

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

---

# PHA Plans

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:** Clinton Township Housing Commission  
**PHA Number:** MI040

**PHA Fiscal Year Beginning:** 03/2009

**PHA Programs Administered:**

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

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

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

### Public Access to Information

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

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

### Display Locations For PHA Plans and Supporting Documents

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

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

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

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

**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 (Section 8 Only)**

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

[24 CFR Part 903.7 9 (r)]

Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

According to the most recent US Census data, 2,353 of Clinton Township residents are below 30% of median income, 1681 are between 30 and 50%, and another 3,049 are between 5 and 80% of median income. Of these, 2,600 are seniors and another 1,484 are disabled families. While the Clinton Township Housing Commission is not the only low income apartment complex in the Township, our 100 units of public housing and 23 Section 8 vouchers do not even begin to address the housing needs of the “below 80%” population. However, we are employing some techniques to attempt to fully utilize the units that we are charged with caretaking.

To address the need to improve the energy efficiency of the complex, the remainder of our units in need will be receiving roof insulation and new furnaces . In addition, the complex is continuing to work with local law enforcement to address problems of drug dealers and those who harbor them.

To address the need to lower vacancy rates, we are employing more effective maintenance and management policies by putting an emphasis on the turnover rate.

### **iii. Annual Plan Table of Contents**

[24 CFR Part 903.7 9 (r)]

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

#### **Table of Contents**

	<u>Page #</u>
<b>Annual Plan</b>	
i. Executive Summary	
ii. Table of Contents	
1. Housing Needs	8
2. Financial Resource	14
3. Policies on Eligibility, Selection and Admissions	15
4. Rent Determination Policies	25
5. Operations and Management Policies	30
6. Grievance Procedures	31
7. Capital Improvement Needs	32
8. Demolition and Disposition	34
9. Designation of Housing	35
10. Conversions of Public Housing	36
11. Homeownership	37
12. Community Service Programs	39
13. Crime and Safety	41
14. Pets	43
15. Civil Rights Certifications (included with PHA Plan Certifications)	46
16. Audit	47
17. Asset Management	47
18. Other Information	48

#### **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 2006 Capital Fund Program Annual Statement (capital fund 2006-13 for PHA plan)
- Most recent board-approved operating budget (Bdgt0309final)
- 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 2006 Capital Fund Program 5 Year Action Plan
- Public Housing Drug Elimination Program (PHDEP) Plan
- Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)
- Other (List below, providing each attachment name)

**Supporting Documents Available for Review**

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

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions’ initiatives to affirmatively further fair housing that require the PHA’s involvement.	5 Year and Annual Plans
XX	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	Annual Plan: Eligibility, Selection, and Admissions Policies

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
	income mixing analysis	
X	Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	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
NA	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
NA	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
NA	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
NA	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
NA	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
NA	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
NA	Policies governing any Section 8 Homeownership program <input type="checkbox"/> check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
NA	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency

<b>List of Supporting Documents Available for Review</b>		
<b>Applicable &amp; On Display</b>	<b>Supporting Document</b>	<b>Applicable Plan Component</b>
NA	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
NA	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency
NA	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U.S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
X	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	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	2,353	5	NA	NA	NA	NA	NA
Income >30% but <=50% of AMI	1,681	4	NA	NA	NA	NA	NA
Income >50% but <80% of AMI	3,049	2	NA	NA	NA	NA	NA
Elderly	2,600	NA	NA	NA	NA	NA	NA
Families with Disabilities	1484	NA	NA	NA	NA	NA	NA
Asian	233	NA	NA	NA	NA	NA	NA
Hispanic	159	NA	NA	NA	NA	NA	NA
African American	676	NA	NA	NA	NA	NA	NA
Race/Ethnicity		NA	NA	NA	NA	NA	NA

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

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	385		22
Extremely low income <=30% AMI	354	91%	
Very low income (>30% but <=50% AMI)	29	7%	
Low income (>50% but <80% AMI)	2	.5%	
Families with children	292	75%	
Elderly/disabled families	85		
Families with Disabilities	See above		
Black	NA	NA	
Caucasion	NA	NA	
Race/ethnicity	NA	NA	
Race/ethnicity	NA	NA	
Characteristics by Bedroom Size (Public Housing)			

Housing Needs of Families on the Waiting List			
Only)			
1BR	11 Families	53 senior/disabled	
2 BR	180		
3 BR	93		
4 BR	11		
5 BR	1		
0 BR	36		
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes			

Housing Needs of Families on the Waiting List			
Waiting list type: (select one)			
<input 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	114		2
Extremely low income <=30% AMI	Not tracked		
Very low income (>30% but <=50% AMI)	Not tracked		
Low income (>50% but <80% AMI)	Not tracked		
Families with children	Not tracked		
Elderly/disabled families	Not tracked		
Families with Disabilities	Not tracked		
Black	NA	NA	
Caucasion	NA	NA	
Race/ethnicity	NA	NA	

Housing Needs of Families on the Waiting List			
Race/ethnicity	NA	NA	
Characteristics by Bedroom Size (Public Housing Only)			
1BR	67		
2 BR	25		
3 BR	13		
4 BR	8		
5 BR	1		
5+			
Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes If yes: How long has it been closed (# of months)? 72 Does the PHA expect to reopen the list in the PHA Plan year? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Note: The income levels of the applicants on the section 8 waiting list is not tracked because of the length of time that the applicants wait, and because we do not apply income deconcentration to this program due to the number of vouchers (23) that we administer.

### C. Strategy for Addressing Needs

We have put an emphasis on turning the units over more quickly, which allows for quicker access for the public to our units. Otherwise, with no funding to expand, we cannot address all of the housing needs.

#### (1) Strategies

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

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

Select all that apply

- Employ effective maintenance and management policies to minimize the number of public housing units off-line
- Reduce turnover time for vacated public housing units
- Reduce time to renovate public housing units
- Seek replacement of public housing units lost to the inventory through mixed finance development

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

- Seek designation of public housing for the elderly
- Apply for special-purpose vouchers targeted to the elderly, should they become available
- Other: (list below)

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

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

Select all that apply

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

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

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

Select if applicable

- Affirmatively market to races/ethnicities shown to have disproportionate housing needs
- Other: (list below) While we do not directly market to minorities, many agencies promote our program to those who seek help. A fair number of minorities are aware of our program and put in applications as a result.

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

Select all that apply

- Counsel section 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units

- Market the section 8 program to owners outside of areas of poverty /minority concentrations
- Other: (list below)

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

**(2) Reasons for Selecting Strategies**

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

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

**2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

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

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2008 grants)</b>		
a) Public Housing Operating Fund	269,780	
b) Public Housing Capital Fund	130,372	
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance		

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		
g) Resident Opportunity and Self-Sufficiency Grants		
h) Community Development Block Grant		
i) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
<b>3. Public Housing Dwelling Rental Income</b>	219,324	
<b>4. Other income (list below)</b>		
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	619,476	

### **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) Within three
- When families are within a certain time of being offered a unit: (state time)
- Other: (describe)

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 (we use a screening company for this)
- Rental history
- Housekeeping
- Other (describe)

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

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

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

## **(2)Waiting List Organization**

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

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

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

- PHA main administrative office
- PHA development site management office
- Other (list below) Can be accessed on our website at [www.clintontownship-mi.gov](http://www.clintontownship-mi.gov), departments, and by clicking on the application link.

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?

We will, by virtue of the incomes of those on the waiting list, exceed the federal targeting requirements. However, it is not in the plan to do so.

- b. Transfer policies:
- In what circumstances will transfers take precedence over new admissions? (list below)
- Emergencies
  - Overhoused
  - Underhoused

- Medical justification
- Administrative reasons determined by the PHA (e.g., to permit modernization work)
- Resident choice: (state circumstances below) ) Only for good cause not listed above. This will be determined on a case by case basis, at the Executive Director's discretion.
- Other: (list below)

c. Preferences

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

1. Working residents or residents unable to work because of age or disability, or those who work in the jurisdiction.
2. Working non-residents or non-residents unable to work because of age or disability.
3. Residents who do not work
4. Non working, non residents.

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?

They are currently in effect, and we are employing them, but due to the makeup of our waiting list, we still are not renting to enough higher income families.

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:  
There is only one development.

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

- Not applicable: results of analysis did not indicate a need for such efforts
- List (any applicable) developments below:

## B. Section 8

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

### (1) Eligibility

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

- Criminal or drug-related activity only to the extent required by law or regulation
- Criminal and drug-related activity, more extensively than required by law or regulation
- More general screening than criminal and drug-related activity (list factors below)
- Other (list below)

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

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

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

We use a screening company.

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

- Criminal or drug-related activity  
 Other (describe below)/required known name and address information

**(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 - If our waiting list was open, but it is currently closed. Also, we would put the application on the web site.  
 Other (list below)

**(3) Search Time**

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

If yes, state circumstances below: Unable to find affordable housing in a safe neighborhood.

**(4) Admissions Preferences**

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

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

Other preferences (select all that apply)

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

1. Any family that has been terminated from its HCV program due to insufficient program funding.

2. Families with one or more persons who are 62 years of age or older or who qualify as being handicapped or disabled.

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

- Working families and those unable to work because of age or disability
- Veterans and veterans' families
- 3. 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)
  - 1. Any family that has been terminated from its HCV program due to insufficient program funding.
  - 2. Families with one or more persons who are 62 years of age or older or who qualify as being handicapped or disabled.

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:

If a family requests a hardship exemption, the Housing Commission will immediately suspend the minimum rent for the family until the Housing Commission can determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A hardship exists in the following circumstances:

1. When the family has lost eligibility for or is waiting on an eligibility determination for a Federal, State, or local assistance program.
2. When the family would be evicted as a result of the imposition of the minimum rent requirement.
3. When the income of the family has decreased because of changed circumstances, including loss of employment,
4. When the family has an increase in expenses because of changed circumstances, for medical costs, child care, transportation, education, or similar items,
5. When a death has occurred in the family.

Long term hardships exempts the family from minimum rent until the hardship no longer exists, and temporary hardship suspends rent for a period of 90 days, and allows for the family to repay the rent with a repayment agreement.

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) the family must report all changes in income, however rent will not be increased until the income change results in a \$10.00 or more increase in monthly rent.

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) HUD's fair market rent report.

## **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) We rely on HUD's evaluation.

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)

If a family requests a hardship exemption, the Housing Commission will immediately suspend the minimum rent for the family until the Housing Commission can

determine whether the hardship exists and whether the hardship is of a temporary or long-term nature.

A hardship exists in the following circumstances:

6. When the family has lost eligibility for or is waiting on an eligibility determination for a Federal, State, or local assistance program.
7. When the family would be evicted as a result of the imposition of the minimum rent requirement.
8. Then the income of the family has decreased because of changed circumstances, including loss of employment,
9. When the family has an increase in expenses because of changed circumstances, for medical costs, child care, transportation, education, or similar items,
10. When a death has occurred in the family.

Long term hardships exempts the family from minimum rent until the hardship no longer exists. Temporary hardship suspends rent for a period of 90 days, and allows for the family to repay the rent with a repayment agreement.

## **5. Operations and Management**

[24 CFR Part 903.7 9 (e)]

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

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

Describe the PHA's management structure and organization.

(select one)

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

### **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		
Section 8 Vouchers		
Section 8 Certificates		

Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)		
Public Housing Drug Elimination Program (PHDEP)		
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)
- (2) Section 8 Management: (list below)

**6. PHA Grievance Procedures**

[24 CFR Part 903.7 9 (f)]

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

**A. Public Housing**

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

If yes, list additions to federal requirements below:

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

- PHA development management offices
- Other (list below)

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

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

If yes, list additions to federal requirements below:

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

**7. Capital Improvement Needs**

[24 CFR Part 903.7 9 (g)]

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

**A. Capital Fund Activities**

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

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

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

Select one:

- The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name) Capital fund 2006-13 for pha plan

-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) Capital fund 2006-13 for pha plan

-or-

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

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

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

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

1. Development name:

2. Development (project) number:

3. Status of grant: (select the statement that best describes the current status)

- Revitalization Plan under development
- Revitalization Plan submitted, pending approval
- Revitalization Plan approved
- Activities pursuant to an approved Revitalization Plan underway

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

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

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

## **8. Demolition and Disposition**

[24 CFR Part 903.7 9 (h)]

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

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

### 2. Activity Description

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

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

<input type="checkbox"/> Part of the development
<input type="checkbox"/> Total development
7. Timeline for activity: a. Actual or projected start date of activity: b. Projected end date of activity:

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

[24 CFR Part 903.7 9 (i)]

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

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

2. Activity Description

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

<b>Designation of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. Designation type: Occupancy by only the elderly <input type="checkbox"/> Occupancy by families with disabilities <input type="checkbox"/> Occupancy by only elderly families and families with disabilities <input type="checkbox"/>
3. Application status (select one) Approved; included in the PHA’s Designation Plan <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input type="checkbox"/>

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

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

[24 CFR Part 903.7 9 (j)]

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

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

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

#### 2. Activity Description

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

<b>Conversion of Public Housing Activity Description</b>
1a. Development name:
1b. Development (project) number:
2. What is the status of the required assessment? <input type="checkbox"/> Assessment underway <input type="checkbox"/> Assessment results submitted to HUD <input type="checkbox"/> Assessment results approved by HUD (if marked, proceed to next question) <input type="checkbox"/> Other (explain below)
3. <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)

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

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

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

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

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

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

[24 CFR Part 903.7 9 (k)]

### **A. Public Housing**

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

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

**PHA** status. PHAs completing streamlined submissions may skip to component 11B.)

2. Activity Description

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

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

**B. Section 8 Tenant Based Assistance**

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

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

If yes, list criteria below:

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

[24 CFR Part 903.7 9 (l)]

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

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

1. Cooperative agreements:

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

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

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

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

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

#### **(1) General**

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

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

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

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

a. Participation Description

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

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

**C. Welfare Benefit Reductions**

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

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

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

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

[24 CFR Part 903.7 9 (m)]

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

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

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

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

2. What information or data did the PHA 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)

**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)

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

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

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

## 14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

### 18.0 PET POLICY

AS OF SEPTEMBER 26, 2008

#### 18.1 EXCLUSIONS

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

#### 18.2 PETS IN PUBLIC HOUSING

The Clinton Township Housing Commission allows for pet ownership in its developments with the written pre-approval of the Housing Commission. Residents are responsible for any damage caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Clinton Township Housing Commission harmless from any claims caused by an action or inaction of the pet.

### **18.3 APPROVAL**

**Residents must submit their application to the board for approval prior to moving a pet into their unit.** Residents must request approval on the Authorization for Pet Ownership Form that must be fully completed before the Housing Commission will approve the request. **The animal must be brought to the Executive Director for final approval.** Residents must give the Housing Commission a picture of the pet so it can be identified if it is running loose.

### **18.4 TYPES AND NUMBER OF PETS**

The Clinton Township Housing Commission will allow only common household pets. This means only domesticated animals such as a dog, cat, bird, rodent (including a rabbit), fish in aquariums or a turtle will be allowed in units. (see list for non-acceptable types) Common household pets do not include reptiles (except turtles). If this definition conflicts with a state or local law or regulation, the state or local law or regulation shall govern.

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Only TWO pets per unit will be allowed, not including fish, which  
Can be held in tanks in multiples.

Any animal deemed to be potentially harmful to the health or safety of others, including attack or fight trained dogs, will not be allowed.

*NOT ALLOWED: PITBULLS, ROTWEILERS, DOBERMANS, GERMAN SHEPPARDS, CHOWS, COLLIES, DALMATIANS, BOXERS, ANY MIXED BREEDS THAT INCLUDE THESE AND MIXED WITH WOLF. NO PREGNANT ANIMALS ALLOWED*

No animal may exceed 30 pounds in weight projected to full adult size.

**18.5 INOCULATIONS**

In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the Clinton Township Housing Commission to attest to the inoculations.

**18.6 PET FEE**

A non-refundable pet fee of \$150.00 per pet is required at the time of registering a dog or Cat. The non-refundable pet fee for rabbits, birds and other rodents is \$50.00 per pet. There is no charge for legal amphibians such as turtles and fish. If your pet dies, you will have six months from the date of death to replace the pet without having to pay an additional fee. Anyone who currently owns a pet and has already paid the \$250.00 refundable pet fee can add one more pet without paying the extra \$50.00.

**18.7 FINANCIAL OBLIGATION OF RESIDENTS**

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the pet. Also, any pet-related insect infestation in the pet owner's unit will be the financial responsibility of the pet owner and the Clinton Township Housing Commission reserves the right to exterminate and charge the resident.

**18.8 NUISANCE OR THREAT TO HEALTH OR SAFETY**

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or Clinton Township Housing Commission personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet or move him/herself.

Pets who make noise continuously and/or incessantly for a period of 10 minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

**18.9 DESIGNATION OF PET AREAS**

Pets must be kept in the owner's apartment or on a leash at all times when outside the unit (NO outdoor cages may be constructed). Pets will be allowed only in designated areas on the grounds of the property if the Clinton Township Housing Commission (see map for area.) designates a pet area for the particular site. Pet owners must clean up after their pets and are responsible for disposing of pet waste in a plastic bag and put in dumpster.

With the exception of assistive animals no pets shall be allowed in the community building or manager's office.

**18.10 MISCELLANEOUS RULES**

Pets may not be left unattended in a dwelling unit for over 24 hours. If the pet is left unattended and no arrangements have been made for its care, the Housing Commission will have the right to enter the premises and take the un-cared for pet to be boarded at a local animal care facility at the total expense of the resident.

Residents must take appropriate actions to protect their pets from fleas and ticks.

All dogs must wear a tag bearing the resident's name and phone number and the date of the latest rabies inoculation. A proper license must be obtained from Clinton Township.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall not accumulate or become unsightly or unsanitary. Litter shall be disposed of in an appropriate manner.

A pet owner shall physically control or confine his/her pet during the times when Housing Commission employees, agents of the Housing Commission or others must enter the pet owners apartment to conduct business, provide services, enforce lease terms, etc.

If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Commission's property within 24 hours of written notice from the Housing Commission. The pet owner may also be subject to termination of his/her dwelling lease, IF THEY FAIL TO COMPLY WITH THE PET POLICY.

A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within 10 days of written notice from the Housing Commission. The pet owner may also be subject to termination of his/her dwelling lease.

The Housing Commission's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

**18.11 VISITING PETS**

**NO:**

UNDER NO CIRCUMSTANCES WILL VISITING PETS BE ALLOWED.

FAILURE TO COMPLY WILL BE A VIOLATION OF THE PET POLICY

**18.12 REMOVAL OF PETS**

The Clinton Township Housing Commission, or an appropriate community authority, shall require the removal of any pet from a project if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the project or of other persons in the community where the project is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Clinton Township Housing Commission has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner.

**15. Civil Rights Certifications**

[24 CFR Part 903.7 9 (o)]

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

## **16. Fiscal Audit**

[24 CFR Part 903.7 9 (p)]

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

## **17. PHA Asset Management**

[24 CFR Part 903.7 9 (q)]

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

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

## **18. Other Information**

[24 CFR Part 903.7 9 (r)]

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

1.  Yes  No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?
  
2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)  
 Attached at Attachment (File name)  
 Provided below: The residents were happy with the few changes that were made from last year.
  
3. In what manner did the PHA address those comments? (select all that apply)  
 Considered comments, but determined that no changes to the PHA Plan were necessary.  
 The PHA changed portions of the PHA Plan in response to comments  
List changes below:  
  
 Other: (list below) This is not applicable, as the comments were positive and no new suggestions were offered.

### **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) Appointed by the Clinton Township Supervisor

- 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) Appointed by the Clinton Township Supervisor

### 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: Macomb HOME Consortium (effective 07/01/06)

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)

The Consortium plan states” Of the seven housing commissions in Macomb County, six serve the jurisdiction of the Macomb HOME Consortium...The County has no housing commission and has also relied on MSHDA to administer assisted housing programs. This arrangement has worked well, adding another 900 units to the mix of assisted housing. This arrangement has therefore provided roughly 2,200 units of public and assisted housing for the Consortium.

It is difficult,... however, for the Consortium and the housing commissions to work closely on a sustained basis apart from sharing information and supporting each other's projects. It is virtually impossible, given restricted funding resources for example, to pool resources to address public housing concerns. The Consortium will continue, however, whenever possible, to act to improve public housing and the neighborhoods surrounding them.

Each member will implement its wholly separate CDBG program, working with local public and private partners to implement and expand housing and community development activities.”

#### **D. Other Information Required by HUD**

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

#### **Attachments**

Deconcentration Policy - Families will be placed into tiers for income targeting.

Tier I: Families with incomes between 0 percent and 30 percent of area median income (this group must constitute at least 40 percent of all admissions in any year)

Tier II: Families with incomes between 31 percent and 80 percent of area median income (the maximum percentage of annual admissions for this group is 60 percent.

It is Clinton Township Housing Commission's policy to provide for deconcentration of poverty and encourage income mixing by bringing higher income families into lower income developments and lower income families into lower income developments. Toward this end, we will skip families on the waiting list to reach other families with a lower or higher income. We will accomplish this in a uniform and non-discriminating manner.

List of Advisory Board members – Sandra Anderson, Star Cellitti, Diane White, Tamara Clark, Clifford Nicen

List of Resident Board Member – Margaret Myles

### **Community Service and Economic Self-Sufficiency Program**

The Quality Housing and Work Responsibility Act of 1998 (Public Housing Reform Act) requires that housing authorities establish and set forth in the Annual Plan, a description of Community Service programs. The objective of the Community Service program is to promote, assist, and achieve economic self-sufficiency.

**Program Outline:**

The Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform) dramatically reformed the nation's welfare system into one that requires work and mandates time limits for cash assistance. Welfare Reform also gave states the resources and tools needed to move families from welfare toward self-sufficiency.

The Public Housing Reform Act recognizes and builds upon Welfare Reform. It does this by requiring linkages between housing assistance and welfare supportive service systems, providing incentives which reward work by public housing residents and reinforcing welfare system compliance actions which promote self-sufficiency and combat.

**Service Requirement:**

In accordance with HUD regulations, each adult member of a family living in public housing (except exempt individuals) must:

- Contribute eight (8) hours per month of community service;
- Participate in the economic self-sufficiency program for eight (8) hours per month; or
- Perform eight (8) hours per month of combined activities

**Exemptions:**

An individual is exempt under the following conditions:

- 62 years of age or older
- Disabled (as defined under Social Security Act) or is primary caretaker of such individual
- Engaged in work and/or work readiness activities (per required hours)
- Meets requirements for deferment under the State Program; or
- Current program participant of the State of Michigan, Welfare-to-Work Program.

**Community Service:**

Community Service is the performance of voluntary work or duties that are a public benefit and that serve to improve the quality of life, enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community service is not employment and may not include political activities. Community Services can include, but are not limited to the following:

- Schools (classroom/office)
- Tutoring
- Evangelism (homebound assistance)
- Library

- Nursing Homes
- Churches
- Hospitals
- Nonprofit Organization
- 

**Economic Self Sufficiency Program:**

Trough a partnership with the Macomb County Family Independent Agency (Welfare to Work) and coordinated offers of the State of Michigan One Stop Customer Service Centers, the Clinton Township Housing Commission offers the economic self-sufficiency program to include, but not limited to the following:

- Individualized case management
- Counseling
- Support Services
- Basic skills enhancement
- Academic enrichment
- Classroom training
- On-the-job- training
- Resume preparation
- Job seeking skills training
- Interview skills training
- Time management training

**Process:**

Effective October 1, 2000, each family member residing in public housing (except exempt individuals) must perform community service or participate in the economic self-sufficiency program.

Service requirement performance and exemption status must be verified by third-party verification procedures.

Compliance and exemption status will be reviewed no less than annually at annual recertification at least thirty (30) days before the end of the twelve month lease term.

**Notification:**

All notifications shall be in writing. The Housing Authority shall notify family of service requirement policy and procedure, and provide notice of noncompliance where applicable. Adult members shall notify the Housing Authority of any changes in service requirements status with ten (10) calendar days of occurrence.

**Violation/Cure:**

If the tenant of another family member has violated the service requirement, the housing Authority may not renew the lease upon expiration of the term unless:

- Noncompliant resident enters into a written agreement to cure noncompliance by completing (repaying) lost hours; and

- All other members of the family are in compliance, or are no longer residing in the unit.

**Definitions:**

*Deferment.* Deferment under the State Program shall refer to the most current definition adopted by the Family Independent Agency, which may include the following persons:

Under age 16

Age 65 or older

The mother of a child under the age of 3 months

A child age 16 or older who is a full-time student in elementary or secondary school

A person with a physical or mental disability that meet SSI criteria, except/duration

Severely limited ability to participate for up to 90 days

A caretaker of a child with disability that meets SSI criteria, except/duration

A person experiencing temporary critical event (abuse, homelessness) up to 90 days

Full-time volunteer in VISTA, Job Corps, or Americorps

*General Definitions.* In addition to the terms described within the Community Service and Economic Self-Sufficiency Program policy, all other terms and definitions as prescribed by the U. S. Department of Urban Development (HUD) for Public Housing Programs apply herein.

*Work/Work Readiness Activities.* Work and work readiness activities shall be defined as a combination of work training, schooling, and homework when in total meet the following the following schedule at a minimum:

Single Parent (w/child under six)	20 hours per week
Single Parent/Audit	30 hours per week
Two Parents	55 hours per week

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

# PHA Plan Table Library

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

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

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

Original Annual Statement

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

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

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

**Annual Statement**

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

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

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

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

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



## CAPITAL FUND PROGRAM TABLES START HERE

<b>Annual Statement/Performance and Evaluation Report</b>					
<b>Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary</b>					
PHA Name: Clinton Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 06 Replacement Housing Factor Grant No:		Federal FY of Grant: 2006	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/ Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 2) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: November 2008 <input type="checkbox"/> Final Performance and Evaluation Report					
Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	28,359	72,179	72,179	72,179
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	0	4,329.15	4,329.15	4,329.15
8	1440 Site Acquisition				
9	1450 Site Improvement	18,000	29,000	29,000	29,000
10	1460 Dwelling Structures	80,000	13,102.85	13,102.85	13,056.47
11	1465.1 Dwelling Equipment—Nonexpendable	0	11,481.00	11,481.00	11,481.00
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				

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

PHA Name: Clinton Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 06 Replacement Housing Factor Grant No:	Federal FY of Grant: 2006
-----------------------------------------------	------------------------------------------------------------------------------------------------------------------	------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 2)  
 Performance and Evaluation Report for Period Ending: November 2008  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
21	Amount of Annual Grant: (sum of lines 2 – 20)	126,359	130,092	130,092	130,045.62
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				
24	Amount of line 21 Related to Security – Soft Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: Clinton Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 06 Replacement Housing Factor Grant No:			Federal FY of Grant: 06			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
	A. Operating costs			28,359	72,179.00	72,179.00	72,179.00	Complete
	Subtotal	1406		28,359	72,179.00	72,179.00	72,179.00	
	<u>FEES AND COSTS</u>							
	A. Physical Needs Assessment			0	3,500.00	3,500.00	3,500.00	Complete
	B. Environmental Notice Published			0	829.15	829.15	829.15	Complete
	Subtotal	1430		0	4,329.15	4,329.15	4,329.15	
	<u>SITE IMPROVEMENTS</u>							
	A. Repair, replace, paint outside pole lights throughout project			18,000	0			
	B. Security System			0	29,000.00	29,000.00	29,000.00	Complete
	Subtotal	1450		18,000	29,000.00	29,000.00	29,000.00	
	<u>DWELLING STRUCTURES</u>							
	A. Replace closet doors, including new tracks and bars: phase II			45,000	0			
	B. Replace gutters and rotten boards; clean gutters throughout project			35,000	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: Clinton Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 06 Replacement Housing Factor Grant No:			Federal FY of Grant: 06			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	C. New bath & kitchen sink faucets			0	6,829.77	6,829.77	6,829.77	Complete
	D. AC/DC smoke & co detectors			0	4,541.88	4,541.88	4,495.50	Waiting for Bart to order and be billed
	E. GFCI's			0	1,731.20	1,731.20	1,731.20	Complete
	Subtotal	1460		80,000	13,102.85	13,102.85	13,056.47	
	<u>DWELLING EQUIPMENT</u>							
	A. Replace 49 stove tops			0	11,481.00	11,481.00	11,481.00	Complete
	Subtotal	1465		0	11,481.00	11,481.00	11,481.00	Complete
	<b>TOTAL</b>							
				126,359	130,092			

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

PHA Name: Clinton Township Housing Commission	Grant Type and Number Capital Fund Program No: MI28 P040 501 06 Replacement Housing Factor No:	Federal FY of Grant: 2006
-----------------------------------------------	------------------------------------------------------------------------------------------------------	---------------------------



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

PHA Name: Clinton Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 07 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
-----------------------------------------------	------------------------------------------------------------------------------------------------------------------	------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: Sept 30, 2008  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations				
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	9,786	9,407.77	9,407.77	9,407.77
8	1440 Site Acquisition				
9	1450 Site Improvement	1,562	4,092.00	4,092.00	4,092.00
10	1460 Dwelling Structures	119,425	119,383.50	119,383.50	119,383.50
11	1465.1 Dwelling Equipment—Nonexpendable	2,390	279.73	279.73	279.73
12	1470 Nondwelling Structures				
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	133,163		133,163	133,163
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

PHA Name: Clinton Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 07 Replacement Housing Factor Grant No:	Federal FY of Grant: 2007
-----------------------------------------------	------------------------------------------------------------------------------------------------------------------	------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement (revision no: 1)  
 Performance and Evaluation Report for Period Ending: Sept 30, 2008  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs	1,562		4,600.42	
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	119,425		119,383.50	

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

PHA Name: Clinton Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 07 Replacement Housing Factor Grant No:			Federal FY of Grant: 07			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>FEES AND COSTS</u>							
	A. Environmental Notice Published			900	0	0	0	NA
	B. Notice to Bid advertisement			0	454.00	454.00	454.00	Complete
	B. Construction Manager fee			8,886	8,953.77	8,953.77	8,953.77	Complete
	Subtotal	1430		9,786	9,407.77	9,407.77	9,407.77	Complete
	<u>SITE IMPROVEMENTS</u>							
	A. Security System maint & lease			1,562	4,092.00	4,092.00	4092.00	Complete
	Subtotal	1450		1,562	4,092.00	4,092.00	4092.00	Complete
	<u>DWELLING STRUCTURES</u>							
	A. Furnace replacement (47 units)			29,375	27,990.00	27,990.00	27,990.00	Complete
	B. Window replacement (48 units)			89,105	91,393.50	91,393.50	91,393.50	Complete
	C. GFCI's (approx 89)			945	0	NA	NA	NA
	Subtotal	1460		119,425	119,383.50	119,383.50	119,383.50	Complete
	<u>DWELLING EQUIPMENT</u>							
	A. Replace 10 stove tops			2,390	0	NA	NA	NA
	B. Toilets			0	279.73	279.73	279.73	Complete
	Subtotal	1465		2,390	279.73	279.73	279.73	Complete

Annual Statement/Performance and Evaluation Report								
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)								
Part II: Supporting Pages								
PHA Name: Clinton Township Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 07 Replacement Housing Factor Grant No:			Federal FY of Grant: 07		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	TOTAL			133,163		133,163	133,163	Complete

Annual Statement/Performance and Evaluation Report							
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)							
Part III: Implementation Schedule							
PHA Name: Clinton Township Housing Commission		Grant Type and Number Capital Fund Program No: MI28 P040 501 07 Replacement Housing Factor No:				Federal FY of Grant: 2007	
Development Number Name/HA-Wide Activities	All Fund Obligated (As of Sept 30, 2008)			All Funds Expended (As of Sept 30, 2008)			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	
MI040	07/31/2009			07/31/2009	MI040	12/31/2008	All work is complete!

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

PHA Name: Clinton Township Housing Commission		<b>Grant Type and Number</b> Capital Fund Program No: MI28 P040 501 07 Replacement Housing Factor No:					Federal FY of Grant: 2007
Development Number Name/HA-Wide Activities	All Fund Obligated (As of Sept 30, 2008)			All Funds Expended (As of Sept 30 ,2008)			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**

PHA Name: Clinton Township Housing Commission	Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 08 Replacement Housing Factor Grant No:	Federal FY of Grant: 2008
-----------------------------------------------	------------------------------------------------------------------------------------------------------------------	------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement  
 Performance and Evaluation Report for Period Ending: September 2008  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations	87,596	14,596		
3	1408 Management Improvements				
4	1410 Administration				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	1,000	1,000		
8	1440 Site Acquisition				
9	1450 Site Improvement	4,776	4,776		
10	1460 Dwelling Structures	37,000	92,000		
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Nondwelling Structures		18,000		
13	1475 Nondwelling Equipment				
14	1485 Demolition				
15	1490 Replacement Reserve				
16	1492 Moving to Work Demonstration				
17	1495.1 Relocation Costs				
18	1499 Development Activities				
19	1501 Collateralization or Debt Service				
20	1502 Contingency				
21	Amount of Annual Grant: (sum of lines 2 – 20)	130,372	130,372		
22	Amount of line 21 Related to LBP Activities				
23	Amount of line 21 Related to Section 504 compliance				

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

<b>PHA Name:</b> Clinton Township Housing Commission	<b>Grant Type and Number</b> Capital Fund Program Grant No: MI28 P040 501 08 Replacement Housing Factor Grant No:	<b>Federal FY of Grant:</b> 2008
------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------	-------------------------------------

Original Annual Statement  Reserve for Disasters/ Emergencies  Revised Annual Statement  
 Performance and Evaluation Report for Period Ending: September 2008  Final Performance and Evaluation Report

Line No.	Summary by Development Account	Total Estimated Cost		Total Actual Cost	
		Original	Revised	Obligated	Expended
24	Amount of line 21 Related to Security – Soft Costs	4,776			
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures	37,000			

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

PHA Name: Clinton Township Housing Commission		Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 08 Replacement Housing Factor Grant No:				Federal FY of Grant: 08		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	
	<u>OPERATIONS</u>							
	A. Operating costs			87,596	14,596	0	0	
	Subtotal	1406		87,596	14,596	0	0	
	<u>FEES AND COSTS</u>							
	A. Environmental Notice Published			1,000	1,000	0	0	
	Subtotal	1430		1,000	1,000	0	0	
	<u>SITE IMPROVEMENTS</u>							
	A. Security System lease			4,776	4,776	4,776	0	
	Subtotal	1450		4,776	4,776	0	0	
	<u>DWELLING STRUCTURES</u>							
	A. Furnace replacement (52)			37,000	62,000	0	0	
	B. Roof insulation (56 units)			0	30,000	0	0	
	Subtotal	1460		37,000	92,000	0	0	
	<u>NONDWELLING STRUCTURES</u>							
	A. Furnace and AC replacement (Community building and office)			0	18,000	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: Clinton Township Housing Commission			Grant Type and Number Capital Fund Program Grant No: MI28 P040 501 08 Replacement Housing Factor Grant No:				Federal FY of Grant: 08		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised	Funds Oblig ated	Funds Expended		
	Subtotal	1470			18,000	0	0		
	TOTAL				130,372	130,372			

Annual Statement/Performance and Evaluation Report									
Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF)									
Part III: Implementation Schedule									
PHA Name: Clinton Township Housing Commission			Grant Type and Number Capital Fund Program No: MI28 P040 501 08 Replacement Housing Factor No:				Federal FY of Grant: 2008		
Development Number Name/HA-Wide Activities	All Funds Obligated			All Funds Expended			Reasons for Revised Target Dates		
	Original	Revised	Actual	Original	Revised	Actual			
MI040	07/31/2009			07/31/2009					

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

PHA Name: Clinton Township Housing Commission		<b>Grant Type and Number</b> Capital Fund Program No: MI28 P040 501 08 Replacement Housing Factor No:				Federal FY of Grant: 2008	
Development Number Name/HA-Wide Activities	All Funds Obligated			All Funds Expended			Reasons for Revised Target Dates
	Original	Revised	Actual	Original	Revised	Actual	



## Capital Fund Program Five-Year Action Plan

### Part I: Summary

PHA Name Clinton Township Housing Commission		<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>			
Development Number/Name/HA- Wide	Year 1	Work Statement for Year 2 FFY Grant: PHA FY: 2009	Work Statement for Year 3 FFY Grant: PHA FY: 2010	Work Statement for Year 4 FFY Grant: PHA FY: 2011	Work Statement for Year 5 FFY Grant: PHA FY: 2012
	Annual Statement				
MI040		130,000	130,000	130,000	130,000
CFP Funds Listed for 5-year planning		130,000	130,000	130,000	130,000
Replacement Housing Factor Funds					







# Operating Budget

## U.S. Department of Housing and Urban Development

Office of Public and Indian Housing

OMB Approval No. 2577-0026 (exp. 10/31/97)

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No.: _____		b. Fiscal Year Ending <b>MARCH 31, 2009</b>	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo. <input type="checkbox"/> Other (specify) _____	d. Type of HUD assisted project(s) 01 <input checked="" type="checkbox"/> PHA/IHA Owned Rental Housing 02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA Leased Rental Housing 04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership
e. Name of Public Housing Agency/Indian Housing Authority (PHA/IHA) <b>CLINTON TOWNSHIP HOUSING COMMISSION</b>				
f. Address (city, state, zip code) <b>34947 VILLAGE, CLINTON TOWNSHIP, MI 48035</b>				
g. ACC Number <b>C-3031</b>		h. PAS/LOCCS Project No. <b>MI 40-1</b>		i. HUD Field Office <b>DETROIT</b>

j. No. of D.Units <b>100</b>	k. No. of Unit Mos. Avail. <b>1,200</b>	m. No. of Projects <b>one</b>	
---------------------------------	--------------------------------------------	----------------------------------	--

Line No.	Acct. No.	Description (1)	Actuals Last FY Mar-07 PUM (2)	Estimates Current Budget Mar-08 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	(to nearest \$10) (5)	PUM (6)	(to nearest \$10) (7)
<b>Homebuyers Monthly Payments for:</b>								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
<b>040</b>	<b>Total</b>	Break-Even Amount (sum of lines 010, 020 and 030)						
050	7716	Excess (or deficit) in Break-Even						
060	7790	Homebuyers Monthly Payments - Contra						
<b>Operating Receipts</b>								
070	3110	Dwelling Rental	139.14	140.00	160.00	192,000		
080	3120	Excess Utilities	0.00	0.00	0.00			
085	3691	Other Tenant Revenue	7.01	7.08	7.08	8,500		
<b>100</b>	<b>Total</b>	Rental Income (sum of lines 070, 080 and 090)	146.14	147.08	167.08	200,500		
110	3610	Interest on General Fund Investments	3.59	5.00	8.33	10,000		
120	3690	Other Income	0.90	0.83	1.67	2,000		
<b>130</b>	<b>Total</b>	Operating Income (sum of lines 100, 110 and 120)	150.63	152.92	177.08	212,500		
<b>Operating Expenditures - Administration:</b>								
140	4110	Administrative Salaries	66.62	56.33	58.84	70,610		
	4120	Compensated Absences	(11.21)	0.00				
150	4130	Legal Expense	0.00	0.00	0.00	0		
170	4150	Travel & Training, incl. tuition reimbursement	1.17	5.83	8.33	10,000		
180	4170	Accounting Fees	7.43	7.04	7.26	8,710		
190	4171	Auditing Fees	4.63	5.00	5.00	6,000		
200	4190	Other Administrative Expenses	21.73	25.00	26.42	31,700		
<b>210</b>	<b>Total</b>	Administrative Expense (sum of line 140 thru line 200)	90.37	99.21	105.85	127,020		
<b>Tenant Services:</b>								
220	4210	Salaries						
230	4220	Recreation, Publications and Other Services	0.00	0.00	0.00			
240	4240	Resident Participation Funding	0.00	0.00	1.67	2,000		
<b>250</b>	<b>Total</b>	Tenant Services Expense (sum of lines 220, 230 and 240)	0.00	0.00	1.67	2,000		
<b>Utilities:</b>								
260	4310	Water	34.93	41.67	35.83	43,000		
270	4320	Electricity	28.68	30.00	29.58	35,500		
280	4330	Gas	29.32	35.00	30.83	37,000		
310	4390	Other utilities expense						
<b>320</b>	<b>Total</b>	Utilities Expense (sum of line 260 thru line 310)	92.93	106.67	96.25	115,500		

form HUD-52564 (3/95)

## CLINTON TOWNSHIP HOUSING COMMISSION

MARCH 31, 2009

Line No.	Acct. No.	Description (1)	Actuals Last FY Mar-07 PUM (2)	Estimates Current Budget Mar-08 PUM (3)	Requested Budget Estimates			
					PHA/IHA Estimates		HUD Modifications	
					PUM (4)	(to nearest \$10) (5)	PUM (6)	(to nearest \$10) (7)
<b>Ordinary Maintenance and Operation:</b>								
330	4410	Labor	60.20	59.39	59.21	71,050		
340	4420	Materials	21.34	21.67	25.00	30,000		
350	4430	Contract Costs	29.33	30.00	33.96	40,750		
<b>360</b>	<b>Total</b>	Ordinary Maintenance & Operation Expenses (line 330 to 350)	110.87	111.05	118.17	141,800		
<b>Protect Services:</b>								
370	4460	Labor						
380	4470	Materials						
390	4480	Contract Costs						
<b>400</b>	<b>Total</b>	Protective Services Expense (sum of lines 370 to 390)						
<b>General Expense:</b>								
410	4510	Insurance	34.26	38.42	28.29	33,950		
420	4520	Payments in Lieu of Taxes	3.83	2.83	6.38	7,650		
430	4530	Retirement/Severance Expense payments	11.58	0.00	0.00			
440	4540	Employee Benefit Contributions	42.61	41.79	62.00	74,400		
450	4570	Collection Losses	3.47	3.33	3.33	4,000		
460	4590	Other General Expenses						
<b>470</b>	<b>Total</b>	General Expense (sum of lines 410 to 460)	95.75	86.38	100.00	120,000		
<b>480</b>	<b>Total</b>	Routine Expense (sum of lines 210,250,320,360,400 & 470)	389.92	403.30	421.93	506,320		
<b>Rent for Leased Dwellings:</b>								
490	4710	Rents to Owners of Leased Dwellings						
<b>500</b>	<b>Total</b>	Operating Expense (sum of lines 480 and 490)	389.92	403.30	421.93	506,320		
<b>Nonroutine Expenditures:</b>								
510	4610	Extraordinary Maintenance	0.00	0.00	0.00			
511	4620	Casualty Losses	2.08	0.00	0.00			
520	7500	Capital Expenditures	0.00	0.00	0.00	0		
530		Principal & Interest Payments on Energy Loan	0.00	0.00	0.00	0		
<b>540</b>	<b>Total</b>	Nonroutine Expenditures (sum of lines 510,520 and 530)	2.08	0.00	0.00	0		
<b>550</b>	<b>Total</b>	Operating Expenditures (sum of lines 500 and 540)	392.01	403.30	421.93	506,320		
<b>Prior Year Adjustments:</b>								
560	6010	Prior Year Adjustments Affecting Residual Receipts						
<b>Other Expenditures:</b>								
570		Deficiency in Residual Receipts at End of Preceding Fiscal Yr.						
<b>580</b>	<b>Total</b>	Operating Expenditures, including prior year adjustments and other expenditures (line 550 plus or minus line 570)	392.01	403.30	421.93	506,320		
590		Residual Receipts (or Deficit) before HUD Contributions and provision for operating reserve (line 130 minus line 580)	(241.37)	(250.39)	(244.85)	(293,820)		
<b>HUD Contributions:</b>								
600	8010	Basic Annual Contribution Earned - Leased Projects Current Year						
610	8011	Prior Year Adjustments - (Debit) Credit						
<b>620</b>	<b>Total</b>	Basic Annual Contribution (line 600 plus or minus line 610)						
630	8020	Contributions Earned - Op.Sub.:Cur.Yr.(before yr.end adj)	199.68	203.85	208.33	250,000	estimated	
640		Mandatory PFS Adjustments (net):						
660		Other (specify): 2006 Capital Fund, line 14	33.33	50.52	36.52	43,820		
670		Total Year-end Adjustments/Other (plus or minus lines 640 thru 660)						
680	8020	Total Operating Subsidy-current year (line 630 plus or minus line 670)						
<b>690</b>	<b>Total</b>	HUD Contributions (sum of lines 620 and 680)	233.01	254.37	244.85	293,820		
700		Residual Receipts (or Deficit) (sum of line 590 plus line 690)						
		Enter here and on line 810	(8.36)	3.98	0.00	0		

Name of PHA/IHA <b>CLINTON TOWNSHIP HOUSING COMMISSION</b>	Fiscal Year Ending <b>MARCH 31, 2009</b>
---------------------------------------------------------------	---------------------------------------------

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

<b>Part II - Provision for and Estimated and Actual Operating Reserve at Fiscal Year End</b>				
780		Operating Reserve at End of Previous Fiscal year - Actual for FYE (date): 3/31/07	165,287	Per GASB 34
790		Provision for Operating Reserve - Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE Mar-08 <input type="checkbox"/> Actual for FYE	4,775	
800		Operating Reserve and end of Current Budget Year (check one) <input checked="" type="checkbox"/> Estimated for FYE 3/31/08 <input type="checkbox"/> Actual for FYE	170,062	
810		Provision for Operation Reserve - Requested Budget Year Estimated for FYE Enter Amount from line 700	0	
820		Operating Reserve at End of Requested Budget Year Estimated for FYE (Sum of lines 800 and 810)	170,062	
830		Cash Reserve Requirement - ___% of line 480	N/A	

Comments:

**PHA/IHA Approval**

Name Lori Almasy

Title Executive Director

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Field Office Approval**

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

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

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

OMB Approval No. 2577-0026 (exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 1.0 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of management and Budget, Paperwork Reduction Project (2577-0026), Washington, D.C. 20503. Do Not send this completed form to either of the above addresses.

Name of Housing Authority:		Locality:		Fiscal Year End:	
<b>CLINTON TOWNSHIP HOUSING COMM.</b>		<b>CLINTON TWP., MI 48035</b>		<b>MARCH 31, 2009</b>	
(1)	(2)	(3)	(5)	(6)	
Description	Total	Management	Section 8	Other	
1	Legal Expense (see Special Note in instructions)	0			
2	CTHC Tuition reimbursement program	8,000	8,000		
3	Travel				
	Trips to Conventions and Meetings (list and provide justification)	2,000	2,000		
4	Other Travel:				
	Outside Area of Jurisdiction	0			
5	Within Area of Jurisdiction	0			
6	Total Travel	10,000	10,000		
7	Accounting	8,710	8,710		
8	Auditing	6,000	6,000		
9	Sundry				
	Rental of Office Space				
10	Telephone, Fax, Electronic Communications	9,500	9,500		
11	Postage	1,500	1,500		
12	Forms, Stationary and Office Supplies	4,000	4,000		
13	Dues, Books, Fees, Advertising	5,000	5,000		
14	Collection Agent Fees and Court Costs	6,000	6,000		
15		0			
16	Tenant Screening	1,200	1,200		
17	Computer Expense	3,000	3,000		
18	Other Sundry Expense (provide breakdown)	1,500	1,500		
19	Total Sundry	31,700	31,700		
20	Total Administrative Expense Other Than Salaries	56,410	56,410		

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

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

Signature of authorized representative & Date:

**X**

Lori Almasy, Executive Director



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

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

**Operating Expenditures**

**Summary of Staffing and Salary Data**

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

- Column (1)** Enter the total number of positions designated with the corresponding account line symbol as shown in Column (1), form HUD-52566.
- Column (2)** Enter the number of equivalent full-time positions allocable to HUD-aided housing in management. For example: A HA has three "A-NT" positions allocable to such housing at the rate of 80%, 70%, and 50% respectively. Thus, the equivalent full-time positions is two. (8/10 + 7/10 + 5/10).
- Column (3)** Enter the portion of total salary expense shown in Column (5) or Column (6), form HUD-52566, allocable to HUD-aided housing in management, other than Section 23 Leased housing.
- Column (4)** Enter the portion of total salary expense shown in Column (5) or Column (10), form HUD-52566, allocable to Section 23 Leased housing in management.
- Column (5)** Enter the portion of total salary expense shown in Column (5) or Column (7), form HUD-52566, allocable to Modernization programs (Comprehensive Improvement Assistance Program or Comprehensive Grant Program).
- Column (6)** Enter the portion of total salary expense shown in Column (5) or column (9), form HUD-52566, allocable to Section 8 Programs.

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

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

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

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

---

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

---

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

---

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

Water	43,000
Electricity	35,500
Gas	<u>37,000</u>
Total	115,500

---

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

---

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

Heating, Electrical, Plumbing, repairs	3,000	Outside Light Repairs/Maint.	4,000
Unit Turnovers contracted (Dorothy)	13,000	Cell Phones	2,500
Fire Alarm, Security System, Safety	2,000	Locksmith	1,500
Trash Removal	5,500		
Pest control	1,500	Sundry	<u>1,000</u>
Grounds Maintenance, incl. Snow Removal	500		
Glass R&R	750		
Vehicle Maintenance	1,000		
Uniforms	1,500	Total	40,750
Equipment Leases & Maint. contracts	3,000		

**Insurance:** Give an explanation of substantial Requested Budget Year estimated increases in the PUM rate of expenditures for insurance over the Current Budget Year. Cite changes in coverage, premium rates, etc.

Property & Liability (comprehensive policy)	27,000
Auto	2,000
Bond	150
Workers Compensation	<u>4,800</u>
	33,950

---

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

FICA	12,750
Pension: estim. @ 9%	15,000
Dental & Optical	3,600
Disability (L-T & S-T)	2,750
Health Insurance	42,850
Life Insurance	<u>450</u>
	77,400
Less:	
Sec. 8 Voucher	<u>(3,000)</u>
Net Benefits	74,400

---

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

---

**Extraordinary Maintenance, Replacement of Equipment, and Betterments and Additions:** Cite prior HUD approval or give justification for each nonroutine work project included in the Requested Budget and for those future years which make up the estimate on form HUD-52570. Justifying information incorporated on or attached to form HUD-52567 need not be repeated here.

---

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

Operating Budget  
Schedule of All Positions and Salaries

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

OMB Approval No. 2577-0026 (Exp. 10/31/97)

Name of Housing Authority						Locality			Fiscal Year End:			
CLINTON TOWNSHIP HOUSING COMMISSION						CLINTON TOWNSHIP, MI 48035			MARCH 31, 2009			
Position Title and Name By Organizational Unit and Function	Present Salary Rate As of (date) 1/22/08	Requested Budget Year			Allocation of Salaries by Program							
		Salary Rate	Estimated Payment		Management	Township Contribution	Section 8 Programs	Development	Other Programs	Longevity	Method of Allocation	
			No. Months	Amount								(6)
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	
<b>ADMINISTRATION</b>												
Lori	Executive Director	49,000	49,980	12	49,980	38,480	8,500	3,000				
	Unused Sick pay				0	0						
	Unused personal pay				411	411						
	Longevity				0	0						
Lisa	Office Clerk - full time	18.221/hr.	18.585/hr.	12	38,660	29,660	4,000	5,000				
	Payment in lieu of Health Insurance				1,200	1,200						
	Unused Sick pay				0	0						
	Unused personal pay				338	338						
	Longevity				520	520						
					91,109	70,609	12,500	8,000				
<b>MAINTENANCE</b>												
Bart	Maintenance Person I	18.302/hr.	18.668/hr.	12	38,830	32,830	6,000					
	Payment in lieu of Health Insurance				1,200	1,200						
	Unused Sick pay				0	0						
	Unused personal pay				349	349						
	Longevity				260	260						
Mike	Maintenance Person II	15.38/hr.	15.688/hr.	12	32,630	32,630						
	Unused Sick pay				0	0						
	Unused personal pay				285	285						
	Longevity				0	0						
	Estimated Overtime				3,500	3,500						
					77,054	71,054	6,000					
<b>CERTIFICATION</b>												
This is to certify that none of the positions as identified above exceed 100% of any individual employee's time.												
To the best of my knowledge, all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.						Executive Director or Designated Official						Date
Warning: HUD will prosecute false claims and statements. Conviction may result in a criminal and/or civil penalties. (18 U.S.C.. 1001, 1010, 1012:31 U.S.C. 3729, 3802)						X Lori Almasy, Executive Director						