0	
	Modernization Coordinator			34,848	0	0	0	
	Director of Facilities			0	0	0	0	
	Accountant			0	0	0	0	
	Fringe Benefits			<u>12,197</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUB TOTAL			47,045	0	0	0	
	<b>Fees and Costs (Architect)</b>	1430		156,005	157,456	157,456	157,456	
	<b>GRAND TOTAL</b>			<b>1,550,592</b>	<b>1,550,592</b>	<b>1,550,592</b>	<b>1,506,496</b>	









**Annual Statement/Performance and Evaluation Report**

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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:	<b>MI28 P02750105</b>	Federal FY of Grant <b>2005</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number\_\_  
 Final Performance and Evaluation Report     
  **X Performance & Evaluation Report for Program Year Ending 06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	69,560	135,779	135,779	135,779
3	1408 Management Improvements Soft Costs	225,000	391,962	391,962	225,000
	Management Improvements Hard Costs				
4	1410 Administration	39,000	49,000	49,000	39,000
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	104,836	104,836	104,836	104,836
8	1440 Site Acquisition				
9	1450 Site Improvement	0	0	0	0
10	1460 Dwelling Structure	665,009	665,009	665,009	416,891
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	75,000	35,716	35,716	35,716
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	60,000	50,000	50,000	0
18	1498 Mod used for Development				
19	1501 Collaterization or Debt Service	193,897	0	0	0
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-20)</b>	<b>1,432,302</b>	<b>1,432,302</b>	<b>1,432,302</b>	<b>957,222</b>
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				

Signature of Executive Director and Date	Signature of Public Housing Director and Date
Tony L. Love, Executive Director	

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

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 50105</b> Replacement Housing Factor Grant No.:						Federal FY of Grant: <b>2005</b>
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>SITE IMPORVEMENTS</u>							
MI 27-1	Install Parking Lots	1450		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUB TOTAL			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
MI 27-2	Install Parking Lots	1450		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUB TOTAL			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
MI 27-3	Install Parking Lots	1450		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUB TOTAL			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
MI 27-5	Resurface Parking Lot & repair drain catch basins	1450		<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUB TOTAL			<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	<u>DWELLING STRUCTURES</u>							
MI 27-1	Accumulation/flooring with shoe molding	1460		<u>0</u>	<u>248,118</u>	<u>248,118</u>	<u>0</u>	
	SUB TOTAL			<u>0</u>	<u>248,118</u>	<u>248,118</u>	<u>0</u>	
MI 27-1&2	Replacement of existing roof system	1460		<u>300,646</u>	<u>300,646</u>	<u>300,646</u>	<u>300,646</u>	
	SUB TOTAL			<u>300,646</u>	<u>300,646</u>	<u>300,646</u>	<u>300,646</u>	
MI 27-4	Upgrade AC/HAV System (Common Areas)	1460		<u>45,000</u>	<u>45,000</u>	<u>45,000</u>	<u>45,000</u>	
	Accumulation/renovation cost (South Tower)	1460		<u>248,118</u>	<u>0</u>	<u>0</u>	<u>0</u>	Moved to 27-1 Flooring
	Installation of vertical blinds ( North Tower)	1460		<u>12,555</u>	<u>12,555</u>	<u>12,555</u>	<u>12,555</u>	
	SUB TOTAL			<u>305,673</u>	<u>57,555</u>	<u>57,555</u>	<u>57,555</u>	
PHA-WIDE	Occupancy Improvement Plan Units	1460		<u>58,690</u>	<u>58,690</u>	<u>58,690</u>	<u>58,690</u>	
	SUB TOTAL			<u>58,690</u>	<u>58,690</u>	<u>58,690</u>	<u>58,690</u>	

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

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 501 05</b> Replacement Housing Factor Grant No.:						Federal FY of Grant: <b>2005</b>
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
PHA-WIDE	Capital Funds Securitization	9000		0	0	0	0	
	SUB-TOTAL			0	0	0	0	
PHA WIDE	<u>Relocation Costs</u>							
	Relocation of residents for unit renovations	1495.1		60,000	50,000	50,000	0	
	SUB TOTAL			60,000	50,000	50,000	0	
PHA-WIDE	<u>Operations</u>	1406		135,779	135,779	135,779	135,779	
	SUB TOTAL			135,779	135,779	135,779	135,779	
	<u>MANAGEMENT IMPROVEMENTS</u>							
	A. Management Improvement (Security)	1408		286,460	225,000	225,000	225,000	
	B. Management Improvement (Computer Software)	1408		0	166,962	166,962	0	
	SUB TOTAL			286,460	391,962	391,962	225,000	
	<u>Administration</u>							
	Percentage of staff salaries & fringe benefits	1410		105,218	49,000	49,000	39,000	
	SUB TOTAL			105,218	49,000	49,000	39,000	
	<u>Fees and Costs (Architect)</u>	1430		104,836	104,836	104,836	104,836	
	SUB TOTAL			104,836	104,836	104,836	104,836	
	<u>Nondwelling Equipment</u>							
	(Computer Hardware)	1475		75,000	35,716	35,716	35,716	
	SUB TOTAL			75,000	35,716	35,716	35,716	
	<b>GRAND TOTAL</b>			<b>1,432,302</b>	<b>1,432,302</b>	<b>1,432,302</b>	<b>957,222</b>	

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

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 50105</b> Replacement Housing Factor Grant No.:					Federal FY of Grant: <b>2005</b>
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 27-1							
Install Parking Lot	8/18/07			8/18/09			
MI 27-2							
Install Parking Lot	8/18/07			8/18/09			
MI 27-3							
Install Parking Lot	8/18/07			8/18/09			
MI 27-4							
Upgrade AC/HAV	8/18/07			8/18/09			
Accumulation	8/18/07			8/18/09			
Renovation Cost							
MI 27-5							
Resurface Parking lot/ Repair Catch basins	8/18/07			8/18/09			
PHA-WIDE							
Capital Fund	8/18/07			8/18/09			
Securitization/							
Occupancy Improvement Plan Units	8/18/07			8/18/09			
Operations	8/18/07			8/18/09			
Management Improvements	8/18/07			8/18/09			
Administration	8/18/07			8/18/09			
Fees And Costs	8/18/07			8/18/09			

# Annual Statement/Performance and Evaluation Report

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

HA Name:  <p style="text-align: center;"><b>INKSTER HOUSING COMMISSION</b></p>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: <span style="float: right;"><b>MI28 P02750106</b></span> Replacement Housing Factor Grant No.:	Federal FY of Grant  <p style="text-align: center;"><b>2006</b></p>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report     
  **Performance & Evaluation Report for Program Year Ending 06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure	38,675	38,675	38,675	38,675
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod used for Development				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-20)</b>	<b>38,675</b>	<b>38,675</b>	<b>38,675</b>	<b>38,675</b>
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				
Signature of Executive Director and Date		Signature of Public Housing Director and Date			

Tony L. Love, Executive Director	
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# Annual Statement/Performance and Evaluation Report

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

HA Name:  <b style="text-align: center;">INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: <span style="float: right;"><b>MI28 P02750106</b></span> Replacement Housing Factor Grant No.:	Federal FY of Grant  <b style="text-align: center;">2006</b>
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Original Annual Statement \_\_\_\_\_ Reserve for Disasters/Emergencies \_\_\_\_\_ Revised Annual Statement/Revision Number \_\_\_\_\_  
 Final Performance and Evaluation Report \_\_\_\_\_ **X Performance & Evaluation Report for Program Year Ending 06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	100,000	70,000	70,000	70,000
3	1408 Management Improvements Soft Costs	225,000	225,000	225,000	129,689
	Management Improvements Hard Costs	0	0	0	0
4	1410 Administration	40,000	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	120,000	120,000	110,000	23,250
8	1440 Site Acquisition				
9	1450 Site Improvement	75,000	0	0	0
10	1460 Dwelling Structure	206,277	741,993	0	0
11	1465.1 Dwelling Equipment-Nonexpendable	100,000	100,000	100,000	100,000
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	55,000	52,078	52,078	52,078
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod used for Development				
19	1501 Collateralization or Debt Service	387,794	0	0	0
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-20)</b>	<b>1,309,071</b>	<b>1,309,071</b>	<b>557,078</b>	<b>375,017</b>
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				

Signature of Executive Director and Date  Tony L. Love, Executive Director	Signature of Public Housing Director and Date
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part II: Supporting Pages**

PHA Name:		Grant Type and Number						Federal FY of Grant:	
<b>INKSTER HOUSING COMMISSION</b>		Capital Fund Program Grant No.:				<b>MI28 P027 50106</b>		<b>2006</b>	
Development Number/Name		General Description of Major Work Categories		Total Estimated Cost		Total Actual Cost		Status of Work	
HA-Wide Activities		Development Account	Quantity	Original	Revised	Funds Obligated	Funds Expended		
PHA-WIDE	<u>OPERATIONS</u>	1406							
	A. Operations			100,000	70,000	70,000	70,000		
	SUB TOTAL			100,000	70,000	70,000	70,000		
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408							
	A. Management Improvement (Security)			225,000	225,000	225,000	129,689		
	B. Management Improvement (Computer Hard & Software			0	0	0	0	Moved FY 2005	
	SUB TOTAL			225,000	225,000	225,000	129,689		
PHA-WIDE	<u>Administration</u>	1410							
	A. Modernization Coordinator & Fringe Benefits			40,000	0	0	0		
	SUB TOTAL			40,000	0	0	0		
PHA-WIDE	<u>FEES AND COSTS</u>	1430							
	A. A&E fees and related costs			120,000	120,000	110,000	23,250		
	SUB TOTAL			120,000	120,000	110,000	23,250		
	<u>SITE IMPROVEMENTS</u>	1450							
MI 27-4	Resurface parking Lot & Repair Catch Basins			75,000	0	0	0		
	SUB TOTAL			75,000	0	0	0		
	<u>DWELLING STRUCTURES</u>	1460							
MI 27-4	A. Renovate South Tower (Accumulation)			206,277	0	0	0		
	SUB TOTAL			206,277	0	0	0		

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

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 PO 27 50106</b> Replacement Housing Factor Grant No.:						Federal FY of Grant: <b>2006</b>
Development Number/Name HA-Wide Activities	General Description of Major Work Categories	Development Account Number	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>DWELLING STRUCTURES</u>							
MI 27-1	Accumulation flooring with shoe molding	1460		0	505,174	0	0	
MI 27-1	Accumulation flooring with shoe molding			0	140,712	0	0	
MI 27-2	Accumulation flooring with shoe molding			0	53,185	0	0	
MI 27-3	Accumulation flooring with shoe molding			0	<u>42,922</u>	0	0	
				0	741,993	0	0	
	Capital Funds Securitization/	9000		<u>387,794</u>	0	0	0	
	SUB TOTAL			<u>387,794</u>	0	0	0	
PHA-WIDE	<u>DWELLING EQUIPMENT-NONEXPENDABLE</u>	1465.1						
	A. Appliances			<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	
	SUB TOTAL			<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	<u>100,000</u>	
	<u>NON-DWELLING EQUIPMENT</u>	1475						
PHA-WIDE	A. Maintenance Equipments			0	0	0	0	
	B. Agency/Maintenance Vehicles			<u>55,000</u>	<u>52,078</u>	<u>52,078</u>	<u>52,078</u>	
	SUB TOTAL			<u>55,000</u>	<u>52,078</u>	<u>52,078</u>	<u>52,078</u>	
	<b>GRAND TOTAL</b>			<b><u>1,309,071</u></b>	<b><u>1,309,071</u></b>	<b><u>557,078</u></b>	<b><u>375,017</u></b>	



**Annual Statement/Performance and Evaluation Report**

**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**

**Part III: Implementation Schedule**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No <b>MI28 PO27 50106</b> Replacement Housing Factor Grant No.:					Federal FY of Grant: <b>2006</b>
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 27-1							
Install Parking Lot	7/18/08			7/18/10			
MI 27-2							
Install Parking Lot	7/18/08			7/18/10			
MI 27-3							
Install Parking Lot	7/18/08			7/18/10			
MI 27-4							
Upgrade AC/HAV	7/18/08			7/18/10			
Accumulation	7/18/08			7/18/10			
Renovation Cost							
MI 27-5							
Resurface Parking lot/ Repair Catch basins	7/18/08			7/18/10			
PHA-WIDE							
Capital Fund	7/18/08			7/18/10			
Securitization/							
Occupancy Improvement	7/18/08			7/18/10			
Plan Units							
Operations	7/18/08			7/18/10			
Management Improvements	7/18/08			7/18/10			
Administration	7/18/08			7/18/10			
Fees And Costs	7/18/08			7/18/10			

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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.: <b>MI28R02750106</b>	Federal FY of Grant <b>2006</b>
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Original Annual Statement     
 Reserve for Disasters/Emergencies     
 Revised Annual Statement/Revision Number   
 Final Performance and Evaluation Report     
 **Performance & Evaluation Report for Program Year Ending 06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	60,538	0	0	0
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod used for Development	0	60,538	0	0
19	1502 Contingency				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>60,538</b>	<b>60,538</b>	<b>0</b>	<b>0</b>
21	Amount of Line 20 related to LBP Activities				
22	Amount of Line 20 related to Section 504 Compliance				
23	Amount of Line 20 related to Security - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date  Tony L. Love, Executive Director	Signature of Public Housing Director and Date
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 501</b> Replacement Housing Factor Grant No.:					Federal FY of Grant:  <b>AS OF</b>
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.: <b>MI28R02750106</b>	Federal FY of Grant <b>2006</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number   
 Final Performance and Evaluation Report     
  **Performance & Evaluation Report for Program Year Ending 06-30-08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve	1,789	0	0	0
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod used for Development	0	1,789	0	0
19	1502 Contingency				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>1,789</b>	<b>1,789</b>	<b>0</b>	<b>0</b>
21	Amount of Line 20 related to LBP Activities				
22	Amount of Line 20 related to Section 504 Compliance				
23	Amount of Line 20 related to Security - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date  Tony L. Love, Executive Director	Signature of Public Housing Director and Date
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 501</b> Replacement Housing Factor Grant No.:					Federal FY of Grant:  <b>AS OF</b>
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:	<b>MI28 P02750107</b>	Federal FY of Grant <b>2007</b>
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Original Annual Statement \_\_\_\_\_ Reserve for Disasters/Emergencies \_\_\_\_\_ Revised Annual Statement/Revision Number \_\_\_\_\_  
 \_\_\_\_\_ Final Performance and Evaluation Report X Performance & Evaluation Report for Program Year Ending 06-30-08

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	66,485	0	0	0
3	1408 Management Improvements Soft Costs	225,000	225,000	225,000	0
	Management Improvements Hard Costs				
4	1410 Administration	35,000	0	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	120,000	120,000	110,200	7,750
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure	508,018	588,711	0	0
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment	10,000	0	10,000	10,000
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod used for Development				
19	9000 Collateralization or Debt Service	387,794	408,586	408,586	0
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-20)</b>	<b>1,352,297</b>	<b>1,342,297</b>	<b>753,786</b>	<b>17,750</b>
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				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name:		Grant Type and Number						Federal FY of Grant:
<b>INKSTER HOUSING COMMISSION</b>		Capital Fund Program Grant No.:				<b>MI28 P027 50107</b>		<b>2007</b>
		Replacement Housing Factor Grant No.:						
Development Number/Name	General Description of Major	Development	Total Estimated Cost		Total Actual Cost		Status of Work	
	Work Categories	Account	Quantity	Original	Revised	Funds Obligated		Funds Expended
HA-Wide Activities								
PHA-WIDE	<u>OPERATIONS</u>	1406						
	A. Operations			<u>66,485</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUB TOTAL			66,485	0	0	0	
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408						
	A. Management Improvement (Security) (Staff Training Project-based Management)			<u>225,000</u>	<u>225,000</u>	<u>225,000</u>	<u>0</u>	
	SUB TOTAL			225,000	225,000	225,000	0	
PHA-WIDE	<u>Administration</u>	1410						
	A. Modernization Coordinator & Fringe Benefits			<u>35,000</u>	<u>0</u>	<u>0</u>	<u>0</u>	
	SUB TOTAL			35,000	0	0	0	
PHA-WIDE	<u>FEES AND COSTS</u>	1430						
	A. A&E fees and related costs			<u>120,000</u>	<u>120,000</u>	<u>110,200</u>	<u>7,750</u>	
	SUB TOTAL			120,000	120,000	110,200	7,750	
	<u>NON-DWELLING EQUIPMENT</u>	1475						
MI 27-4	Hi-Lo Device for Compactor Dumpster			10,000	0	0	0	
PHA-WIDE	Compact Utility Tractor				7,450	7,450	7,450	
PHA-WIDE	K1500A Drain Cleaning Machine			0	2,550	2,550	2,550	
	SUB TOTAL			10,000	10,000	10,000	10,000	



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

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No. <b>MI28 PO27 50107</b> Replacement Housing Factor Grant No.:					Federal FY of Grant: <b>2007</b>
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI 27-1							
Security Fencings	7/18/09			7/18/10			
MI 27-2							
Security Fencings	7/18/09			7/18/11			
MI 27-3							
Security Fencings	7/18/09			7/18/11			
MI 27-4							
Hi-Lo Lifter	7/18/09			7/18/11			
Accumulation	7/18/09			7/18/11			
Renovation Cost							
PHA-WIDE							
Capital Fund	7/18/09			7/18/11			
Securitization/	7/18/09			7/18/11			
Occupancy Improvement	7/18/09			7/18/11			
Plan Units	7/18/09			7/18/11			
Operations	7/18/09			7/18/11			
Management Improvements	7/18/09			7/18/11			
Administration	7/18/09			7/18/11			
Fees And Costs	7/18/09			7/18/11			

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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.: <b>MI28R02750107</b>	Federal FY of Grant <b>2007</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number   
 Final Performance and Evaluation Report     
 **X Performance & Evaluation Report for Program Year Ending 06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod used for Development	62,004	62,004	0	0
19	1502 Contingency				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>62,004</b>	<b>62,004</b>	<b>0</b>	<b>0</b>
21	Amount of Line 20 related to LBP Activities				
22	Amount of Line 20 related to Section 504 Compliance				
23	Amount of Line 20 related to Security - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date  Tony L. Love, Executive Director	Signature of Public Housing Director and Date
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 501</b> Replacement Housing Factor Grant No.:					Federal FY of Grant:  <b>AS OF</b>
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	

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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:	<b>MI28 P02750108</b>	Federal FY of Grant <b>2008</b>
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Original Annual Statement \_\_\_\_\_ Reserve for Disasters/Emergencies \_\_\_\_\_ Revised Annual Statement/Revision Number \_\_\_\_\_  
 \_\_\_\_\_ Final Performance and Evaluation Report **X Performance & Evaluation Report for Program Year Ending 06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations	0	0		
3	1408 Management Improvements Soft Costs	222,000	222,000	0	0
	Management Improvements Hard Costs	3,000	3,000	0	0
4	1410 Administration	35,000	35,000	0	0
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost	120,000	120,000	0	0
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure	406,946	406,946	0	0
11	1465.1 Dwelling Equipment-Nonexpendable	143,730	98,730	0	0
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs	0	45,000	0	0
18	1498 Mod used for Development				
19	9000 Collateralization or Debt Service	408,586	408,586	0	0
20	1502 Contingency				
21	<b>Amount of Annual Grant (Sum of lines 2-20)</b>	<b>1,339,262</b>	<b>1,339,262</b>	<b>0</b>	<b>0</b>
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				

Signature of Executive Director and Date	Signature of Public Housing Director and Date

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

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: Replacement Housing Factor Grant No.:					MI28 P027 50108		Federal FY of Grant: <b>2008</b>
Development Number/Name	General Description of Major	Development Account	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
	Work Categories			Original	Revised	Funds Obligated	Funds Expended		
HA-Wide Activities									
PHA-WIDE	<u>OPERATIONS</u>	1406							
	A. Operations			0	0	0	0		
	SUB TOTAL			0	0	0	0		
PHA-WIDE	<u>MANAGEMENT IMPROVEMENTS</u>	1408							
	A. Management Improvement (Security)			222,000	222,000	0	0		
	(Staff Training Project-based Management)			3,000	3,000	0	0		
	SUB TOTAL			225,000	225,000	0	0		
PHA-WIDE	<u>Administration</u>	1410							
	A. Modernization Coordinator & Fringe Benefits			35,000	35,000	0	0		
	SUB TOTAL			35,000	35,000	0	0		
PHA-WIDE	<u>FEES AND COSTS</u>	1430							
	A. A&E fees and related costs			120,000	120,000	0	0		
	SUB TOTAL			120,000	120,000	0	0		
PHA-WIDE	<u>DWELING STRUCTURES</u>	1460							
MI 27-2	Acculumentation flooring with shoe molding			394,693	0	0	0		
MI 27-3	Acculumentation flooring with shoe molding			12,253	406,946	0	0		
	SUB TOTAL			406,946	406,946	0	0		





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

HA Name: <b>INKSTER HOUSING COMMISSION</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No.: Replacement Housing Factor Grant No.: <b>MI28R02750108</b>	Federal FY of Grant <b>2008</b>
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Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement/Revision Number   
 Final Performance and Evaluation Report     
  **Performance & Evaluation Report for Program Year Ending 06/30/08**

Line #	Summary by Development Accounts	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total Non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements Soft Costs				
	Management Improvements Hard Costs				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees & Cost				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structure				
11	1465.1 Dwelling Equipment-Nonexpendable				
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1498 Mod used for Development	61,050	61,050	0	0
19	1502 Contingency				
20	<b>Amount of Annual Grant (Sum of lines 2-19)</b>	<b>61,050</b>	<b>61,050</b>	<b>0</b>	<b>0</b>
21	Amount of Line 20 related to LBP Activities				
22	Amount of Line 20 related to Section 504 Compliance				
23	Amount of Line 20 related to Security - Soft Costs				
	Amount of Line 20 related to Security - Hard Costs				
24	Amount of Line 20 Related to Energy Conservation Measures				
	Collateralization Expenses or Debt Service				

Signature of Executive Director and Date  Tony L. Love, Executive Director	Signature of Public Housing Director and Date
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**Annual Statement/Performance and Evaluation Report**  
**Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)**  
**Part III: Implementation Schedule**

PHA Name: <b>INKSTER HOUSING COMMISSION</b>		Grant Type and Number Capital Fund Program Grant No.: <b>MI28 P027 501</b> Replacement Housing Factor Grant No.:					Federal FY of Grant:  <b>AS OF</b>
Development Number/Name HA - Wide Activities	All Funds Obligated (QE Date)			All Funds Expended (QE Date)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	