

PHA 5-Year and Annual Plans	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226
------------------------------------	---	--------------------------

1.0	PHA Information PHA Name: <u>Scotts Bluff County Housing Authority</u> PHA Code: <u>NE078</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>07/01/2009</u>					
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>162</u> Number of HCV units: <u>410</u>					
3.0	Submission Type <input checked="" type="checkbox"/> Annual Plan and 5-Year Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only					
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)					
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program	
					PH	HCV
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.					
5.1	<p>Mission. State the PHA's Mission for serving the needs of low-income, very low income, and extremely low income families in the PHA's jurisdiction for the next five years: The Scotts Bluff County Housing Authority 's mission is to provide high quality, affordable housing; increase opportunities for resident self-sufficiency and economic independence; and assure fiscal integrity by all program participants and administrators.</p> <p>In order to achieve this mission, we will:</p> <ul style="list-style-type: none"> • Recognize the residents/participants as our ultimate customer. • Strive to improve PHA management, communication and service delivery efforts through oversight, assistance, training and selective intervention by highly skilled, dedicated and result-oriented personnel. • Seek problem-solving partnerships with PHA, residents/participants, community, and government leadership. • Act as an agent for "change" when performance improvement is needed. • Efficiently apply limited HUD resources by using risk management techniques to focus on our efforts and outcomes. • Utilize a variety of public/private partnerships for financing housing development. • Be change agent for programs from homelessness to homeownership and devote our time, talents and resources to making a difference in the lives of each person. 					

5.2 **Goals and Objectives.** Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

PREVIOUS 5 YEAR GOALS:

- 1) Expand the supply of assisted Housing
 - A. Apply for additional rental vouchers – Received administration of HART vouchers in 2005 – now at 21.2
 - B. Reduce Public Housing Vacancies – Currently have 3% vacancy. 5 offline for CF remodel, 5 vacant, 3 ready & offered
 - C. Leverage funds for additional housing opportunities – developed Valacia North Villa – 2006 6 units special needs 2BR
 - D. Acquire or build units or developments – See above Valacia North Villa
- 2) Improve the Quality of Assisted Housing
 - A. Public Housing and Section 8 have continued to be a High Performers in PHAS/SEMAP during the 5 year
 - B. Customer Satisfaction – Continue to work with Resident Council to maintain strong customer relations
 - C. Modernize Public Housing Units – SBHA has utilized Capitol Funds to modernize all but 3 of the 76 family units
And is now devoting modernization to the elderly units.
- 3) Increase Assisted Housing Choices
 - A. Implement at Voucher Homeownership Program – this was approved with the first closing January 2004 – we average 1 closing/year in the Home-Ownership Program.
- 4) Provide an Improved Living Environment
 - A. SBHA offers training opportunities in construction and maintenance through TQM. TQM has employed, trained, and promoted or referred its trainees to private companies. Success – One of our Maintenance Directors came through the TQM training program.
- 5) Promote self-sufficiency and asset development of families and individuals
 - A. The family ROSS grant application - The previous EDSS Family grant was successful – no additional Family grants have been applied for at this time due to staff time constraints.
 - B. The ROSS Grant in 2003 brought resources such as Cooperative Extension, Aging Office of Western NE; Panhandle Independent Living Services, etc. to our residents as well as Food Bank, Center for People in Need and additional resources. Many of these benefits have continued even though the grant has been closed out.
- 6) Ensure Equal Opportunity in Housing for All Americans
 - A. Undertake Affirmative Measures to ensure access, suitable living environment and accessible housing – We have developed Website – Scottsbluff housing.com, enrolled in the United Way 211 system, listed on nehousing.gov, generated a landlord list that marks accessible units, undated our affirmative housing information with HUD, provided staff & resident training on Fair Housing. Authored information in the Panhandle Independent Living Center's newsletter, attend the Inter-Agency Quarterly meeting, special mailing, spoke at Rent-Wise meetings and revised our ACOP and rules to be in compliance with Fair Housing. We have also made modifications to our units in compliance with HUD Fair Housing Reviews.
- 7) Implement the VAWA policies and procedures in our public housing ACOP (VAWA Attachment)
 - A. Updated the ACOP in 2008 to be consistent with the VAWA

FUTURE 5 YEAR GOALS:

- 1) Excellence in Property Management
 - A. Increase Rent Collections to 97%
 - B. Decrease Unit Turn-around to 25 days
 - C. Increase Occupancy to 95%
 - D. Maintain a High Performer PHAS status
- 2) Achieve Excellent in Housing Choice Voucher Management and Enforcement
 - A. Continue Home-Ownership Program – strive for 1/year
 - B. Maintain 98% level of Voucher Lease-up
 - C. Reduce HAP utilization to 100%
 - D. Maintain a High Performer SEMAP status
- 3) Develop Affordable Quality Housing for elderly and disabled
 - A. Leverage funds to build additional housing
 - B. Purchase properties that serve elderly or disabled
 - C. Utilize Pre-2003 Voucher Administrative funds for leverage purposes with HUD approval
- 4) Purchase Affordable Housing Units to preserve affordability.
 - A. Purchase the Elmwood Village, family units, continue at affordable rents & incomes
 - B. Consider the purchase of Lincoln House – elderly & disabled housing, USDA, Tax Credits
- 5) Maximize relationship to Deliver Effective Services
 - A. Increase staff support & Maintenance to Carpenter Center
 - B. Contract with Scotts Bluff Police Department for above base-line services.
- 6) Provide Excellent in Customer Service & Fair Housing to all staff
 - A. Provide Customer Service Training to staff
 - B. Provide Fair Housing Training to staff

PHA Plan Elements not Subject to HUD Review.

(a) List the required elements that have been revised by the PHA since its last Annual Plan submission:
The Admissions and Continued Occupancy and Section 8 Administrative Plan have been revised in 2008 and will be revised in 2009.
We have revised the Admissions and Continued Occupancy Policies, Rules & Regulations regarding Companion Animals, reviewed Flat Rents, Utility Allowances and Excess Utility Charges and revised internal control policies and procedures.

(b) List the locations(s) where the public may obtain copies of required PHA Plan elements not subject to HUD review.
All information is available at 89A Woodley Park Road, Gering, NE upon request.

See ACOP for full details. SBHA has a preference for elderly and disabled households, followed by couples & single adults, and adults with child/children in units at Colson Manor, Bluff View Manor and Morrill Manor. SBHA affirmatively markets the units and does not discriminate. Applicants are entered on the waiting list immediately by date and time. Criminal background and landlord checks (or home visits) are conducted on each applicant as well as verification of income and allowable deductions. SBHA offers site-based tenant selection of units or a site—based waiting list. Applicants may choose up to 3 of the locations they wish to reside in. As the applicant’s name approaches the top of the waiting list, they are offered a newly-readied apartment via phone or mail. The applicant must respond within 3 – 5 days depending on delivery of the offer. If the applicant fails to respond or is not ready to take the unit at that time, their name is moved down on the list. Upon second offer, the applicant must take the unit or have their name removed from the waiting list.

2. Financial Resources Based on 2008 Audit

Sources	
Dwelling Rental Income	\$ 515,335.92
Non-Dwelling Income	18,300.00
HUD & Other Contributions	1,398,849.00
Intergovernmental	1,103,607.00
Program Income	327,527.00
Management Income	95,457.89
Other Income	82,398.93
HUD Operating Subsidy	372,908.32
HUD Capitol Grants	262,683.56
Interest	<u>39,443.44</u>
Total Resources	\$ 4,216,511.06

3. Rent Determinations

The Scotts Bluff County Housing Authority has the typical HUD adjusted rents based upon income as well as minimum rents of \$50 per month and Flat Rents of \$418 for any 1BR; \$502 2 BR or \$402 @ RW; \$640 3BR or \$540 @ RW; and 844 4 BR or \$550 @ RW

4. Operation and Management

The Housing Authority maintenance program is conducted by 3FTE maintenance positions with support via by the TQM division of the Scotts Bluff County Housing Authority. We operate a work-order system for resident initiated maintenance issues with a 24 hour on-call system as well for emergencies. Preventative maintenance is carried out by on-site staff while major remodeling and/or merging of units is conducted by TQM through inter-local agreement. Pest control is completed with preventive maintenance by the onsite maintenance staff and is completed by monthly contract services. Overall management of the Scotts Bluff County Housing Authority is provided by the Executive Director with policy development and approval by the Board of Commissioners. A management office at Bluff View accepts rent and maintains resident relations as well as host community dinners and occasional group activities. SBHA Public Housing Managers and clerks conduct annual re-certifications, interims and conduct yearly and special unit UPCS inspections. SBHA Maintenance Director conducts annual inventory with PHA staff as well as annual systems inspections. The Section 8 Department is coordinated with 3 staff, two of which conduct HQS inspections. The Carpenter Center is under the direction of a 501 © 3 with maintenance provided by TQM staff; the HOPES Center is Staffed with volunteers and TQM trainees. A 501 © 3 SB Public Housing Resident Council operates the Food Bank for residents in public Housing. A part-time Senior Coordinator conducts activities for SBHA elderly and disabled residents.

5. Grievance Procedures

The Grievance procedures are provided at lease-up to each new resident as well as posted on the community bulletin board in the lobby. Informal procedures include communication with the public housing manager and/or the Executive Director. Informal Hearing procedures require a written request within 14 days of notice of action to BHA office. Informal hearings are conducted with resident, staff and Executive Director. Formal procedures are conducted after the informal hearing and include outside hearing panels to review and recommend appropriate action.

6. Designated Housing for Elderly and Disabled Families. SBHA does not have an elderly and disabled families designation.

7. Community Service and Self-Sufficiency: Residents who are not exempt from community service according to HUD guidelines, may perform community service at the Scotts Bluff County Housing Authority or for one of the other community partners such as Headstart, local Cities, the Library, Carpenter Center, Nursing Homes or other agencies. If required to perform community service, the resident must perform 8 hours of community service per month. SBHA will provide first notification to those persons required to perform community service, opportunities available, and the forms for recording their community service which require third party verification. Full regulations on community service are found in the ACOP (Admissions and Continued Occupancy Policies). The SBHA has implemented Welfare to Work policies for any resident eligible which will not consider their income for the first full year of this designation, only 50% of the income in year 2 and in year 3, the full income will be utilized in the rent determination.

8. Safety and Crime Prevention

6.0 The Scotts Bluff County Housing Authority maintains an open relationship with its residents and the local law enforcement regarding crime and safety prevention. SBHA has an active graffiti removal program, but surrounding neighborhoods in Scottsbluff do not, thus, our communities are near unsightly graffiti areas. SBHA also works with WING (Western NE Intelligence Narcotics Group) to identify and report any traffic or problems that arise in our units. SBHA uses the Nebraska State Patrol, Registered Sex Offenders List and Nebraska.gov to screen applicants.

9. Pets: Pet ownership is detailed in the ACOP and Pet Rules and Regulations. Companion or assistive animals Rules and Regulations, but do have to follow the Companion/Assistive animals Rules and Regulations.

10. Civil Rights Certification: SBHA conducts annual impediments to fair housing & is in compliance w/the NE State Consolidated Plan.

11. Fiscal Year Audit – There were no findings in the SBHA audit ending June 30, 2008

12. Asset Management- SBHA conducts an annual inventory to determine needs as well as information from staff regarding asset management. upon review of assets, capitol needs and resources, SBHA will carryout an implementation plan based on needs & resources while maintaining the property in its best condition.

13. Violence Against Women Act (VAWA) –SBHA implemented policies in conformance with HUD recommendations and consultation with our Domestic Violence local agency. We maintain a great working relationship with NE HHSD and law enforcement for input and referrals.

7.0	<p>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable. We continue to promote our Section 8 Homeownership Program. Up to Twenty-Four vouchers are Project-based vouchers at the Valacia Apartments in Gering, NE.</p>																																																																																																																																																												
8.0	<p>Capital Fund Financing Program (CFFP).</p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP) or Replacement Housing Factor (RHF) grant to repay debt incurred to finance capital improvements. N/A</p>																																																																																																																																																												
9.0	<p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income and very low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p>SBHA uses a site-based waiting list for its properties: Updated Information as of 3-9-2009</p> <table border="1"> <thead> <tr> <th></th> <th>Date Initiated</th> <th colspan="2">Initial Mix</th> <th colspan="2">Current Mix</th> <th colspan="2">Percent of change</th> </tr> </thead> <tbody> <tr> <td rowspan="5">Colson Manor</td> <td rowspan="5">3-15-02</td> <td>White</td> <td>95%</td> <td>White</td> <td>100%</td> <td>White</td> <td>+5%</td> </tr> <tr> <td>Hispanic</td> <td>0%</td> <td>Hispanic</td> <td>0%</td> <td>Hispanic</td> <td>0%</td> </tr> <tr> <td>Am Indian</td> <td>5%</td> <td>Am Indian</td> <td>0%</td> <td>Am Indian</td> <td>-5%</td> </tr> <tr> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> </tr> <tr> <td>Black</td> <td>0%</td> <td>Black</td> <td>0%</td> <td>Black</td> <td>0%</td> </tr> <tr> <td rowspan="5">Morrill Manor</td> <td rowspan="5">3-15-02</td> <td>White</td> <td>95%</td> <td>White</td> <td>100%</td> <td>White</td> <td>+5%</td> </tr> <tr> <td>Hispanic</td> <td>5%</td> <td>Hispanic</td> <td>0%</td> <td>Hispanic</td> <td>-5%</td> </tr> <tr> <td>Am Indian</td> <td>0%</td> <td>Am Indian</td> <td>0%</td> <td>Am Indian</td> <td>0%</td> </tr> <tr> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> </tr> <tr> <td>Black</td> <td>0%</td> <td>Black</td> <td>0%</td> <td>Black</td> <td>0%</td> </tr> <tr> <td rowspan="5">Bluff View</td> <td rowspan="5">3-15-02</td> <td>White</td> <td>57%</td> <td>White</td> <td>71%</td> <td>White</td> <td>+14%</td> </tr> <tr> <td>Hispanic</td> <td>38%</td> <td>Hispanic</td> <td>19%</td> <td>Hispanic</td> <td>+19%</td> </tr> <tr> <td>Am Indian</td> <td>2%</td> <td>Am Indian</td> <td>4%</td> <td>Am Indian</td> <td>+ 2%</td> </tr> <tr> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> </tr> <tr> <td>Black</td> <td>3%</td> <td>Black</td> <td>6%</td> <td>Black</td> <td>+ 3%</td> </tr> <tr> <td rowspan="5">Rebecca Winter</td> <td rowspan="5">3-15-02</td> <td>White</td> <td>47%</td> <td>White</td> <td>82%</td> <td>White</td> <td>+35%</td> </tr> <tr> <td>Hispanic</td> <td>36%</td> <td>Hispanic</td> <td>12%</td> <td>Hispanic</td> <td>-24%</td> </tr> <tr> <td>Am Indian</td> <td>17%</td> <td>Am Indian</td> <td>0%</td> <td>Am Indian</td> <td>-17%</td> </tr> <tr> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> <td>Asian</td> <td>0%</td> </tr> <tr> <td>Black</td> <td>0%</td> <td>Black</td> <td>6%</td> <td>Black</td> <td>+ 6%</td> </tr> </tbody> </table> <p style="text-align: center;">As Of 3-25-2009</p> <table border="1"> <tr> <td>Section Waiting List</td> <td>14 Families</td> <td>White</td> <td>79%</td> </tr> <tr> <td></td> <td></td> <td>Hispanic</td> <td>21%</td> </tr> <tr> <td></td> <td></td> <td>Am Indian</td> <td>0%</td> </tr> <tr> <td></td> <td></td> <td>Asian</td> <td>0%</td> </tr> <tr> <td></td> <td></td> <td>Black</td> <td>0%</td> </tr> </table>		Date Initiated	Initial Mix		Current Mix		Percent of change		Colson Manor	3-15-02	White	95%	White	100%	White	+5%	Hispanic	0%	Hispanic	0%	Hispanic	0%	Am Indian	5%	Am Indian	0%	Am Indian	-5%	Asian	0%	Asian	0%	Asian	0%	Black	0%	Black	0%	Black	0%	Morrill Manor	3-15-02	White	95%	White	100%	White	+5%	Hispanic	5%	Hispanic	0%	Hispanic	-5%	Am Indian	0%	Am Indian	0%	Am Indian	0%	Asian	0%	Asian	0%	Asian	0%	Black	0%	Black	0%	Black	0%	Bluff View	3-15-02	White	57%	White	71%	White	+14%	Hispanic	38%	Hispanic	19%	Hispanic	+19%	Am Indian	2%	Am Indian	4%	Am Indian	+ 2%	Asian	0%	Asian	0%	Asian	0%	Black	3%	Black	6%	Black	+ 3%	Rebecca Winter	3-15-02	White	47%	White	82%	White	+35%	Hispanic	36%	Hispanic	12%	Hispanic	-24%	Am Indian	17%	Am Indian	0%	Am Indian	-17%	Asian	0%	Asian	0%	Asian	0%	Black	0%	Black	6%	Black	+ 6%	Section Waiting List	14 Families	White	79%			Hispanic	21%			Am Indian	0%			Asian	0%			Black	0%
	Date Initiated	Initial Mix		Current Mix		Percent of change																																																																																																																																																							
Colson Manor	3-15-02	White	95%	White	100%	White	+5%																																																																																																																																																						
		Hispanic	0%	Hispanic	0%	Hispanic	0%																																																																																																																																																						
		Am Indian	5%	Am Indian	0%	Am Indian	-5%																																																																																																																																																						
		Asian	0%	Asian	0%	Asian	0%																																																																																																																																																						
		Black	0%	Black	0%	Black	0%																																																																																																																																																						
Morrill Manor	3-15-02	White	95%	White	100%	White	+5%																																																																																																																																																						
		Hispanic	5%	Hispanic	0%	Hispanic	-5%																																																																																																																																																						
		Am Indian	0%	Am Indian	0%	Am Indian	0%																																																																																																																																																						
		Asian	0%	Asian	0%	Asian	0%																																																																																																																																																						
		Black	0%	Black	0%	Black	0%																																																																																																																																																						
Bluff View	3-15-02	White	57%	White	71%	White	+14%																																																																																																																																																						
		Hispanic	38%	Hispanic	19%	Hispanic	+19%																																																																																																																																																						
		Am Indian	2%	Am Indian	4%	Am Indian	+ 2%																																																																																																																																																						
		Asian	0%	Asian	0%	Asian	0%																																																																																																																																																						
		Black	3%	Black	6%	Black	+ 3%																																																																																																																																																						
Rebecca Winter	3-15-02	White	47%	White	82%	White	+35%																																																																																																																																																						
		Hispanic	36%	Hispanic	12%	Hispanic	-24%																																																																																																																																																						
		Am Indian	17%	Am Indian	0%	Am Indian	-17%																																																																																																																																																						
		Asian	0%	Asian	0%	Asian	0%																																																																																																																																																						
		Black	0%	Black	6%	Black	+ 6%																																																																																																																																																						
Section Waiting List	14 Families	White	79%																																																																																																																																																										
		Hispanic	21%																																																																																																																																																										
		Am Indian	0%																																																																																																																																																										
		Asian	0%																																																																																																																																																										
		Black	0%																																																																																																																																																										

9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> <ol style="list-style-type: none"> 1) Increase Awareness of Public Housing Openings and Development of Available Waiting List <ol style="list-style-type: none"> A. Advertise on cable – Charter Communications (Both Prime Time & Channel 10) B. Advertise in the local newspaper – Star-Herald C. Advertise on our website: scottsbluffhousing.com D. Advertise on housingne.gov and United Way 211 websites E. Offer Specials to include, but not be limited to Choice of Free Months Rent, Free Microwave, Free Gas Card To those who lease-up. F. Annual mailings to agencies who serve the low income or minority populations – updating unit availability 2) Increase Family Resident Involvement in educational and recreational programs at Carpenter Center <ol style="list-style-type: none"> A. Hire a 1 FTE Public Housing Family Advocate to work with Carpenter Center/HA to get family involvement B. Hire a .5 FTE Senior Coordinator develop Senior Programs at Carpenter Center/HA 3) Complete Modernization on all Elderly Units by 2013 4) Begin Modernization on Family Units by 2013 5) Apply for any funding streams increase affordable housing development, particularly of the elderly/disabled, service components, etc 6) Form a non-profit housing entity to receive funds that will be supportive of HA efforts to develop housing. 7) Form a non-profit entity to receive funds to promote homeless assistance programs in Scotts Bluff County 8) Continue to participate in review of the DED Five-Year Action Plan, serve on the State COC Committee, Ad Hoc Committee and be active in the local Continuum of Care 9) Build and remodel “Green” wherever possible and utilize Energy-Star in all appliances, systems, etc. <p>The waiting list is kept current and open at all times. Signage in the front of the rental office, notifies the public of waiting list opportunity as well as ads in the local newspaper when vacancies will be occurring. Our strategies include employing effective maintenance and management policies to minimize the number of public housing units off-line, reduce turnover time for vacated public housing units and reduction of time to renovate public housing units. We will continue to renovate as funds permit those units still needing modernization. SBHA exceeds the HUD federal targeting requirements for families at or below 30% of AMI; we also wish to evaluate the need for additional affordable housing or assisted housing in Scotts Bluff County. At a minimum of annually and as needed, we will affirmatively market to persons with disabilities, and those with disproportionate housing needs to further fair housing and maintain high occupancy of our housing</p> <ol style="list-style-type: none"> 10) Pursue additional funding resources such as tax credits, Federal Home Loan Bank, USDA, to purchase land to develop additional senior and handicap accessible housing Utilize existing Housing Choice Vouchers to project base additional senior and family housing And continue to offer the Section 8 Homeownership Program to increase lease-up and assure a wide range of affordable housing opportunities.
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <ol style="list-style-type: none"> (A) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. See in 5.2 (B) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” <p>Significant Amendment – are defined as discretionary changes in the plan or policies of the Housing Authority that fundamentally change the plans of the agency and which required formal approval of the Board of Commissioners.</p> <p>Substantial Deviation/modification- Change in the 5 year plan occurs when the Board of Commissioners decides that it wants to change the mission statement, goals or objectives of the 5 year plan.</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following eight documents. Items A through G may be submitted with signature by mail or electronically with scanned signatures. Item H must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <ol style="list-style-type: none"> (A) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) (B) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) (C) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) (D) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) (E) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) (F) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (signature page only) (G) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) (H) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.

This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced 5-Year and Annual PHA Plans. The 5-Year and Annual PHA plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission and strategies for serving the needs of low-income and very low-income families. This form is to be used by all PHA types for submission of the 5-Year and Annual Plans to HUD. Public reporting burden for this information collection is estimated to average 12.68 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

Privacy Act Notice. The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

Instructions form HUD-50075

Applicability.

This form is used by all Public Housing Agencies (PHAs) to submit their 5-Year Plan and Annual Plan in accordance with 24 CFR Part 903.

1.0 PHA Information

Include the full PHA name, PHA code, PHA Type, and PHA Fiscal Year Beginning (MM/YYYY).

2.0 Inventory

Under each program, enter the number of Annual Contributions Contract (ACC) Public Housing (PH) and Section 8 units (HCV).

3.0 Submission Type

Indicate whether this submission is for an Annual and Five Year Plan, Annual Plan only, or 5-Year Plan only.

4.0 PHA Consortia

Check box if submitting a Joint PHA Plan and complete the table.

5.0 Five-Year Plan

Identify the PHA's Mission, Goals and/or Objectives (24 CFR 903.6). Complete only at 5-Year update.

5.1 Mission. A statement of the mission of the public housing agency for serving the needs of low-income and very low-income families in the jurisdiction of the PHA during the years covered under the plan.

5.2 Goals and Objectives. Identify quantifiable goals and objectives that will enable the PHA to serve the needs of low income and very low-income families.

6.0 PHA Plan Elements Not Subject to HUD Review.

- A.** Identify specifically which plan elements not subject to HUD review have been revised since the PHA's prior plan submission.
- B.** Describe where plan components not subject to HUD review may be obtained by the public and not subject to HUD review. List all locations (office, website, library, etc).

Below is a description of the plan elements that must be made readily available to the public:

- (a) Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.
- (b) Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based

assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned used for the resources

- (c) Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
- (d) Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance and management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
- (e) Grievance Procedures.** Description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
- (f) Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
- (g) Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements.
- (h) Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: **(i)** A description of the need for measures to ensure the safety of public housing residents; **(ii)** A description of any crime prevention activities conducted or to be conducted by the PHA; and **(iii)** A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.
- (i) Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
- (j) Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in

view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.

- (k) **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
- (l) **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
- (m) **Violence Against Women Act (VAWA).** A description of: (1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; (2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and (3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

7.0 Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers

- (a) **Hope VI or Mixed Finance Modernization or Development.** (1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and (2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: (1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; (2) An analysis of the projects or buildings required to be converted; and (3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>
- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of

project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to serve the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

9.0 Housing Needs. Provide a statement of the housing needs of families residing in the jurisdiction served by the PHA and the means by which the PHA intends, to the maximum extent practicable, to address those needs. (**Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

9.1 Strategy for Addressing Housing Needs. Provide a description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. (**Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).

10.0 Additional Information. Describe the following, as well as any additional information requested by HUD:

- (A) **Progress in Meeting Mission and Goals.** PHAs must include (i) a statement of the PHAs progress in meeting the mission and goals described in the 5-Year Plan; (ii) the basic criteria the PHA will use for determining a significant amendment from its 5-year Plan; and a significant amendment or modification to its 5-Year Plan and Annual Plan. (**Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan).
- (B) **Significant Amendment and Substantial Deviation/Modification.** PHA must provide the definition of "significant amendment" and "substantial deviation/modification". (**Note:** Standard and Troubled PHAs complete annually; Small and High Performers complete only for Annual Plan submitted with the 5-Year Plan.)
- (C) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. (**Note:** Standard and Troubled PHAs complete annually).

11.0 Required Submission for HUD Field Office Review. In order to be a complete package, PHAs must submit items (A) through (G), with signature by mail or electronically with scanned signatures. Item H shall be submitted as an attachment to the PHA Plan.

- (A) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (B) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (C) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (D) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (E) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (F) Form HUD-50075.1, *Capital Fund Program Annual Form Statement/Performance and Evaluation Report (signature page only)*
PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1) for each Capital Fund Program (CFP) to be

undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

- (1) To submit the initial budget for a new grant or CFFP;
- (2) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (3) To record a budget revision on a previously approved open grant or CFFP, e.g., additions or deletions of work items, modification of budgeted amounts that have been undertaken since the submission of the last Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually.

Additionally, PHAs shall complete the Performance and Evaluation Report section (see footnote 2) of the *Capital Fund Program Annual Statement/Performance and Evaluation* (form HUD-50075.1) at the following times:

- (1) At the end of the program year; until the program is completed or all funds are expended;

- (2) When revisions to the Annual Statement are made, which do not require prior HUD approval (e.g., expenditures for emergency work, revisions resulting from the PHAs application of fungibility); and
- (3) Upon completion or termination of the activities funded in a specific capital fund program year.

(G) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (PHAs receiving CFP grants only)*
PHAs must submit the *Capital Fund Program Five-Year Action Plan* (form HUD-50075.2) for the entire PHA portfolio for the first year of participation in the CFP and annual update thereafter to eliminate the previous year and to add a new fifth year (rolling basis) so that the form always covers the present five-year period beginning with the current year.

(H) Resident Advisory Board (RAB) comments.

8.4A PROHIBITION AGAINST DENIAL UNDER VAWA

The Violence Against Women Reauthorization Act of 2005 prohibits denying admission to Public housing to an otherwise qualified applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking.

The VAWA limits the SBHA's right to terminate tenancy or program assistance under certain circumstances. Specifically, SBHA may not construe such violence or stalking as a serious or repeated violation of the lease by the victim, as other good cause for terminating the tenancy or occupancy rights of the victim or as criminal activity justifying termination of tenancy, occupancy rights, or program assistance of the victim.

The law provides in part that criminal activity directly relating to domestic violence, dating violence, or stalking engaged in by a member of the household or any guest or other person under the family's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim or threatened victim of that abuse.

Definitions as used in VAWA:

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

Dating Violence - includes violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim: and where the existence of such a relationship shall be determined based on a consideration of the following factors: (1) the length of the relationship, (2) the type of relationship, (3) the frequency of interaction between the person involved in the relationship;

Stalking – is defined as: (1) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate, (2) to place under surveillance with the intent to kill, injure, harass, or intimidate another person, (3) in the course of, or as a result of, such following, pursuit, surveillance, or repeatedly committed acts, to place a person in reasonable

fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to (a) that person, (b) a member of the immediate family of that person, or (c) the spouse or intimate partner of that person;

Immediate family – immediate family member – with respect to a person, is a spouse, parent, brother or sister, or child of that person, or an individual to whom that person stands in the position or place of a parent, or any other person living in the household of that person and related to that person by blood and marriage.

When a tenant or other household member claims that s/he is the victim of such actions the SBHA or owner/manager may request that the individual certify that s/he is a victim of domestic violence, dating violence, or stalking, and that the incident or incidents in question are bona fide incidents of such actual or threatened abuse.

The SBHA will provide tenant or other household member claiming that s/he is a victim of such actions with the form HUD-50066 “Certification of Domestic Violence, Dating Violence, or Stalking”. The individual will be required to come into the SBHA office to obtain the certification and the certification is to be returned to the SBHA office within 14 calendar days. The SBHA may extend the deadline at their discretion. If the individual does not submit the certification with the required time frame (including any approved extension) the SBHA or owner/manager may proceed with terminating the tenancy or assistance of the family.

Evicting or Terminating Assistance of a Perpetrator: Notwithstanding any Federal, State, or local law to the contrary, SBHA may terminate assistance to, or an owner/manager may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.

The SBHA retains the authority to terminate the tenancy, occupancy, or program assistance of a victim under either of the following conditions: (1) the termination is for a lease violation premised on something other than an act of domestic violence, dating, violence, or stalking against the victim and the SBHA or owner/manager is holding the victim to a standard no more “demanding” than the standard to which the other tenants are held, (2) the SBHA or owner/manager can demonstrate an “actual and imminent threat to other tenants of those employed at or

providing service to the property” if the tenancy of the victim is not terminated.

The SBHA will notify tenants/families of their right under the VAWA by posting information in our office. The SBHA will also notify families at the time of briefings, new admissions, annual reexaminations and any time it is deemed necessary. The SBHA will also provide information to the owners/managers in the same manner.

The tenant’s/family’s right of confidentiality and the limits thereof are provided on the form HUD-50066.

Capital Fund Program—Five-Year Action Plan

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011

Part I: Summary						
PHA Name/Number Scotts Bluff County Housing Authority		Locality (City/County & State) Gering, Scotts Bluff, Nebraska			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY ____2010_____	Work Statement for Year 3 FFY ____2011_____	Work Statement for Year 4 FFY ____2012_____	Work Statement for Year 5 FFY __2013_____
B.	Physical Improvements Subtotal	Annual Statement	Remodel Elderly Apartments- new carpet, tile, paint, cabinets, etc.	Remodel Elderly Apartments New carpet, tile, paint, cabinets, etc.	Remodel Elderly Apartments, new carpet, tile, paint, cabinets, etc.	Carpet Replacement in Family Units Remodel Elderly Apartments, new carpet, tile, paint, cabinets, etc.
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment		Remodel Carpenter Center, Mini-blinds, Weatherize, new carpet, paint, roof repair ,new gym floor, new exercise equipment at Carpenter Center: Exercise bikes & treadmills	Remodel Lost Sock Laundry, new washers & dryers, new paint, tile, sign Landscape Carpenter Center, new trees, shrubs, pre-annuals	Replace Office Furnace New playground Equipment @ 4 sites – family units	Expand Community Room At 78001 – new heat, carpet, tile, electrical, furniture, cabinets & countertops
E.	Administration					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary (Continuation)						
PHA Name/Number		Locality (City/county & State)			<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY	Work Statement for Year 2 FFY	Work Statement for Year 3 FFY	Work Statement for Year 4 FFY	Work Statement for Year 5 FFY
		Annual Statement				

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

		Subtotal of Estimated Cost	\$ 249,055		Subtotal of Estimated Cost	\$ 249,055

Capital Fund Program—Five-Year Action Plan

**U.S. Department of Housing and Urban Development
Office of Public and Indian Housing
Expires 4/30/2011**

	Subtotal of Estimated Cost	249,055	Subtotal of Estimated Cost	\$249,055
--	----------------------------	---------	----------------------------	-----------

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See				
Annual Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary

PHA Name: Scotts Bluff County Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P078501-07 Replacement Housing Factor Grant No: Date of CFPP:	FFY of Grant: 2007 FFY of Grant Approval:
---	---	--

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹	
			Total Estimated Cost	Obligated	Expended	
1	Total non-CFP Funds		Original			
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement		\$ 60,000	0	0	
10	1460 Dwelling Structures		\$168,992	168,992	168,992	
11	1465.1 Dwelling Equipment--Nonexpendable					
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHA Name:		Grant Type and Number:		FY of Grant:	
		Capital Fund Program Grant No:		Replacement Housing Factor Grant No:		FY of Grant Approval:	
		Date of CFP:					

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____
 Reserve for Disasters/Emergencies
 Revised Annual Statement (revision no: _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹			
		Original	Revised ²	Obligated	Expended		
18a	1501 Collateralization or Debt Service paid by the PHA						
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment						
19	1502 Contingency (may not exceed 8% of line 20)						
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$ 228,992		\$135,268.03	\$135,268.03		
21	Amount of line 20 Related to LBP Activities						
22	Amount of line 20 Related to Section 504 Activities						
23	Amount of line 20 Related to Security - Soft Costs						
24	Amount of line 20 Related to Security - Hard Costs						
25	Amount of line 20 Related to Energy Conservation Measures						
Signature of Executive Director		Date		Signature of Public Housing Director		Date	
<i>James Bentley</i>		4-8-2009					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		PHIA Name: Scotts Bluff County Housing Authority		Grant Type and Number Capital Fund Program Grant No: NE26P078501-08 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2008 FFY of Grant Approval:	
------------------------	--	--	--	--	--	--	--

Line	Type of Grant <input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/2008	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report		Total Actual Cost ¹
			Original	Revised ²	
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
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		\$ 10,000		
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2008	
PHA Name: Scotts Bluff County Housing Authority	Grant Type and Number Capital Fund Program Grant No: NEPO78501-08 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$ 249,055		\$ 26,252.33	\$ 26,252.33
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director <i>[Signature]</i>		Date 4-8-2009	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Scots Bluff County		FFY of Grant Approval:	
Housing Authority		Capital Fund Program Grant No: NE26P078501-09	
		Replacement Housing Factor Grant No:	
		Date of CFFP:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/>	Revised Annual Statement (revision no:) Final Performance and Evaluation Report		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement					
10	1460 Dwelling Structures		243,055			
11	1465.1 Dwelling Equipment—Nonexpendable		6,000			
12	1470 Non-dwelling Structures					
13	1475 Non-dwelling Equipment					
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Scotts Bluff County Housing Authority	Grant Type and Number Capital Fund Program Grant No: NE26P078501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	\$249,055			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director		Date	Signature of Public Housing Director		Date
<i>[Signature]</i>		4-8-2009			

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary	
PHA Name: Scotts Bluff County Housing Authority	Grant Type and Number Capital Fund Program Grant No.: NE078501-09 Replacement Housing Factor Grant No.: Date of CFPF:
FFY of Grant: 2009 FFY of Grant Approval:	

Line	Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending:	Reserve for Disasters/Emergencies <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report	Total Estimated Cost		Total Actual Cost ¹	
			Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds					
2	1406 Operations (may not exceed 20% of line 21) ³					
3	1408 Management Improvements					
4	1410 Administration (may not exceed 10% of line 21)					
5	1411 Audit					
6	1415 Liquidated Damages					
7	1430 Fees and Costs					
8	1440 Site Acquisition					
9	1450 Site Improvement		176,254			
10	1460 Dwelling Structures					
11	1465.1 Dwelling Equipment—Nonependable					
12	1470 Non-dwelling Structures		108,000			
13	1475 Non-dwelling Equipment		31,000			
14	1485 Demolition					
15	1492 Moving to Work Demonstration					
16	1495.1 Relocation Costs					
17	1499 Development Activities ⁴					

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement/Performance and Evaluation Report
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and
 Capital Fund Financing Program

U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0226
 Expires 4/30/2011

Part I: Summary		FFY of Grant: 2009	
PHA Name: Scotts Bluff County Housing Authority	Grant Type and Number Capital Fund Program Grant No.: NE26S078501-09 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant Approval:	

Type of Grant
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Revised Annual Statement (revision no:)
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development Account	Original	Total Estimated Cost Revised ²	Obligated	Total Actual Cost ¹	Expended
18a	1501 Collateralization or Debt Service paid by the PHA					
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment					
19	1502 Contingency (may not exceed 8% of line 20)					
20	Amount of Annual Grant:: (sum of lines 2 - 19)		\$315,254			
21	Amount of line 20 Related to LBP Activities					
22	Amount of line 20 Related to Section 504 Activities					
23	Amount of line 20 Related to Security - Soft Costs					
24	Amount of line 20 Related to Security - Hard Costs					
25	Amount of line 20 Related to Energy Conservation Measures					
Signature of Executive Director		Date	Signature of Public Housing Director		Date	

¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

¹ Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

**Scotts Bluff County Housing Authority
Section 8 Homeownership Program
Section 8 Administrative Plan Amendment**

July 1, 2009

**As Adopted by the Scotts Bluff
County Housing Authority
Board of Commissioners
Resolution 766
April 8, 2009**

Introduction:

The Scotts Bluff County Housing Authority (hereinafter referred to as SBHA) hereby establishes a Section 8 Homeownership Program in accordance with US Department of Housing and Urban Development (HUD) final rule dated September 12, 2000. The establishment of this program is consistent with Scotts Bluff Housing Authority's annual and five-year plan. Our goal is to provide income-qualified families with an opportunity to become homeowners by allowing families to use Section 8 voucher assistance to purchase their own homes rather than rental assistance.

Under the Section 8 Homeownership Program, Housing Assistance Payments can be used to supplement the participant's income when calculating their housing ratio for a home mortgage. It is the goal of the Scotts Bluff County Housing Authority to provide this expanded choice of housing assistance that will promote homeownership.

Advisory Committee:

The Section 8 Homeownership Program will be developed with input from local 1) non-profit housing groups 2) homeownership counseling groups 3) lending institutions 4) economic development groups 5) service providers 6) real estate professionals and 7) income-qualified persons working cooperatively with SBHA. The purpose of the Advisory Committee will be to educate, promote and provide annual assessment of the Section 8 Homeownership Program.

I. OUTREACH

Information regarding the Section 8 Homeownership program will be made available to all applicants during the initial interview and at briefing. Annually, at recertification time, families will receive information on the Section 8 Homeownership Program. Information will be posted in the SBHA Office and handouts regarding the program and its guidelines available and distributed to referral partners. The SBHA will limit the number of Homeownership Vouchers issued to a maximum of ten (10) in any one fiscal year dependent upon the availability of vouchers. There will be no carryover of non-issued vouchers. Of the ten vouchers, seven are eligible for Scottsbluff County, three may be issued outside of Scotts Bluff County, subject to availability. If there are no applicants from outside of Scotts Bluff County, all may be issued in Scotts Bluff County, subject to availability of vouchers.

II. ELIGIBILITY

Qualified applicants/participants must meet the following guidelines:

- Must be a Section 8 Participant or Public Housing Resident (who qualifies for

- Section 8 assistance) for at least one year who is in good standing (i.e. has not violated any Section 8/Public Housing Program requirements) in the SBHA programs.
- Must meet the HUD definition of first-time homeowner (i.e. means that the participant has not had home ownership interest in a home in the past three years except for a displaced homemaker or person with a disability) A right to purchase title to a residence under a lease-purchase agreement is not considered a “ownership interest.” A lease-purchase agreement is not considered a “ownership interest.” A member of a cooperative also qualifies as a first time homeowner.”
- The participant or applicant must not have previously defaulted on a mortgage that was obtained through homeowner assistance program.
- One or more adults must have a gross annual income greater than or equal to at least 2000 hours of work at the federal minimum wage (Not less than 30 hours per week). And has been continuously employed for one year prior to application. The SBHA may allow for interruptions in employment for certain instances such as lay-off’s or illnesses on a case-by –case basis.

An exception to this requirement is granted to families who’s head of household or spouse is elderly or disabled. Families with a disabled member may also request an exception from SBHA to this requirement. This requirement is applicable at the initial qualification for homeownership assistance and is not a requirement for continued assistance.

Public assistance may only be included as income when determining eligibility for a family with an elderly or disabled head of household or spouse. This requirement is applicable at the initial qualification for homeownership assistance and is not a requirement for continued assistance.

- The Participant must attend and successfully complete the pre-assistance homeownership counseling program offered through CDC/USDA Rural Development training partners or HUD-approved counseling agencies designated by SBHA.
- Must have the minimum of \$500 from the participant’s own funds for closing costs, repairs, and/or downpayment or SBHA approved downpayment assistance programs. Referral to downpayment assistance programs will be provided as availability is announced to SBHA.
- Must sign a “Statement of Homeowner Obligations” with SBHA and agree to use the home as their sole residence.

- Must have fully repaid any outstanding debt owed the SBHA or any other Housing Authority. Nothing in this provision will preclude Section 8 participants that have fully repaid such debt(s) from participating in the Section 8 program.

Eligibility will be determined through the application process. Ineligible applicants may participate in the Homebuyer's Club TBA pursuant to ROSS Homeownership funding. The goal of the HB Club will be to repair the applicant's credit worthiness. Minimum income requirements will be established for eligibility, with a goal of repair of credit in an 18 month period. If grant funding is not available, referral to local counseling services will be offered.

III. JURISDICTION/EIGIBLE UNIT:

The initial program will be offered to participants locating a home in Scotts Bluff County, Sidney, Kimball, Bridgeport, Bayard or other communities which are in the Scotts Bluff County Housing Authority Section 8 program jurisdiction. Portability will not be optional in the SBHA Homeownership Program. SBHA may deny a unit if the owner has been debarred or suspended under Section 24 CFR, Part 24.

Eligible units will be considered as the following

- 1) Single family existing unit
- 2) Single family home new construction with prior approval.
- 3) Existing home available for purchase/ with qualified rehab of a minimum of \$3,000 with lender approval.
- 4) New Manufactured home on a privately owned lot on a permanent foundation from approved dealer/contractor with 1 year warranty.

IV. APPLICATION PROCESS:

Applications for the homeownership program will be given to interested and preliminarily qualified applicants upon request. Completed applications will be reviewed for eligibility status. If the applicant is deemed eligible, they will be processed. If the applicant is deemed ineligible and is denied, they may reapply in the future. When the verification process is completed, a briefing is held, which participants must attend. Once eligible, the participant should begin Homeownership Counseling classes.

V. HOMEOWNERSHIP COUNSELING

Participants in this program must attend and successfully complete the pre-assistance homeownership counseling program (Six hours of classroom plus 1 hour budgeting one on one) approved by the SBHA. The homeownership counseling program will cover topics such as

- a) Home maintenance 3
- b) Budgeting and money management
- c) Aspects of Financing a Home
- d) Credit Counseling and Credit Repair
- e) Predatory lending prevention
- f) How to find a home and negotiate the price
- g) Fair Housing/Fair lending
- h) Foreclosure Prevention
- i) Real Estate Law

TBA are Post-Homeownership Counseling Classes which are also mandatory based on SBHA funding through ROSS Homeownership funding.

VI. TIMELINE

The participant will have a maximum of six (6) months from the time of their successful completion of pre-homeownership counseling to find a home to purchase and enter into a contract of sale. If the participants are unable to locate a desirable home and enter into a contract of sale before the end of six months, the participants will be allowed to continue their assistance toward a rental unit. Extension of the six month time limit is at SBHA discretion.

VII. PURCHASE AGREEMENT:

Once the participants select the home they would like to purchase, they must enter into a Sale of Contract with the sellers of the property. The Sale of Contract must include the following:

- 1) The purchase price and terms of the sale.
- 2) State that pre-purchase inspections will be completed to the satisfaction of the participants and the SBHA and that the sale is conditional upon the participants' and SBHA's acceptance of the inspection reports.
- 3) State that the participants are not obligated to pay for repairs that are needed as a result of the findings of the inspection report unless qualifying for a purchase with rehab loan as a part of the sale contract.
- 4) Certification that the seller is not debarred, suspended, or subject to limited denial of participation by HUD.

VIII. EARNEST DEPOSIT

The SBHA requires a minimum of \$500 from the participant's own funds for closing costs, repairs, and/or earnest deposit or SBHA approved down-payment assistance programs.

IX. INSPECTIONS

Two inspections must be performed prior to purchase. An independent professional home inspection must be completed by a third party selected by participant and/or lender. Cost of this inspection is the buyers (participants). This inspection must cover major building systems and components. These include, but are not limited to, the structural integrity of the home and its foundation, the age and quality of the roof, the interior and exterior make-up, and an inspection of the plumbing, heating/cooling and electrical systems. On new construction, a Certificate of Occupancy will be required.

In addition, the Scotts Bluff Housing Authority will conduct a Housing Quality Standards Inspection and review the independent professional home inspection. The SBHA or its designated party may disqualify a home from participating in the Section 8 Homeownership Plan based on either inspection.

X. FINANCING AND PURCHASING REQUIREMENTS:

The participant family has the discretion to choose which lender they use, but the terms of the loan will be subject to approval of the SBHA. SBHA will provide referral assistance to available lenders who are informed about and willing to participate in the Section 8 Homeownership Plan. Housing Assistance Payments funds may not be used for the financing costs of purchasing a home. Pursuant to ROSS Homeownership funding constraints, a Lender's/Real Estate Homeownership Class will be originated and those completing the training will be listed as resources on information provided to the applicant.

The first mortgage lender should be a federally regulated financial institution. Loan fees should not exceed five (5) percent of the purchase price. . Prepayment penalties, balloon payments and/or prepaid life insurance will not be allowed in any financing arrangement.

The family may not re-finance, apply for an equity loan or make any other loans against the home without SBHA approval.

XI. AMOUNT ON MONTHLY HOMEOWNERSHIP ASSISTANCE PAYMENT

While the family is residing in the home, the PHA shall pay a monthly homeownership assistance payment on behalf of the family that is equal to the lower of:

- 1) The payment standard minus the total tenant payment; or
- 2) The family's monthly homeownership expenses minus the total tenant payment.

Monthly homeownership expenses used to calculate the Housing Assistance payments will include: 1) principal and interest on mortgage debt, 2) mortgage insurance, 3) real estate taxes and assessments, 4)home insurance, 5)USDA's allowances for maintenance and major repairs (1% of purchase price per year) and SBHA's utility allowance.

As the fair market rent payment standard changes, adjustments will be made to the Housing Assistance Payments (HAP) by SBHA. If the annual reexamination results in a zero HAP, the family may continue as a program participant for six months (180days) from the date of the reexamination effective date. During that period, the HAP contract between and SBHA and owner remains in effect. If the family circumstances change during the six-month period and the family again needs assistance, the SBHA will conduct an interim reexamination and reinstate assistance. At the end of six months, if the subsidy has not been restored, the HAP contract will terminate. The SBHA will provide the family advanced notification of the proposed termination.

Housing Assistance Payments will be provided only when the participants remain in their home and will be in effect for fifteen (15) years if the initial mortgage is twenty (20) years or longer. In all other cases, the term of the HAP will be provided for ten (10) years. These terms DO NOT apply to elderly and disabled families. However, if an elderly or disabled family ceases to be qualified as such while receiving HAP for homeownership, the maximum term shall be determined from the date of initial commencement of homeownership assistance. The family will receive a minimum of six (6) month of HAP after the maximum term, provided the family continues to be eligible and is complying with family obligations.

The term of the assistance is applied from the time of the initial purchase, regardless if the participants move to a new unit under the Section 8 Homeownership Program. Participants can choose to sell their home and stay in the program by purchasing another home, provided that a default on their mortgage has not occurred and they are in compliance with the "Statement of Homeowner Obligations." If this happens, the initial eligibility requirements apply, with the exception of the first-time homebuyer and the pre-assistance homeownership counseling.

SBHA will provide the lender with the amount of the Housing Assistance Payments prior to closing. Housing Assistance Payments will be made directly to the lender or to an escrow account established by the lender for payments each month.

XII CONTINUED PARTICIPATION

Families participating in the Section 8 Homeownership Program must still abide by the Rules and Regulations of the Section 8 Program. The family is *STILL* a Section 8 participant, being a homeowner rather than a renter. If the family violates any of the rules and regulations of the Section 8 program, they will be terminated and be responsible for the entire mortgage payment.

Annual recertification and HQS inspection will continue to ensure the family is still eligible for assistance. If the family is determined ineligible for Section 8 assistance,

6

they will be terminated and responsible for the entire mortgage. The family must also comply with the Statement of Homeownership Obligations and sign it annually at recertification.

XIV DEFAULT

SBHA will file Notice of Default and Release of Information with Leinholders to receive copies of late payment/default notices to utilize in post homeowner-ship counseling with the family. The family must notify SBHA immediately if the mortgage goes into default within two days of receipt of default letter.

In the event of a default, the participant is not eligible for future participation in SBHA Homeownership Programs.

It is at the Authority's discretion whether or not to allow the family to revert to Section 8 Housing Choice Voucher Rental Assistance Program after a mortgage default through the SBHA's Homeownership Program.

XV MAXIMUM TERM OF ASSISTANCE

Families can receive homeownership assistance for a maximum of 15 years if using a mortgage with a term of 20 years or more. If the family is elderly or disabled, there is no time limit. If the mortgage term is less than 20 years, participants are eligible for up to 10 years of Housing Assistance Payments based on their continued eligibility.

XVI GROUNDS FOR TERMINATION OF HOME OWNERSHIP ASSISTANCE

- (1) Failure to Comply with Family Obligations Under Section 8 or SBHA's Home Ownership Policies.

A family's home ownership assistance may be terminated if the family fails to comply with its obligations under the Section 8 Program, SBHA home ownership policies, fails to attend the homeownership counseling classes as required or if the family defaults on the mortgage. The family must comply with the terms of any mortgage incurred to purchase the home. The family must provide SBHA with advance notice of any sale, plans to transfer any interest in the home; any plan to move out of the home prior to the move; the family's household income and home ownership expenses on an annual basis; and any other notices which may be required pursuant to SBHA homeownership policies. The family may not convey

or transfer the home to any entity or person other than a member of the assisted family while receiving homeownership assistance.

7

(2) Occupancy of Home:

Home ownership assistance will only be provided while the family resides in the home. If the family moves out of the home, SBHA will not continue home ownership assistance commencing with the month after the family moves out. **The initial family purchasing the home is the only family allowed to reside in the unit.**

(3) Changes in Income Eligibility:

A family's home ownership assistance may be changed at interium and annual recertification of the household income, but participation in the Section 8 Home Ownership program shall continue until such time as the assistance payment amounts to \$0 for a period of six (6) consecutive months or annual date, whichever comes first..

(4) Maximum Term of Home Ownership Assistance

Section 8 Home Ownership Assistance Payments will be provided only if the participants remain in their home for a period of fifteen (15) years and the initial mortgage is twenty (20) years or longer. In all other cases, the term of the HAP payments will be provided for ten (10) years. These terms DO NOT apply to elderly and disabled families. However, if an elderly or disabled family ceases to be qualified as such while receiving HAP for homeownership, the maximum term shall be determined from the date of the initial commencement of homeownership assistance. The family swill receive a minimum of six (6) month of Housing Assistance payments after the maximum term, provided the family continues to be eligible and is complying with family obligations.

XVIII PROCEDURE FOR TERMINATION OF HOMEOWNERSHIP ASSISTANCE

A participant in the Section 8 Home Ownership program shall be entitled to the same termination notice and informal hearing procedures as set forth in the Administrative Plan of the SBHA for the Section 8 Housing Choice Voucher Program.

XIX ADMINISTRATIVE FEE:

The Scotts Bluff County Housing Authority will receive the same ongoing administrative fee as in the Section 8 rental program as outlines in Section 24 CFR 982.152 (b)

8

XX FAIR HOUSING:

In compliance with the Fair Housing Act (title VIII of the Civil Rights Act, 1988) the Section 8 Homeownership program will not discriminate based on race, color, national origin, sex, handicap or familial status.

XIV. STATEMENT OF HOMEOWNER OBLIGATIONS

**SCOTTS BLUFF COUNTY HOUSING AUTHORITY
Section 8 Housing Choice Voucher Homeownership Program**

STATEMENT OF HOMEOWNER OBLIGATIONS

I/We, _____,
Participant(s) in the Scotts Bluff County Housing Authority Section 8 Housing Choice Voucher Homeownership Program, fully understand the following conditions regarding my/our continued eligibility for housing assistance payments in conjunction with my/our ownership of a _____ located at _____ and agree that:

1. Our home will be occupied by the following family members:

_____	_____
_____	_____
_____	_____
_____	_____

2. The initial monthly Housing Assistance Payment will be \$_____ and will begin on _____. The Housing Assistance Program Payment amount will be adjusted, at least annually, based on any changes in payment standards, homeownership costs, household income and/or household composition, in accordance with U.S Department of Housing and Urban Development (HUD) requirements.

3. The initial monthly Housing Assistance Payment will be made as follows:
\$_____ will be paid directly to _____.

4. Housing Assistance Payments will be available for a maximum of ten years, unless the head of household or spouse is disabled or elderly. Housing Assistance Payments are contingent on my/our compliance with the requirements of the Statement of Homeowner Obligations, the policies of the Scotts Bluff County Housing Authority Housing Choice Voucher Homeownership Program, HUD program requirements and upon continued appropriations to the Scotts Bluff County Housing Authority by HUD.

5. I/We must report all family income from all sources and the names of all persons living in our household.

6. If, at any time, any member of my household has a change in income greater than \$1,000.00/annually, I must report it to the Scotts Bluff County Housing Authority no later than 10 days after the change occurs.
7. If, at any time, anyone in my household moves in or out, I must report it, within 10 days of the occurrence, to the Scotts Bluff County Housing Authority.
8. Housing Assistance Payments will be made only for the months my household is in residence in the home. I/We must immediately report to the Scotts Bluff County Housing Authority if we move from our home.
9. My/Our family (including each family member) must not commit fraud, bribery or any other corrupt or criminal act in connection with the program.
10. My/Our family (including each family member) must not participate in illegal drug or violent criminal activity.
11. I/We may not sell, convey or transfer any interest in the home to any entity or person prior to informing the Scotts Bluff County Housing Authority. Housing assistance payments will terminate with any sale, conveyance or transfer other than to a household member residing in the home.
12. I/We must provide information to the Scotts Bluff County Housing Authority on any mortgage or other debt incurred to purchase the home, and any refinancing of such debt.
13. I/We must comply with the terms of any mortgage security debt incurred to purchase our home and any refinancing of such debt. I/We must immediately notify the Scotts Bluff County Housing Authority of any defaults on mortgage debt incurred to purchase the home.
14. I/We must promptly pay utility bills.
15. I/We must keep the Premises in good repair and in safe and sanitary condition.
16. I/We must document, in conjunction with our annual re-examination of income, that I/We are current on mortgage, insurance and utility payments.
17. If I/We default on my/our mortgage debt and lose my/our home, I/we will not be able to use my/our Section 8 Housing Choice Voucher for rental housing but may reapply for the Section 8 waiting list.

I/WE UNDERSTAND THAT MY/OUR HOUSING ASSISTANCE MAY BE WITHHELD, RECOVERED OR TERMINATED FOR ANY VIOLATION OF THE TERMS AND CONDITIONS OF THIS STATEMENT OF HOMEOWNER RESPONSIBILITIES.

Homeowner

Date

Homeowner

Date

SBCHA Staff

Date