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|------|---|
| 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>   |
| 10.0 | <p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <ul style="list-style-type: none"> <li>(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.</li> <li>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</li> </ul>  |
| 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> <ul style="list-style-type: none"> <li>(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)</li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</li> <li>(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.</li> <li>(g) Challenged Elements</li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</li> </ul> |

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 to be used by all Public Housing Agencies (PHAs) with Fiscal Year beginning April 1, 2008 for the submission of their 5-Year and Annual Plan in accordance with 24 CFR Part 903. The previous version may be used only through April 30, 2008.

### 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, very low-income, and extremely 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, very low-income, and extremely low-income families.

**6.0 PHA Plan Update.** In addition to the items captured in the Plan template, PHAs must have the elements listed below readily available to the public. Additionally, a PHA must:

- (a) Identify specifically which plan elements have been revised since the PHA's prior plan submission.
- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

#### PHA Plan Elements. (24 CFR 903.7)

1. **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.

2. **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 use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance 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.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **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.
7. **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, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **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.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **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.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **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.
13. **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 and subject to ACCs under the Act: **(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](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 Improvements.** This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

**8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report.** 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:

- (a) To submit the initial budget for a new grant or CFFP;
- (b) To report on the Performance and Evaluation Report progress on any open grants previously funded or CFFP; and
- (c) 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/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.

**8.2 Capital Fund Program Five-Year Action Plan**

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.

**8.3 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 service 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. Items (h) and (i) shall be submitted electronically 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) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Program/Activity Receiving Federal Grant Funding

Acting on behalf of the above named Applicant as its Authorized Official, I make the following certifications and agreements to the Department of Housing and Urban Development (HUD) regarding the sites listed below:

I certify that the above named Applicant will or will continue to provide a drug-free workplace by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the Applicant's workplace and specifying the actions that will be taken against employees for violation of such prohibition.

b. Establishing an on-going drug-free awareness program to inform employees ---

(1) The dangers of drug abuse in the workplace;

(2) The Applicant's policy of maintaining a drug-free workplace;

(3) Any available drug counseling, rehabilitation, and employee assistance programs; and

(4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph a.;

d. Notifying the employee in the statement required by paragraph a. that, as a condition of employment under the grant, the employee will ---

(1) Abide by the terms of the statement; and

(2) Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;

e. Notifying the agency in writing, within ten calendar days after receiving notice under subparagraph d.(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federalagency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

f. Taking one of the following actions, within 30 calendar days of receiving notice under subparagraph d.(2), with respect to any employee who is so convicted ---

(1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or

(2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

**2. Sites for Work Performance.** The Applicant shall list (on separate pages) the site(s) for the performance of work done in connection with the HUD funding of the program/activity shown above: Place of Performance shall include the street address, city, county, State, and zip code. Identify each sheet with the Applicant name and address and the program/activity receiving grant funding.)

Check here  if there are workplaces on file that are not identified on the attached sheets.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

Name of Authorized Official

Title

Signature

Date

X

**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        |  | Locality (City/County & State)                |   |   | <input checked="" type="checkbox"/> Original 5-Year Plan | <input type="checkbox"/> Revision No:     |
| A.                     | Development Number and Name                    | Work Statement for Year 1<br>FFY ____2009____ | Work Statement for Year 2<br>FFY ____2010____ | Work Statement for Year 3<br>FFY __2011____ | Work Statement for Year 4<br>FFY ____2012____            | Work Statement for Year 5<br>FFY 2013____ |
| B.                     | Physical Improvements Subtotal                 | Annual Statement                              |   |   |  |   |
| C.                     | Management Improvements                        |   |   |   |  |   |
| D.                     | PHA-Wide Non-dwelling Structures and Equipment |   |   |   |  |   |
| E.                     | Administration                                 |   |   |   |  |   |
| F.                     | Other  |   |   |   |  |   |
| G.                     | Operations                                     |   | 85677   | 85677                                       | 85677  | 85677                                     |
| H.                     | Demolition                                     |   |   |   |  |   |
| I.                     | Development                                    |   | 342706  | 342706                                      | 342706   | 342706                                    |
| J.                     | Capital Fund Financing – Debt Service          |   |   |   |  |   |
| K.                     | Total CFP Funds                                |   | 428383  | 428383                                      | 428383   | 428383                                    |
| 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<br>FFY _____<br>_2009____ | Work Statement for Year 2<br>FFY _____2010_____ | Work Statement for Year 3<br>FFY _____2011_____ | Work Statement for Year 4<br>FFY __2012_____ | Work Statement for Year 5<br>FFY __2013_____  |                                       |
|                 | 1406 OPERATIONS             | Annual Statement                                    | .85677  | 85677   | 85677  | 85677   |                                       |
|                 | 1430 FEES/COSTS             |   | 22741   | 22741   | 22741  | 22741   |                                       |
|                 | 1460 DWELLING STRUCTURES    |   | 319965  | 319965  | 319965                                       | 319965  |                                       |
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| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |   |                        |                |   |                        |                |
|---|---|------------------------|----------------|---|------------------------|----------------|
| Work Statement for Year 1 FFY 2009 _____                            | Work Statement for Year 2010 _____<br>FFY ____2010____  |                        |                | Work Statement for Year: _2011_____<br>FFY ____2011____   |                        |                |
|   | Development Number/Name<br>General Description of Major Work Categories   | Quantity               | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories   | Quantity               | Estimated Cost |
| See   | MODERNIZATION OF DWELLING UNITS AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED.<br>UPDATE ALL ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES | AS MANY AS CAN BE DONE | 319965         | MODERNIZATION OF DWELLING UNITS AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED.<br>UPDATE ALL ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES | AS MANY AS CAN BE DONE | 319965         |
| Annual Statement  |   |                        |                |   |                        |                |
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| <b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b> |   |                        |                |   |                        |                |
|---|---|------------------------|----------------|---|------------------------|----------------|
| Work Statement for Year 1 FFY                                       | Work Statement for Year <u>2012</u><br>FFY <u>2012</u>  |                        |                | Work Statement for Year: <u>2013</u><br>FFY <u>2013</u>   |                        |                |
|   | Development Number/Name<br>General Description of Major Work Categories   | Quantity               | Estimated Cost | Development Number/Name<br>General Description of Major Work Categories   | Quantity               | Estimated Cost |
| See   | MODERNIZATION OF DWELLING UNITS AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED.<br>UPDATE ALL ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES | AS MANY AS CAN BE DONE | 319965         | MODERNIZATION OF DWELLING UNITS AS MANY AS CAN BE DONE WITH THE FUNDS PROVIDED.<br>UPDATE ALL ELECTRICAL WIRING/HVAC, REPLACE ALL FLOOR TILE, ELECTRICAL LIGHTING WITH NEW ENERGY SAVERS, REPLACE ALL SHEET ROOCK/PAINT ALL WALLS, REPLACE/OR REPAIR DAMAGED CABINETS, REPLACE BATHROOM FIXTURES/TUBS/ SHOWERS AND KITCHEN FIXTURES | AS MANY AS CAN BE DONE | 319965         |
| Annual Statement  |   |                        |                |   |                        |                |
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**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**

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|  | Subtotal of Estimated Cost | \$ |  | Subtotal of Estimated Cost | \$ |  |

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

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

# Standard PHA Plan PHA Certifications of Compliance

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

## PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the *Standard Annual, Standard 5-Year/Annual, and Streamlined 5-Year/Annual PHA Plans*

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ standard Annual, \_\_\_ standard 5-Year/Annual or ~~1~~ Streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning  / / hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7( c)( 1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.



**Civil Rights Certification**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioner, I approve the submission of the Plan for the PHA of which this document is a part and make the following certification and agreement with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

The PHA certifies that it will carry out the public housing program of the agency in conformity with title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990, and will affirmatively further fair housing.

Los Angeles Public Housing Authority LA 074  
PHA Name PHA Number/HA Code

|   |                          |
|---|--------------------------|
| I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802) |                          |
| Name of Authorized Official<br><u>Doug Gauriti</u>  | Title<br><u>Exec Dir</u> |
| Signature<br><u>Doug Gauriti</u>  | Date<br><u>9/10/2009</u> |

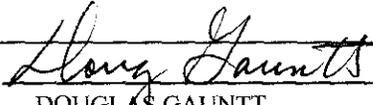
## DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

|  |   |  |
|--|---|--|
| <b>1. Type of Federal Action:</b><br><input type="checkbox"/> a. contract<br><input checked="" type="checkbox"/> b. grant<br>c. cooperative agreement<br>d. loan<br>e. loan guarantee<br>f. loan insurance   | <b>2. Status of Federal Action:</b><br><input type="checkbox"/> a. bid/offer/application<br><input checked="" type="checkbox"/> b. initial award<br>c. post-award   | <b>3. Report Type:</b><br><input type="checkbox"/> a. initial filing<br><input type="checkbox"/> b. material change<br><b>For Material Change Only:</b><br>year _____ quarter _____<br>date of last report _____ |
| <b>4. Name and Address of Reporting Entity:</b><br><input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee<br>Tier _____, if known:<br>SABINE PARISH HOUSING AUTH<br>PO BOX 1565<br>MANY, LA 71449<br>Congressional District, if known: 4c 4   | <b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b><br><br>Congressional District, if known:   |  |
| <b>6. Federal Department/Agency:</b><br>HUD  | <b>7. Federal Program Name/Description:</b><br><br>CFDA Number, if applicable: _____  |  |
| <b>8. Federal Action Number, if known:</b>   | <b>9. Award Amount, if known:</b><br>\$   |  |
| <b>10. a. Name and Address of Lobbying Registrant</b><br>(if individual, last name, first name, MI):<br>none   | <b>b. Individuals Performing Services</b> (including address if different from No. 10a)<br>(last name, first name, MI):<br>none   |  |
| <b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure. | Signature: <u></u><br>Print Name: <u>DOUGLAS GAUNTT</u><br>Title: <u>EXECUTIVE DIRECTOR</u><br>Telephone No.: <u>318-256-3359</u> Date: <u>09-05-09</u> |  |
| <b>Federal Use Only:</b>   |   | Authorized for Local Reproduction<br>Standard Form LLL (Rev. 7-97)   |

## **Violence Against Women Act (VAWA) Our Policy**

The PHA shall not deny admission to any applicant on the basis that the applicant is or has been a victim of domestic violence, dating violence, or stalking if the applicant otherwise qualifies for assistance or admission.

This language has been incorporated into the ACOP and/or Section 8 Housing Choice Voucher Administration Plan.

## **Violence Against Women Act (VAWA) Policy**

Title VI of the VAWA adds a new housing provision that establishes several categories of protected individuals. Under the law victims of domestic violence, dating violence, sexual assault, and stalking are granted protections and cannot be denied or terminated from housing or housing assistance because of activity that is directly related to domestic violence. 2005 VAWA Pub. L. 109-162; Stat. 2960 signed into law on January 5, 2006 and codified at 42 U.S.C. §1437d(l) and 1435f(d), (0) & 1 and (u)

### **1.0 Purpose**

The purpose of this Policy is to reduce domestic violence, dating violence, and stalking and to prevent homelessness by:

- (a) protecting the safety of victims;
- (b) creating long-term housing solutions for victims;
- (c) building collaborations among victim service providers; and
- (d) assisting LHA to respond appropriately to the violence while maintaining a safe environment for LHA, employees, tenants, applicants, Section 8 participants, program participants and others.

The policy will assist the Battle Creek Housing Commission (LHA) in providing rights under the Violence Against Women Act to its applicants, public housing residents, Section 8 participants and other program participants.

This Policy is incorporated into LHA's "Admission and Continued Occupancy Policy" and "Section 8 Administration Plan" and applies to all LHA housing programs.

### **2.0 Definitions**

The definitions in this Section apply only to this Policy.

- 2.1 **Confidentiality:** Means that LHA will not enter information provided to LHA by a victim alleging domestic violence into a shared database or provide this information to any related entity except as stated in 3.4
- 2.2 **Dating Violence:** Violence committed by a person (a) who is or has been in a social relationship of a romantic or intimate nature with the victim; and (b) where the existence of such relationship shall be determined based on a consideration of the following factors: (i) the length of the relationship; (ii) the type of relationship; (iii) the frequency of interaction between the persons involved in the relationship. 42 U.S.C. §1437d (u)(3)(A), § 13925.

- 2.3 Domestic Violence:** Felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, committed by a person with whom the victim shares a child in common, committed by a person who is cohabitating with or has cohabitated with the victim as a spouse, committed by a person similarly situated to a spouse of the victim under the domestic or family violence laws of Michigan, or committed by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of Michigan. 42 U.S.C. §1437d(u)(3)(B), § 13925.
- 2.4 **Immediate Family Member:** A spouse, parent, brother or sister, or child of a victim or an individual to whom the victim stands *in loco parentis*; or any other person living in the household of the victim and related to the victim by blood or marriage. 42 U.S.C. § 1437d(u)(3)(D), § 13925.
- 2.5 **Perpetrator:** A person who commits an act of domestic violence, dating domestic violence or stalking against a victim.
- 2.6 **Stalking:** (a) to follow, pursue or repeatedly commit acts with the intent to kill, injure, harass or intimidate the victim; (b) to place under surveillance with the intent to kill, injure, harass or intimidate the victim; (c) in the course of, or as a result of such following, pursuit, surveillance, or repeatedly committed acts, to place the victim in reasonable fear of the death of, or serious bodily injury to the victim; or (d) to cause substantial emotional harm to the victim, a member of the immediate family of the victim or the spouse or intimate partner of the victim. 42 U.S.C. §1437d(u)(3)(C), § 13925.
- 2.7 **Bona Fide Claim:** A *bonafide* claim of domestic violence, dating violence or stalking must include incidents that meet the terms and conditions in the above definitions.
- 2.8 **Victim:** Is a person who is the victim of domestic violence, dating violence, or stalking under this Policy and who has timely and completely completed the certification under 3.2 and 3.3 or as requested by LHA.

### **3.0 Certification and Confidentiality**

#### **3.1 Failure to Provide Certification Under 3.2 and 3.3**

The person claiming protection under VAWA shall provide complete and accurate certifications to LHA, owner or manager within 14 business days after the party requests in writing that the person completes the certifications. If the person does not provide a complete and accurate certification within the 14 business days, LHA, owner or manager may take action to deny or terminate participation or tenancy. 42 U.S.C. §14371 (5) & (6); 42 U.S.C. § 1437F(c)(9); 42 U.S.C. § 1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f(o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20) or for other good cause.

### **3.2 HUD Approved Certification**

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

### **3.3 Confirmation of Certification**

A person who is claiming victim status shall provide to LHA, an owner or manager: (a) documentation signed by the victim and an employee, agent or volunteer of a victim service provider, an attorney, or a medical professional from whom the victim has sought assistance in addressing domestic violence, dating violence or stalking or the effects of the abuse, in which the professional attests under penalty of perjury (28 U.S.C. §1746) the professional's belief that the incident(s) in question are *bonafide* incidents of abuse; or (b) a federal, state, tribal, territorial, local police or court record.

### **3.4 Confidentiality**

LHA, the owner and managers shall keep all information provided to LHA under this Section confidential. LHA, owner and manager shall not enter the information into a shared database or provide to any related entity except to the extent that:

- (a) the victim request or consents to the disclosure in writing;
- (b) the disclosure is required for:
  - (i) eviction from public housing under 42 U.S.C. §1437 l(5)&(6)(See Section 4 in this Policy)
  - (ii) termination of Section 8 assistance under 42 U.S.C. §1437f(c)(9); 42 U.S.C. §1437f(d)(l)(B)(ii)&(iii); 42 U.S.C. §1437f (o)(7)(C)&(D); or 42 U.S.C. §1437f(o)(20)(See Section 4 in this Policy); or (c) the disclosure is required by applicable law.

## **4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy**

- 4.1 LHA shall not deny participation or admission to a program on the basis of a person's abuse status, if the person otherwise qualifies for admission of assistance.
- 4.2 An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be a serious or repeated violation of the lease by the victim and shall not be good cause for denying to a victim admission to a program, terminating Section 8 assistance or occupancy rights, or evicting a tenant.

- 4.3 Criminal activity directly related to domestic violence, dating violence, or stalking engaged in by a member of a tenant's household or any guest or other person under the tenant's control shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is the victim of that domestic violence, dating violence or stalking.
- 4.4 Notwithstanding Sections 4.1, 4.2, and 4.2, LHA, an owner or manager may bifurcate a lease to evict, remove or terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others without evicting, removing, terminating assistance to or otherwise penalizing the victim of the violence who is also a tenant or lawful occupant. 42 U.S.C. §1437d(l)(6)(B)
- 4.5 Nothing in Sections 4.1, 4.2, and 4.3 shall limit the authority of LHA, an owner or manager, when notified, to honor court orders addressing rights of access to or control of the property, including civil protection orders issued to protect the victim and issued to address the distribution or possession of property among the household members when the family breaks up.
- 4.6 Nothing in Sections 4.1, 4.2, and 4.3 limits LHA, an owner or manager's authority to evict or terminate assistance to any tenant for any violation of lease not premised on the act or acts of violence against the tenant or a member of the tenant's household. However LHA, owner or manager may not hold a victim to a more demanding standard.
- 4.7 Nothing in Sections 4.1, 4.2, and 4.3 limits LHA, an owner or manager's authority to evict or terminate assistance, or deny admission to a program if the LHA, owner or manager can show an actual and imminent threat to other tenants, neighbors, guests, their employees, persons providing service to the property or others if the tenant family is not evicted or terminated from assistance or denied admission.
- 4.8 Nothing in Sections 4.1, 4.2, or 4.3 limits LHA, an owner or manager's authority to deny admission, terminate assistance or evict a person who engages in criminal acts including but not limited to acts of physical violence or stalking against family members or others.
- 4.9 A Section 8 recipient who moves out of an assisted dwelling unit to protect their health or safety and who: (a) is a victim under this Policy; (b) reasonably believes he or she was imminently threatened by harm from further violence if he or she remains in the unit; and (c) has complied with all other obligations of the Section 8 program may receive a voucher and move to another Section 8 jurisdiction.

## **5.0 Actions Against a Perpetrator**

The LHA may evict, terminate assistance, deny admission to a program or trespass a perpetrator from its property under this Policy. The victim shall take action to control or prevent the domestic violence, dating violence, or stalking. The action may include but is not limited to: (a) obtaining and enforcing a restraining or no contact order or order for protection against the perpetrator; (b) obtaining and enforcing a trespass against the perpetrator; (c) enforcing LHA or law enforcement's trespass of the perpetrator; (d) preventing the delivery of the perpetrator's mail to the victim's unit; (e) providing identifying information listed in 3.2; and (f) other reasonable measures.

## **6.0 LHA Right to Terminate Housing and Housing Assistance Under this Policy**

- 6.1 Nothing in this Policy will restrict the LHA, owner or manager's right to terminate tenancy for lease violations by a resident who claims VAWA as a defense if it is determined by the LHA, owner or manager that such a claim is false.
- 6.2 Nothing in this Policy will restrict the LHA right to terminate tenancy if the victim tenant (a) allows a perpetrator to violate a court order relating to the act or acts of violence; or (b) if the victim tenant allows a perpetrator who has been barred from LHA property to come onto LHA property including but not limited to the victim's unit or any other area under their control; or (c) if the victim tenant fails to cooperate with an established safety strategy as designed by a local victim support service provider (see 7.2).
- 6.3 Nothing in this Policy will restrict the LHA right to terminate housing and housing assistance if the victim tenant who claims as a defense to an eviction or termination action relating to domestic violence has engaged in fraud and abuse against a federal housing program; especially where such fraud and abuse can be shown to have existed before the claim of domestic violence was made. Such fraud and abuse includes but is not limited to unreported income and ongoing boarders and lodgers violations, or damage to property.

## **7.0 Statements of Responsibility of Tenant Victim, the LHA to the Victim, and to the Larger Community.**

- 7.1 A tenant victim has no less duty and responsibility under the lease to meet and comply with the terms of the lease than any other tenant not making such a claim. Ultimately all tenants must be able to take personal responsibility for themselves and exercise control over their households in order to continue their housing and housing assistance. The LHA will continue to issue lease violation notices to all residents who violate the lease including those who claim a defense of domestic violence.
- 7.2 LHA recognizes the pathologic dynamic and cycle of domestic violence and a victim of domestic violence will be referred to local victim support service providers to help victims break the cycle of domestic violence through counseling, referral and development of a safety strategy.

7.3 A tenant victim must take personal responsibility for exercising control over their household by accepting assistance and complying with the safety strategy or plan to best of victim's ability and reason under the circumstances. Failure to do this may be seen as other good cause.

7.4 All damages including lock changes will be the responsibility of the tenant victim. This is in keeping with other agency policies governing tenant caused damages.

## **8.0 Notice to Applicants, Participants, Tenants and Section 8 Managers and Owners.**

LHA shall provide notice to applicants, participants, tenants, managers and owners of their rights and obligations under Section 3.4 Confidentiality and Section 4.0 Appropriate Basis for Denial of Admission, Assistance or Tenancy.

8.1 If the LHA, owner or manager knows that an applicant to or participant in a LHA housing program is the victim of dating violence, domestic violence or stalking, the LHA, owner or manager shall inform that person of this Policy and the person's rights under it.

## **9.0 Reporting Requirements**

LHA shall include in its 5-year plan a statement of goals, objectives, policies or programs that will serve the needs of victims. LHA shall also include a description of activities, services or programs provided or offered either directly or in partnership with other service providers to victims, to help victims obtain or maintain housing or to prevent the abuse or to enhance the safety of victims.

## **10.0 Conflict and Scope**

This Policy does not enlarge LHA's duty under any law, regulation or ordinance. If this Policy conflicts with the applicable law, regulation or ordinance, the law, regulation or ordinance shall control. If this Policy conflicts with another LHA policy such as its Statement of Policies or Section 8 Administration Plan, this Policy will control.

## **11.0 Amendment**

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

**PART VII: NOTIFICATION TO APPLICANTS AND TENANTS  
REGARDING PROTECTIONS UNDER THE VIOLENCE AGAINST WOMEN  
REAUTHORIZATION ACT OF 2005 (VAWA)**

**16-VII.A. NOTIFICATION TO APPLICANTS**

PHA Policy

The PHA will provide all applicants with notification of their protections and rights under VAWA at the time they request an application for housing assistance.

The notice will explain the protections afforded under the law, inform each applicant of PHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The PHA will also include in all notices of denial a statement explaining the protection against denial provided by VAWA (see section 3-III.F).

**16-VII.B. NOTIFICATION TO TENANTS [Pub.L. 109-162]**

VAWA requires PHAs to notify tenants assisted under public housing of their rights under this law, including their right to confidentiality and the limits thereof.

PHA Policy

The PHA will provide all tenants with notification of their protections and rights under VAWA at the time of admission and at annual reexamination.

The notice will explain the protections afforded under the law, inform the tenant of PHA confidentiality requirements, and provide contact information for local victim advocacy groups or service providers.

The PHA will also include in all lease termination notices a statement explaining the protection against termination or eviction provided by VAWA (see Section 13-IV.D).

# Certification of Payments to Influence Federal Transactions

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

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Applicant Name

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Program/Activity Receiving Federal Grant Funding

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The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

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

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|                             |                   |
|-----------------------------|-------------------|
| Name of Authorized Official | Title             |
| Signature                   | Date (mm/dd/yyyy) |

|   |   |
|---|---|
| <b>Part I: Summary</b>  |   |
| <b>PHA Name: SABINE PARISH HOUSING AUTHORITY</b>                | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: LAO48P0745019<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |
| <b>FFY of Grant: 2009</b><br><b>FFY of Grant Approval: 2009</b> |   |

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

| Line | Summary by Development Account                               | Total Estimated Cost |                      | Total Actual Cost <sup>1</sup> |          |
|------|--|----------------------|----------------------|--------------------------------|----------|
|      |  | Original             | Revised <sup>2</sup> | Obligated                      | Expended |
| 1    | Total non-CFP Funds  |                      |                      |                                |          |
| 2    | 1406 Operations (may not exceed 20% of line 21) <sup>3</sup> | 85726                |                      | 0                              | 0        |
| 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  | 22741                |                      | 0                              | 0        |
| 8    | 1440 Site Acquisition  |                      |                      |                                |          |
| 9    | 1450 Site Improvement  |                      |                      |                                |          |
| 10   | 1460 Dwelling Structures                                     | 320164               |                      | 0                              | 0        |
| 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 <sup>4</sup>                     |                      |                      |                                |          |

<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> 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**

| <b>Part I: Summary</b>  |  |  |                      |   |  |  |
|---|--|--|----------------------|---|--|--|
| <b>PHA Name:</b><br>SABINE PARISH<br>HOUSING<br>AUTHORITY   |  | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: LA48P074501099<br>Replacement Housing Factor Grant No:<br>Date of CFFP: |                      |   | <b>FFY of Grant:2009</b><br><b>FFY of Grant Approval: 2009</b> |  |
| <b>Type of Grant</b>  |  |  |                      |   |  |  |
| <input type="checkbox"/> Original Annual Statement  |  | <input type="checkbox"/> Reserve for Disasters/Emergencies   |                      | <input type="checkbox"/> Revised Annual Statement (revision no: ) |  |  |
| <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 03/31/2009 |  |  |                      | <input type="checkbox"/> Final Performance and Evaluation Report  |  |  |
| Line  | Summary by Development Account   | Total Estimated Cost   |                      | Total Actual Cost <sup>1</sup>                                    |  |  |
|   |  | Original   | Revised <sup>2</sup> | 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)                           | 428631   |                      | 0   | 0  |  |
| 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                |  |                      |   |  |  |
| <b>Signature of Executive Director</b>  |  |  | <b>Date</b>          | <b>Signature of Public Housing Director</b>                       |  |  |
|   |  |  |                      |   |  |  |
|   |  |  |                      |   |  |  |

<sup>1</sup> To be completed for the Performance and Evaluation Report.

<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.

<sup>4</sup> RHF funds shall be included here.

| <b>Part II: Supporting Pages</b>                  |  |                            |   |                      |                      |                                   |                                |                |
|---|--|----------------------------|---|----------------------|----------------------|-----------------------------------|--------------------------------|----------------|
| PHA Name: SABINE PARISH HOUSING AUTHORITY         |  |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No: LA48P07450109<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | <b>Federal FFY of Grant: 2009</b> |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories  | Development<br>Account No. | Quantity  | Total Estimated Cost |                      | Total Actual Cost                 |                                | Status of Work |
|   |  |                            |   | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup>   | Funds<br>Expended <sup>2</sup> |                |
| LA74000001/2                                      | OPERATING SUBSIDY  | 1406                       |   | 85726                |                      | 0                                 | 0                              |                |
|   | FEES/COST  | 1430                       |   | 22741                |                      | 0                                 | 0                              |                |
|   | dwelling structures  | 1460                       |   | 320164               |                      | 0                                 | 0                              |                |
|   | MODERNIZATION OF dwelling units<br>AS MANY AS CAN BE DONE WITH<br>THE FUNDS PROVIDED.  |                            |   |                      |                      |                                   |                                |                |
|   | UPDATE WIRING , HVAC UNITS,<br>RELACE BATHROOM<br>FIXTURES,TUBS/SHOWERS,REPLACE<br>WALL TILE,FLOOR COVERING,<br>KITCHEN AREA REPLACE<br>DAMAGED CABINETS,FLOOR<br>TILE,INTERIOR/EXTERIOR DOORS<br>WHERE NEEDED, LIVING ROOM<br>REPLACE FLOOR TILE, REPLACE<br>LAMPS WITH NEW ENERGY<br>SAVERS, REPAIR AND PAINT ALL<br>WALLS, REPLACE ALL LIGHT<br>FIXTURES WITH NEW ENERGY<br>SAVERS. |                            |   |                      |                      |                                   |                                |                |
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<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

<sup>2</sup> To be completed for the Performance and Evaluation Report.

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**

| <b>Part II: Supporting Pages</b>                  |   |                            |   |                      |                      |                                 |                                |                |
|---|---|----------------------------|---|----------------------|----------------------|---------------------------------|--------------------------------|----------------|
| PHA Name:   |   |                            | <b>Grant Type and Number</b><br>Capital Fund Program Grant No:<br>CFFP (Yes/ No):<br>Replacement Housing Factor Grant No: |                      |                      | <b>Federal FFY of Grant:</b>    |                                |                |
| Development Number<br>Name/PHA-Wide<br>Activities | General Description of Major Work<br>Categories | Development<br>Account No. | Quantity  | Total Estimated Cost |                      | Total Actual Cost               |                                | Status of Work |
|   |   |                            |   | Original             | Revised <sup>1</sup> | Funds<br>Obligated <sup>2</sup> | Funds<br>Expended <sup>2</sup> |                |
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<sup>1</sup> 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.



# Standard PHA Plan PHA Certifications of Compliance

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

## **PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the Standard Annual, Standard 5-Year/Annual, and Streamlined 5-Year/Annual PHA Plans**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ standard Annual, \_\_\_ standard 5-Year/Annual or  Streamlined 5-Year/Annual PHA Plan for the PHA fiscal year beginning 1/1/2004 hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
7. For PHA Plan that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's MTCS in an accurate, complete and timely manner (as specified in PIH Notice 99-2);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA has submitted with the Plan a certification with regard to a drug free workplace required by 24 CFR Part 24, Subpart F.
12. The PHA has submitted with the Plan a certification with regard to compliance with restrictions on lobbying required by 24 CFR Part 87, together with disclosure forms if required by this Part, and with restrictions on payments to influence Federal Transactions, in accordance with the Byrd Amendment and implementing regulations at 49 CFR Part 24.





# *Housing Authority of Sabine Parish*



March 30, 2009

The Sabine Parish Housing Authority Tenant Council met on Monday, March 30, 2009 at 11:00 a.m. at 210 North Highland Drive in Many, LA. The council approved the 2010 Annual Plan beginning January 1, 2010 and had no comments.

*Henry Lawrence*

**POLICY FOR THE ADMINISTRATION**

**OF**

**COMMUNITY SERVICE**

**AND/OR**

**ECONOMIC SELF-SUFFICIENCY**

**REQUIREMENTS**

(Quality Housing and Work Responsibility Act of 1998  
24 CFR Part 960, Subpart F Section 960.600-960.609)

**PREPARED FOR THE**

**HOUSING AUTHORITY**

**OF**

**SABINE PARISH, LOUISIANA**

(CITY/TOWN/PARISH/COUNTY)

**MANAGEMENT RESOURCE GROUP, INC.**

2392 MOUNT VERNON ROAD, SUITE 103 / ATLANTA GEORGIA 30338

TEL: 770.396.9856 / FAX: 770.396.1407 / EMAIL:MRGINC@MINDSPRING.COM

**GUIDELINES FOR ADMINISTRATION OF  
COMMUNITY SERVICE AND SELF-SUFFICIENCY WORK ACTIVITIES**

**HOUSING AUTHORITY**

**OF**

**SABINE PARISH, LOUISIANA**  
(CITY/TOWN/PARISH/COUNTY)

## TABLE OF CONTENTS

|             |  |          |
|-------------|--|----------|
| <b>I.</b>   | <b>GENERAL INFORMATION</b>                         | <b>1</b> |
| A.          | Background   | 1        |
| B.          | What is Community Service?                         | 1        |
| C.          | Who must comply?                                   | 1        |
| D.          | Who is exempt?                                     | 1        |
| E.          | What is the Annual Obligation?                     | 2        |
| F.          | What happens when someone does not comply?         | 2        |
| G.          | When do the Community Service Requirements start?  | 2        |
| H.          | How does the PHA administer its program?           | 2        |
| I.          | PHA Responsibilities to its residents.             | 3        |
| <b>II.</b>  | <b>PROGRAM ADMINISTRATION</b>                      | <b>4</b> |
| A.          | PHA Responsibilities                               | 4        |
| <b>III.</b> | <b>DOCUMENTATION</b>                               | <b>8</b> |
| A.          | Resident Notification Letter                       | 8        |
| B.          | PHA Certification Form                             | 8        |
| C.          | Third Party Certification Form                     | 8        |
| D.          | Community Service Exemption Certification          | 8        |
| E.          | Memorandum Of Understanding                        | 8        |
| F.          | Physician Disability/Handicapped Verification Form | 8        |
|             | <b>COMMUNITY SERVICE COMPLIANCE CERTIFICATION</b>  | <b>9</b> |

|  |           |
|--|-----------|
| <b>COMMUNITY SERVICE EXEMPTION CERTIFICATION</b>     | <b>12</b> |
| <b>MEMORANDUM OF UNDERSTANDING</b>                   | <b>13</b> |
| II.    OBJECTIVES:                                   | 13        |
| III.   ROLES AND RESPONSIBILITIES OF THE THIRD PARTY | 14        |
| IV.   ROLES AND RESPONSIBILITIES OF THE AUTHORITY    | 14        |
| V.    CHANGES AND ASSURANCES                         | 14        |
| VI.   SIGNATURES                                     | 15        |
| <b>TO BE COMPLETED BY EVALUATORY/DIAGNOSTICIAN</b>   | <b>17</b> |

## I. GENERAL INFORMATION

### New Community Service Requirements

#### A. Background

The Quality Housing and Work Responsibility Act of 1998 (QHWRA) was signed into law by President Clinton on October 21, 1998. This Act is sometimes called the public housing reform act and the final rules required by QHWRA were published in the Federal Register on March 29, 2000. 24 CFR-Subpart F, 960.00 lists the statutory requirements, which must be incorporated by local PHA/PHC, etc into policy to meet, community Service/Self-Sufficiency work activities.

#### B. What is Community Service?

Community Service is defined as the performance of *voluntary* work, or duties that are a public benefit and serve to improve the quality of life, to enhance resident self-sufficiency, or increase resident self-responsibility in the community. Community Service is not employment and may not include political activities.

#### C. Who must comply?

The final rule requires **all** adult family members who do not qualify for a statutory exemption.

#### D. Who is exempt?

An **exempt** person is an adult family member who:

- (1) Is **62** years of age or older;
- (2) Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
- (3) Is engaged in work activities;
- (4) Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.

- (5) Is a family member receiving assistance, benefits or services under a state program funded under part A of title IV of the Social Security Act (42 USC 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.

**E. What is the Annual Obligation?**

Each adult family member who is not exempt must:

- (1) Contribute **8 hours per month (96 hours per year)** of Community Service, or
- (2) Participate in an economic self-sufficiency program for the same hours per year; or
- (3) Perform a *combination* of the activities in (1) and (2) for the same number of hours required above: *8/month – 96/year*.

**F. What happens when someone does not comply?**

The lease specifies that it shall be renewed automatically for all purposes, unless the family fails to comply with the community service requirement. Violation of the service requirement is grounds for non-renewal of the lease at the end of the 12-month lease term, but not for the termination of tenancy during the course of the 12-month lease term prior to the recertification process.

In addition, each family member who fails to complete its entire obligation shall be given the opportunity to develop a plan with PHA approval to perform these non-compliant hours in addition to their regularly obligated 96 hours in the second year of residency. At the end of the second year if all outstanding obligated hours of community service/self-sufficiency are not met the PHA may commence eviction proceedings.

**G. When do the Community Service Requirements start?**

All PHA's and residents must comply with the requirements of subpart F beginning with a PHA's fiscal year that begin on or after October 1, 2000.

**H. How does the PHA administer its program?**

The PHA may administer qualifying community service or economic self-sufficiency activities directly through its own staff or through a third party community entity that has an agreement with the PHA.

**I. PHA Responsibilities to its residents.**

- (1) The PHA must develop a policy that describes how it will determine which family members are subject to or exempt from performing the service requirement and the process for verifying changes to existing status.
- (2) The PHA must provide every family a written description of the service requirement and the process for claiming status. The PHA must also notify each adult family member of its initial determination of exempt and non-exempt status.
- (3) The PHA must review family compliance with the service requirements and must verify such compliance annually at least 30 days before the renewal of the lease (Annual Re-Certification).
- (4) The PHA must retain reasonable documentation of service requirement performance or exemption in the resident's file folder.

## II. PROGRAM ADMINISTRATION

The SABINE PARISH Housing Authority's policy is designed to identify which adult family members are subject to or exempt from the service requirements; to explain how the PHA will administer its program; to identify PHA and/or third party certification opportunities available to eligible adult family members; and to assure resident compliance with identified work activities with fair and equitable actions.

### A. PHA Responsibilities

#### (1) Eligibility Determination

The PHA will review every existing resident file to determine each Adult member's status regarding community service per the following guidelines.

a. An **exempt** person is an adult family member who:

1. Is **62** years of age or older;
2. Is blind or disabled as defined under the current Social Security Act. Existing documentation will be acceptable as evidence of a disability and disabled persons will be permitted to **self-certify** as to whether they **cannot** perform community service or self-sufficiency service provisions; or is a primary care giver to such above defined individual;
3. Is engaged in work activities;
4. Meets the requirements for being exempted under a State program funded under part A of the title IV of the Social Security Act (42 U.S.C. 601) or any other State administered welfare program of the State in which the PHA is located, including a welfare-to-work program.
5. Is a family member receiving assistance, benefits or services under a state program funded under part A of title IV of the Social Security Act (42 U.S.C. 601 et seq.) or under any other welfare program of the State in which the Housing Authority is located.

b. As family status is determined a registered letter or other certifiable document of receipt will be sent to each adult member of that family to notify them of their status (exempt or non-exempt) and explaining the steps they should immediately proceed with through their housing representative.

- c. The PHA will include a copy of the general information section of its Community Service Policy and a listing of PHA and/or third party work activities that are eligible for certification of the community service requirement.
- d. At the scheduled meeting with each non-exempt adult family member, not only will the parameters of the community service requirement be reviewed but also the PHA and/or third party work activities will be identified and selected for compliance with the annual obligation for certification at their annual lease renewal date.

(2) Work Activity Opportunities

The SABINE PARISH Housing Authority has elected to provide to those adult family members that must perform community service activities the opportunity to select either PHA sanctioned work activities or Third Party certifiable work items. The administration of the certification process would be:

a. PHA Provided Activities.

When qualifying activities are provided by the Authority directly, designated Authority employee(s) shall provide signed certification that the family member has performed the proper number of hours for the selected service activities.

b. Third Party Certification

When qualifying activities are administered by any organization other than PHA, the family member must provide signed certification (see III A (c)) to the Authority by such third party organization that said family member has performed appropriate service activities for the required hours.

c. Verification of Compliance.

The Authority is required to review family compliance with service requirement, and must verify such compliance annually at least thirty (30) days before the end of the twelve (12) month lease term (annual re-certification time). Evidence of service performance and/or exemption must be maintained in the participant files.

d. Notice of Noncompliance.

If the Authority determines that, a family member who is subject to fulfilling a service requirement, but who has violated the family's obligation (a noncompliant resident) the Authority must notify the specific family member of this determination.

The Notice of Noncompliance must:

1. Briefly, describe the noncompliance (inadequate number of hours).
2. State that the Authority will not renew the lease at the end of the twelve (12) month lease term unless:

The resident or any other noncompliant adult family member enters into a written agreement with the Authority to cure the noncompliance and in fact perform to the letter of agreement.

- Or -

The family provides written assurance satisfactory, to the PHA that the resident or other noncompliant adult family member no longer resides in the unit.

This Notice of Noncompliance must also state that the resident may request a grievance hearing and that the resident may exercise any available judicial remedy to seek timely redress for the Authority's non-renewal of the lease because of a noncompliance determination.

e. Resident agreement to comply with the service requirement.

The written agreement entered into with the Authority to cure the service requirement noncompliance by the resident and any other adult family member must:

1. Agree to complete additional service hours needed to make up the total number of hours required over the twelve (12) month term of the new lease.
2. State that all other members of the family subject to the service requirement are in current compliance with the service requirement or are no longer residing in the unit.

- f. The SABINE PARISH Housing Authority has developed the following list of Agency certifiable and/or third party work activities of which each non-exempt adult family member can select to perform their individual service requirement.

The Authority has identified the following PHA certifiable activities, which are available to meet the requirements:

- Neighborhood Watch
- Daily Phone Monitor for elderly
- Daily Phone Monitor for disabled
- Welcome Wagon Attendant
- Playground Monitor
- Or other certifiable activities

The following third party entities have entered into agreement with the Authority to provide activities available to satisfy the Community Service activities:

| <b>Religious Organizations</b> | <b>Qualified activities</b>     |
|--------------------------------|---------------------------------|
| Name                           | Phone bank                      |
| Address                        | Out reach                       |
| Phone Number                   | Food service (soup kitchen)     |
| Contact person                 | Or other certifiable activities |

| <b>Schools</b> | <b>Qualified activities</b>                    |
|----------------|--|
| Name           | PTA Volunteer                                  |
| Address        | Library Aide                                   |
| Phone Number   | Hall Monitor                                   |
| Contact person | Playground,<br>or other certifiable activities |

| <b>Hospitals</b> | <b>Qualified activities</b>     |
|------------------|---------------------------------|
| Name             | Reception                       |
| Address          | Candy Striper                   |
| Phone Number     | or other certifiable activities |
| Contact person   |                                 |

### **III. DOCUMENTATION**

- A. Resident Notification Letter**
  
- B. PHA Certification Form**
  
- C. Third Party Certification Form**
  
- D. Community Service Exemption Certification**
  
- E. Memorandum Of Understanding**
  
- F. Physician Disability/Handicapped Verification Form**

## COMMUNITY SERVICE COMPLIANCE CERTIFICATION

I have received a copy of, have read and understand the contents of the SABINE PARISH Housing Authority's Community Service Policy as required by HUD through the Quality Housing and Work Responsibility Act of 1998.

I understand that I must perform 96 hours of community service per year at no less than 8 hours per month per this requirement. I further understand that if I do not comply with this requirement that my lease will not be renewed.

---

Adult Family Member

---

Date

### SABINE PARISH HOUSING AUTHORITY

#### HOUSING AUTHORITY CERTIFICATION FORM Housing Authority Community Service Work Activities

I \_\_\_\_\_ an adult family member of the household that resides at

\_\_\_\_\_, Louisiana, do acknowledge

Street address City,  
that, I am required to complete 8 hours of Community Service per month and/or 96 hours per year to remain eligible for the Annual renewal of my lease.

\_\_\_\_\_  
Signature

| <u>ACTIVITY(S) PERFORMED</u> | <u>HOURS COMPLETED</u> |
|------------------------------|------------------------|
| 1. _____                     | _____                  |
| 2. _____                     | _____                  |
| 3. _____                     | _____                  |
| 4. _____                     | _____                  |
| 5. _____                     | _____                  |
| 6. _____                     | _____                  |
| 7. _____                     | _____                  |
| <b>TOTAL HOURS</b>           | _____                  |

This service was performed during the month of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature  
Housing Authority Representative

\_\_\_\_\_  
Date Signed

# SABINE PARISH HOUSING AUTHORITY

## THIRD PARTY CERTIFICATION FORM Housing Authority Community Service Work Activities

I \_\_\_\_\_ an adult family member of the household that resides at \_\_\_\_\_

\_\_\_\_\_, Louisiana, do acknowledge

Street address \_\_\_\_\_ City \_\_\_\_\_ that, I am required to complete 8 hours of Community Service per month and/or 96 hours per year to remain eligible for the Annual renewal of my lease.

\_\_\_\_\_  
Signature

| <u>ACTIVITY(S) PERFORMED</u> | <u>HOURS COMPLETED</u> |
|------------------------------|------------------------|
| 1. _____                     | _____                  |
| 2. _____                     | _____                  |
| 3. _____                     | _____                  |
| 4. _____                     | _____                  |
| 5. _____                     | _____                  |
| 6. _____                     | _____                  |
| 7. _____                     | _____                  |
| <b>TOTAL HOURS</b>           | _____                  |

This service was performed during the month of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature  
Third Party Representative

\_\_\_\_\_  
Date Signed

## COMMUNITY SERVICE EXEMPTION CERTIFICATION

I have received a copy of, have read and understand the contents of the \_\_\_\_\_ Housing Authority's Community Service Policy as required by HUD through the Quality Housing and Work Responsibility Act of 1998.

I certify that I am eligible for exemption from the Community Service requirement for the following reason.

- I am 62 years of age or older.
- I have a disability, which prevents me from working.  
(Documentation to verify disability is required.)
- I am working every week.  
(Employment verification form will serve as documentation.)
- I am participating in a Welfare to Work Program  
(Must provide verification letter from agency.)
- I am receiving Welfare assistance and I am participating in a required economic self-sufficiency program or work activity.  
(Must provide verification from the funding agency that you are complying with job training or work requirements.)
- I am a primary caregiver to a disabled person and am on the lease with said person.
- I am a full time student

\_\_\_\_\_  
Adult Family Member

\_\_\_\_\_  
Date

## MEMORANDUM OF UNDERSTANDING BETWEEN

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### AND SABINE PARISH HOUSING AUTHORITY

**PURPOSE:** This Memorandum of Understanding entered into as of this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by and between the SABINE PARISH Housing Authority, hereinafter referred to as "PHA" and \_\_\_\_\_,

Hereinafter referred to as "Third Party", sets forth the coordination interface between PHA and the Third Party for the purpose of providing alternative work service activities to participants in the Community Service Program as defined under Section 512 of the Quality Housing and Work Responsibility Act (QHWRA) effective October 1, 2000.

**I. PURPOSE:**

To establish a community work service process within the community in order to assist adult residents to participate in meeting their eight (8) hours per month of community service requirements.

**II. OBJECTIVES:**

- A. To develop procedures for working together to provide quality and timely opportunities for community service for the participating residents of the SABINE PARISH Housing Authority.
- B. To create a directory of eligible opportunities from which residents can make selections.
- C. To provide participating residents the greatest possible selection choice of community service activities.
- D. To provide alternative work services as they become available to the participants.
- E. To have our participating residents volunteer and contribute eight (8) hours of community service each month.

### **III. ROLES AND RESPONSIBILITIES OF THE THIRD PARTY**

To ensure that each community service participant is assigned work deemed appropriate by the Third Party.

The Third Party will ensure that the Community Work Service Time Sheet is signed by a designated representative to record the hours of community service worked each time a resident participates.

To designate appropriate local staff in the Third Party to serve as liaison for coordination of the participating residents in community service activities.

### **IV. ROLES AND RESPONSIBILITIES OF THE AUTHORITY**

To ensure that only the adult residents as identified by Section 512 of the Quality Housing and Work Responsibility Act (QHWRA) are notified of all community work service opportunities available to them to meet their service work requirements.

To monitor and track all hours worked by all participating residents for record keeping purposes for determining participant residents for record keeping purposes for determining participant compliance.

The PHA will designate JURLEAN WILSON/GLORIA STEWART/KAREN EBARB to act as liaison person between the Third Party and PHA.

The PHA will monitor and support ongoing lines of communication with residents to motivate and encourage participation in the work service program.

To ensure the conditions under which the community service is to be performed are not hazardous to the participating residents.

### **V. CHANGES AND ASSURANCES**

It is understood and agreed that the PHA and the Third Party shall not be liable in the event of accident, injury or death and shall be harmless from any litigation involving tort or other violation of local, state or federal laws.

The Memorandum of Understanding may be altered, modified, or rescinded as necessary by the Authority Assistant Executive Director or the Executive Director.

The Authority Executive Director and the Third Party Director will take appropriate actions within their respective agencies to ensure effective implementation of the terms identified herein.

**VI. SIGNATURES**

IN WITNESS WHEREOF, THIRD PARTY AND PHA, by their authorized agents have executed this Memorandum of Understanding as of the

\_\_\_\_\_ day of \_\_\_\_\_, in the year 20\_\_\_\_\_.

\_\_\_\_\_  
Name SABINE PARISH Housing Authority

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

WITNESSES:  
\_\_\_\_\_  
\_\_\_\_\_

WITNESSES:  
\_\_\_\_\_  
\_\_\_\_\_



**TO BE COMPLETED BY EVALUATORY/DIAGNOSTICIAN**

This is to certify that, in my opinion, the applicant/tenant identified above meets the criteria checked below:

**Disability Certification:** as defined in Section 223 of the Social Security Act: an inability to engage in any substantial gainful activity because of any physical or mental impairment that is expected to result in death or has lasted or can be expected to last to continuously for at least 12 months; or, for a blind person at least 55 years old, inability because of blindness to engage in any substantial gainful activities comparable to those in which the person was previously engaged with some regularity and over a substantial period.

Based on the above definition, it is my opinion that the individual indicated above:  is disabled  is not disabled.

Accommodations required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Handicapped Certification:** Handicapped and whose physical impairment: is expected to be of long-continued and indefinite duration, substantially impedes his or her ability to live independently, and is of such disability could be improved by more suitable housing conditions.

Based on the above definition, it is my opinion that the individual indicated above:  is handicapped  is not handicapped.

Accommodations required: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments: (e.g., any special situations, etc.)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





# *Housing Authority of Sabine Parish*



Pha plan

**Substantial deviation from the 5 year plan:**

Any change to the Mission Statement such as:

50% deletion from or addition to the goals and objectives as a whole,

50% or more decrease in the quantifiable measurement of any individual goal or objective

**Significant amendment or modification to the Annual Plan:**

50% variance in the funds projected in the CFP Annual Statement

Any increase or decrease over 50% in the funds projected in the Financial Resource Statement and/or CFP Annual Statement

Any submission to HUD that requires a separate notification to residents, such as HOPE VI, Public Housing Conversion, Demolition/Disposition, Designated

Housing or Homeownership Programs

Any change inconsistent with the local, approved Consolidated Plan