

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Cotulla Housing Authority</u> PHA Code: <u>TX335</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>10/09</u>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>60</u> Number of HCV units: <u>47</u>																										
<b>3.0</b>	<b>Submission Type</b> <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> N/A <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2" style="width: 30%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 20%;">Program(s) Included in the Consortia</th> <th rowspan="2" style="width: 20%;">Programs Not in the Consortia</th> <th colspan="2" style="width: 20%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 10%;">PH</th> <th style="width: 10%;">HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
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PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> 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:																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely 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.																										
<b>6.0</b>	<b>PHA Plan Update</b> (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: N/A (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <div style="text-align: center;">Cotulla Housing Authority 101 N. Kerr street Cotulla, Texas 78014</div>																										
<b>7.0</b>	<b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i> N/A																										
<b>8.0</b>	<b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.																										
<b>8.1</b>	<b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <div style="text-align: center;"><b>See Attachment A</b></div>																										
<b>8.2</b>	<b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <div style="text-align: center;"><b>See Attachment B</b></div>																										
<b>8.3</b>	<b>Capital Fund Financing Program (CFFP).</b> <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements. N/A																										
<b>9.0</b>	<b>Housing Needs.</b> 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, very low-income, and extremely 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. <div style="text-align: center;"><b>See Attachment C</b></div>																										

9.1	<p><b>Strategy for Addressing Housing Needs.</b> 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. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p style="text-align: center;"><b>See Attachment C</b></p>
10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(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.</p> <p><i>The Purpose of the Plan is to provide a framework for accountability and an easily identifiable source by which the residents, either low rent or voucher, may locate basic Housing Policies, rules and requirements related to the operations, programs and services of the Housing Authority.</i></p> <p><i>The Mission and Goals are based on information contained in our jurisdiction’s consolidated plan and will assure that the residents will receive the best customer service.</i></p> <p><i>Customer Service and fulfillment of the Objectives and Goals is ensured by implementation of a series of policies that are on display with this plan. The Admissions and Occupancy Policy and Section 8 Administrative Plan are the two primary policies on display. These important documents cover the Public Housing Tenant selection and assignment plan, outreach services. The Housing Authority responsibility to section 8 owners / landlords, grievance procedures etc.</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial Deviation/modification” See <b>Attachment D</b></p>
11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(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)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) 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.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>







## 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

<b>Part I: Summary</b>						
PHA Name/Number Cotulla PHA- TX335		Cotulla, La Salle, Texas			<input checked="" type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
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	\$57,921.	\$57,921.	\$57,921.	\$57,921.
C.	Management Improvements		7,500.	7,500.	7,500.	7,500.
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		\$8,300.	\$8,300.	\$8,300.	\$8,300.
F.	Other					
G.	Operations		\$10,000.	\$10,000.	\$10,000.	\$10,000.
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		\$83,721.	\$83,721.	\$83,721.	\$83,721.
L.	Total Non-CFP Funds					
M.	Grand Total					



<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY _____	Work Statement for Year ____2012_____ FFY ____2012_____ _____			Work Statement for Year: ____2013_____ FFY ____201314_____ _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>See</b>	<b>Operations</b>		\$10,000.	<b>Operations</b>		\$10,000.
<b>Annual</b>						
<b>Statement</b>	<b>Management Improvement</b>		\$7,500.	<b>Management Improvement</b>		\$7,500.
	Agency Plan			Agency Plan		
	Tech Support			Tech Support		
	<b>Administration</b>		\$8,300.	<b>Administration</b>		\$8,300.
	Capital Fund Coord.			Capital Fund Coord.		
	Publication			Publication		
	Supplies			Supplies		
	<b>Dwelling Structures</b>		\$50,000.	<b>Dwelling Structures</b>		\$50,000.
	Ceramic tile replacement			Lavatory replacement		
	Water closet repairs			Lift station repairs		
	Floor Replacement			Interior Painting		
	Lift station repairs			Exterior Painting		
	Roof repairs			Roof repairs		
	<b>Site improvements</b>		\$7,921	<b>Site improvements</b>		\$7,921
	Landscaping – erosion control			Landscaping – erosion control		
	Subtotal of Estimated Cost		\$83,721.	Subtotal of Estimated Cost		\$83,721.

ATTACHMENT C

<b>Housing Needs of Families in the Jurisdiction by Family Type</b>							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	115	3	3	3	1	2	2
Income >30% but <=50% of AMI	30	3	3	3	1	2	2
Income >50% but <80% of AMI	152	3	3	3	1	2	2
Elderly	119	3	3	3	1	2	2
Families with Disabilities	22	3	3	3	1	2	2
Caucasian (Non-Hispanic)	302	3	3	3	1	2	2
Black / African American (Non-Hispanic)	22		3	3	1	2	2
Hispanic	1989	3	3	3	1	2	2
Other	N/A	N/A	N/A	N/A	N/A	N/A	N/A

\* U.S. Census

### Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
- Public Housing
- Combined Section 8 and Public Housing
- Public Housing Site-Based or sub-jurisdictional waiting list (optional)

If used, identify which development/subjurisdiction:

	# of families	% of total families	Annual Turnover
Waiting list total	78		3%
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)	78	100	
Low income (>50% but <80% AMI)	0		
Families with children	70	100	
Elderly families	6	100	
Families with Disabilities	2	100	
Hispanic	78	100	

### Housing Needs of Families on the Waiting List

Singles	8		
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	22		
2 BR	23		
3 BR	28		
4 BR	5		
5 BR			
5+ BR			
<p>Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>If yes:</p> <p style="padding-left: 40px;">How long has it been closed (# of months)? <i>N/A</i></p> <p style="padding-left: 40px;">Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p style="padding-left: 40px;"><i>N/A</i></p> <p style="padding-left: 40px;">Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p>			

## **Attachment D**

### **Cotulla Housing Authority**

#### **Substantial Deviation and Significant Amendment Criteria**

**A. Substantial Deviation for the 5 – Year Plan:**

- Any changes from or additions to the goals and objectives as a whole; and
- 50% deletion from or addition to the goals and objectives as a whole; and
- 50% or more decrease in the quantifiable measurement of any individual goal or objective

**B. Significant Amendment or Modification to the Annual Plan**

- Any increase or decrease over 50% in the funds projected in the Financial Resource statement and / or the Capital Fund Annual Statement;
- Any changes being submitted to HUD that requires a separate notification to residents, such as changes in the Hope VI, Public Housing Conversion, Demolition / Disposition, Designated Housing or Public Housing Ownership program; and
- Any Change to policy or operation that is inconsistent with the applicable Consolidated Plan.