

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
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1.0	PHA Information PHA Name: <u>Holcomb Housing Authority</u> PHA Code: <u>MO 035</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/2010</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>24</u> Number of HCV units: <u>0</u>				
3.0	Submission Type <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
					PH HCV
	PHA 1:				
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <i>See attached</i>				
5.2	Goals and Objectives. Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <i>See attached</i>				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Due to ARRA grant (b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. <i>Available at 213 E. Elm St., Holcomb, MO</i>				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. <i>Include statements related to these programs as applicable.</i>				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable.				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. <i>See attached 2010 Annual Statement; 2009 Stimulus Performance and Evaluation Report, 2009 Performance and Evaluation Report and 2008 Performance and Evaluation Report.</i>				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. <i>See attached Capital Fund Program Five-Year Action Plan</i>				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				
9.0	Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. <i>See attached</i>				
9.1	Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. <i>See attached</i>				

10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan. <i>See attached</i></p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification" <i>See attached</i></p>
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11.0	<p>Required Submission for HUD Field Office Review. 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. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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11.0

- f. No RAB comments
- g. No one challenged any element of the Agency Plan

5.1 Mission

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

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

5.2 Goals

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

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

- PHA Goal: Expand the supply of assisted housing
Objectives:
- Apply for additional rental vouchers:
 - Reduce public housing vacancies:
 - Leverage private or other public funds to create additional housing opportunities:
 - Acquire or build units or developments
 - Other (list below)
- PHA Goal: Improve the quality of assisted housing
Objectives:
- Improve public housing management: (PHAS score)
 - Improve voucher management: (SEMAP score)
 - Increase customer satisfaction:
 - Concentrate on efforts to improve specific management functions:
(list; e.g., public housing finance; voucher unit inspections)
 - Renovate or modernize public housing units:
 - Demolish or dispose of obsolete public housing:
 - Provide replacement public housing:
 - Provide replacement vouchers:
 - Other: (list below)
- PHA Goal: Increase assisted housing choices
Objectives:
- Provide voucher mobility counseling:
 - Conduct outreach efforts to potential voucher landlords
 - Increase voucher payment standards
 - Implement voucher homeownership program:
 - Implement public housing or other homeownership programs:
 - Implement public housing site-based waiting lists:
 - Convert public housing to vouchers:
 - Other: (list below)

5.0 Five-Year Plan

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

- PHA Goal: Provide an improved living environment
Objectives:
 - Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
 - Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
 - Implement public housing security improvements:
 - Designate developments or buildings for particular resident groups (elderly, persons with disabilities)
 - Other: (list below)

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

- PHA Goal: Promote self-sufficiency and asset development of assisted households
Objectives:
 - Increase the number and percentage of employed persons in assisted families:
 - Provide or attract supportive services to improve assistance recipients' employability:
 - Provide or attract supportive services to increase independence for the elderly or families with disabilities.
 - Other: (list below)

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

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

Other PHA Goals and Objectives: (list below)

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

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

Part I: Summary					
PHA Name: Holcomb Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36P035501-10</u>		Replacement Housing Factor Grant No:	
				FFY of Grant: <u>2010</u>	
				FFY of Grant Approval: _____	
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending:				<input type="checkbox"/> Final Performance and Evaluation Report	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	4,408.00			
3	1408 Management Improvements	1,200.00			
4	1410 Administration (may not exceed 10% of line 21)	1,000.00			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000.00			
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	13,889.00			
11	1465.1 Dwelling Equipment—Nonexpendable	1,200.00			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment	10,000.00			
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	34,697.00			
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				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

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

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

Part I: Summary					
PHA Name: Holcomb Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36P035501-10</u>		Replacement Housing Factor Grant No: FFY of Grant: <u>2010</u> FFY of Grant Approval:	
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Performance and Evaluation Report for Period Ending <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
Signature of Executive Director <i>Patricia J. More</i>		Date <i>10-08-2009</i>		Signature of Public Housing Director Date	

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Part II: Supporting Pages								
PHA Name: Senath Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P035501-10 Replacement Housing Factor Grant No:			CFPP (Yes/No): No		Federal FFY of Grant: 2010	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	
HA Wide Operations	Housing Operations	1406	13%	4,408.00				
	Sub total			4,408.00				
HA Wide Management Improvements	Revise policies	1408	20%	1,200.00				
	Sub total			1,200.00				
HA Wide Administrative Cost	Partial salary of staff involved in CFP	1410	3%	1,000.00				
	Sub total			1,000.00				
HA Wide Fees & Cost	Mod Coordinator	1430	100%	3,000.00				
	Sub total			3,000.00				
MO 35-1	A. Replace roof & gutters	1460	2 Bldg	10,889.00				
	B. Upgrade HVAC	1460	2 Units	3,000.00				
	C. Replace appliances	1465.1	2 pair	1,200.00				
	Sub total			15,089.00				
HA Wide Fees & Cost	Replace maintenance vehicle	1475	1 EA	10,000.00				
	Sub total			10,000.00				
	Grand Total			34,697.00				

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Holcomb Housing Authority			MO36P035501-10		Federal FFY of Grant: 2010
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MO 35-1	12/31/2012		12/31/2014		
HA Wide	12/31/2012		12/31/2014		

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.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary						
PHA Name/Number Holcomb Housing Authority MO 035		Locality (City/County & State) Holcomb/Dunklin County/Missouri			<input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
B.	Physical Improvements Subtotal	Annual Statement	17,101.00	25,000.00	25,600.00	25,000.00
C.	Management Improvements		1,200.00	1,200.00	1,200.00	
D.	PHA-Wide Non-dwelling Structures and Equipment		8,000.00			
E.	Administration		1,000.00	1,000.00	1,000.00	2,500.00
F.	Other		3,000.00	3,000.00	3,000.00	3,500.00
G.	Operations		4,396.00	4,497.00	3,897.00	3,697.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		34,697.00	34,697.00	34,697.00	34,697.00
L.	Total Non-CFP Funds					
M.	Grand Total		34,697.00	34,697.00	34,697.00	34,697.00

Part I: Summary (Continuation)						
PHA Name/Number Holcomb Housing Authority MO 035			Locality (City/County & State) Holcomb/Dunklin County/Missouri		<input checked="" type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011	Work Statement for Year 3 FFY 2012	Work Statement for Year 4 FFY 2013	Work Statement for Year 5 FFY 2014
		Annual Statement				
	MO 35-1		17,101.00	25,000.00	16,100.00	
	MO 35-2				9,500.00	25,000.00
	HA Wide Non-dwelling		8,000.00			

Part III: Supporting Pages – Management Needs Work Statement(s)				
Work Statement for Year 1 FFY 2010	Work Statement for Year 2 FFY 2011		Work Statement for Year: 3 FFY 2012	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	HA Wide Operations		HA Wide Operations	
Annual	Housing Operations	4,396.00	Housing Operations	4,497.00
Statement	Subtotal	4,396.00	Subtotal	4,497.00
	HA Wide Management Improvements		HA Wide Management Improvements	
	Update policies	1,200.00	Update policies	1,200.00
	Subtotal	1,200.00	Subtotal	1,200.00
	HA Wide Administrative Cost		HA Wide Administrative Cost	
	Partial salary of staff involved in CFP	1,000.00	Partial salary of staff involved in CFP	1,000.00
	Subtotal	1,000.00	Subtotal	1,000.00
	HA Wide Fees & Costs		HA Wide Fees & Costs	
	MOD Coordinator	3,000.00	MOD Coordinator	3,000.00
	Subtotal	3,000.00	Subtotal	3,000.00
	Subtotal of Estimated Cost	\$9,596.00	Subtotal of Estimated Cost	\$9,697.00

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 Capital Fund Financing Program

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

Part I: Summary					
PHA Name: Holcomb Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36S035501-09</u>		FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>	
Replacement Housing Factor Grant No:					
Type of Grant <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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,500.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	30,200.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable	10,361.00		0.00	0.00
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	44,061.00		0.00	0.00
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				

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Part I: Summary				
PHA Name: Holcomb Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO368035501-09</u>		Replacement Housing Factor Grant No: FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>
Type of Grant <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: <u>6/30/09</u> <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ²	Obligated Expended
Signature of Executive Director <i>Patricia J. Moore</i>		Date <u>10-09-2009</u>		Signature of Public Housing Director Date

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Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Holcomb Housing Authority			MO36S035501-09		Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
HA Wide	3/17/2010		3/17/2012		
MO 35-1	3/17/2010		3/17/2012		
MO 35-2	3/17/2010		3/17/2012		

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.

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Type of Grant <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: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	4,408.00		0.00	0.00
3	1408 Management Improvements	1,200.00		0.00	0.00
4	1410 Administration (may not exceed 10% of line 21)	1,000.00		0.00	0.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000.00		0.00	0.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	25,089.00		0.00	0.00
11	1465.1 Dwelling Equipment—Nonexpendable				
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19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2-19)	34,697.00		0.00	0.00
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				
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PHA Name Holcomb Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: <u>MO36P035501-09</u>		Replacement Housing Factor Grant No: FFY of Grant: <u>2009</u> FFY of Grant Approval: <u>2009</u>
Type of Grant <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= <u>6/30/09</u> <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹
		Original	Revised ¹	Obligated Expended
Signature of Executive Director <i>Patricia J. Moore</i>		Date <i>10-08-2009</i>		Signature of Public Housing Director Date

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Part II: Supporting Pages								
PHA Name: Senath Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P035501-09 Replacement Housing Factor Grant No:			CFPP (Yes/No): No		Federal FFY of Grant: 2009	
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ²	
HA Wide Operations	Housing Operations Sub total	1406	13%	4,408.00		0.00	0.00	0% Complete
				4,408.00		0.00	0.00	
HA Wide Management Improvements	Revise policies Sub total	1408	20%	1,200.00		0.00	0.00	0% Complete
				1,200.00		0.00	0.00	
HA Wide Administrative Cost	Partial salary of staff involved in CFP Sub total	1410	3%	1,000.00		0.00	0.00	0% Complete
				1,000.00		0.00	0.00	
HA Wide Fees & Cost	Consultant Sub total	1430	100%	3,000.00		0.00	0.00	0% Complete
				3,000.00		0.00	0.00	
MO 35-1	Replace hot water heaters Sub total	1460	14 EA	5,600.00		0.00	0.00	0% Complete
				5,600.00		0.00	0.00	
MO 35-2	Replace flooring Sub total	1460	10 Units	19,489.00		0.00	0.00	0% Complete
				19,489.00		0.00	0.00	
	Grand Total			34,697.00		0.00	0.00	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Holcomb Housing Authority			MO36P035501-09		Federal FFY of Grant: 2009
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MO 35-1	12/31/2011		12/31/2013		
MO 35-2	12/31/2011		12/31/2013		
HA Wide	12/31/2011		12/31/2013		

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.

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

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

Part I: Summary					
PHA Name: Holcomb Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: MO36P035501-08		FFY of Grant: 2008 FFY of Grant Approval: 2008	
Replacement Housing Factor Grant No:					
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	4,514.00	1,255.00	0.00	0.00
3	1408 Management Improvements	1,200.00	4,459.00	4,459.00	4,459.00
4	1410 Administration (may not exceed 10% of line 21)	1,000.00	1,000.00	501.00	501.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	3,000.00	3,000.00	1,000.00	1,000.00
8	1440 Site Acquisition				
9	1450 Site Improvement	2,100.00	2,100.00	0.00	0.00
10	1460 Dwelling Structures	22,995.00	22,995.00	17,861.08	17,861.08
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				
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)	34,809.00	34,809.00	23,821.08	23,821.08
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				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

No. 1887 P. 7/8

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

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

Part I: Summary				
PHA Name: Holcomb Housing Authority		Grant Type and Number Capital Fund Date of CFFP Program Grant No: MO36P035501-08		Replacement Housing Factor (ant No):
				FFY of Grant: 2008
				FFY of Grant Approval: 2008
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending 6/30/09 <input type="checkbox"/> Final Performance and Evaluation Report				
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ⁶
		Original	Revised ⁷	Obligated Expended
Signature of Executive Director <i>Patricia J. Moore</i>		Date 10-08-2009		Signature of Public Housing Director Date

Oct. 13. 2009 10:49AM

Part II: Supporting Pages								
PHA Name: Senath Housing Authority		Grant Type and Number Capital Fund Program Grant No: MO36P035501-08 Replacement Housing Factor Grant No:				Federal FFY of Grant: 2008		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ₂	Funds Expended ₂	
HA Wide Operations	Housing Operations	1406		4,514.00	1,255.00	0.00	0.00	0% Complete
	Sub total			4,514.00	1,255.00	0.00	0.00	
HA Wide Management Improvements	Community policing	1408		1,200.00	4,459.00	4,459.00	4,459.00	Complete
	Sub total			1,200.00	4,459.00	4,459.00	4,459.00	
HA Wide Administrative Cost	Partial salary of staff involved in CFP	1410		1,000.00	1,000.00	501.00	501.00	50% Complete
	Sub total			1,000.00	1,000.00	501.00	501.00	
HA Wide Fees & Cost	Consultant	1430	100%	3,000.00	3,000.00	1,000.00	1,000.00	30% Complete
	Sub total			3,000.00	3,000.00	1,000.00	1,000.00	
MO 35-1	A. Replace interior doors	1460	14 Units	19,495.00	19,495.00	17,861.08	17,861.08	92% Complete
	B. Site improvements	1450	10%	2,100.00	2,100.00	0.00	0.00	0% Complete
	Sub total			21,595.00	21,595.00	17,861.08	17,861.08	
MO 35-2	Replace hot water heaters	1460	7 EA	3,500.00	3,500.00	0.00	0.00	0% Complete
	Sub total			3,500.00	3,500.00	0.00	0.00	
	Grand Total			34,809.00	34,809.00	23,821.08	23,821.08	

¹ To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

² To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: Holcomb Housing Authority			MO36P035501-08		Federal FFY of Grant: 2008
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates ¹
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
MO 35-1	6/12/2010		6/12/2012		
MO 35-2	6/12/2010		6/12/2012		
HA Wide	6/12/2010		6/12/2012		

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.

9.0 Statement of Housing Needs [24 CFR Part 903.12 (b), 903.7(a)]

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

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

Housing Needs of Families on the PHA's Waiting Lists			
Waiting list type: (select one)			
<input type="checkbox"/> Section 8 tenant-based assistance			
<input checked="" type="checkbox"/> Public Housing			
<input type="checkbox"/> Combined Section 8 and Public Housing			
<input type="checkbox"/> Public Housing Site-Based or sub-jurisdictional waiting list (optional)			
If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	17		6
Extremely low income <=30% AMI	13	76	
Very low income (>30% but <=50% AMI)	4	24	
Low income (>50% but <80% AMI)	0		
Families with children	6	35	
Elderly families	12	71	
Families with Disabilities	2	12	
Race/ethnicity White	18	100	
Race/ethnicity Black	0	0	
Characteristics by Bedroom Size (Public Housing Only)			
1 BR	10	59	5
2 BR	5	29	1
3 BR	2	12	
4 BR			
5 BR			
5+ BR			
Is the waiting list closed (select one)? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
If yes:			
How long has it been closed (# of months)?			
Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes			
Does the PHA permit specific categories of families onto the waiting list, even if generally closed?			
<input type="checkbox"/> No <input type="checkbox"/> Yes			

9.0 Housing Needs

9.1 Strategy for Addressing Needs

Provide a brief description of the PHA's strategy for addressing the housing needs of families on the PHA's public housing and Section 8 waiting lists **IN THE UPCOMING YEAR**, and the Agency's reasons for choosing this strategy.

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

Select all that apply

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

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

Select all that apply

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

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

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

Select all that apply

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

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

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

Select all that apply

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

9.0 Housing Needs

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Select all that apply

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

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Select all that apply

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

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

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

Select if applicable

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

Strategy 2: Conduct activities to affirmatively further fair housing

Select all that apply

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

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

(2) Reasons for Selecting Strategies

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

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

10.0 Additional Information

[24 CFR Part 903.12 (b), 903.7 (r)]

A. PHA Progress in Meeting the Mission and Goals Described in the 5-Year Plan

(Provide a statement of the PHA's progress against the goals and objectives established in the previous 5-Year Plan for the period FY 20109 - 2014

The PHA has been able to maintain its mission to promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination through the utilization of previous Capital funds and the proper application of our public housing policies.

B. Criteria for Substantial Deviations and Significant Amendments

(1) Amendment and Deviation Definitions

24 CFR Part 903.7(r)

PHAs are required to define and adopt their own standards of substantial deviation from the 5-year Plan and Significant Amendment to the Annual Plan. The definition of significant amendment is important because it defines when the PHA will subject a change to the policies or activities described in the Annual Plan to full public hearing and HUD review before implementation.

a. Substantial Deviation from the 5-Year Plan

The Holcomb Housing Authority's Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current 5-Year Action Plan) or change in use of replacement reserve funds under the Capital Fund; and
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

b. Significant Amendment or Modification to the Annual Plan

The Holcomb Housing Authority's Definition of Substantial Deviation and Significant Amendment or Modification is as follows:

- changes to rent or admissions policies or organization of the waiting list;
- additions of non-emergency work items (items not intended in the current Annual Statement) or change in use of replacement reserve funds under the Capital Fund; and
- Any change with regard to demolition or disposition, designation, homeownership programs or conversion activities.

HOLCOMB HOUSING AUTHORITY

VIOLENCE AGAINST WOMEN ACT POLICY
RESOLUTION # 491

ADOPTED December 26, 2006

THE HOLCOMB HOUSING AUTHORITY RECOGNIZES THERE ARE FAMILIES EXPERIENCING DOMESTIC VIOLENCE AND STALKING THAT MAY HAVE SPECIAL NEEDS. THE HOUSING AUTHORITY WORKS TO PREVENT DISCRIMINATION, DENYING ACCESS TO OR EVICTION FROM HOUSING TO WOMEN OR FAMILIES WHO ARE VICTIMS OF DOMESTIC VIOLENCE OR STALKING.

THE HOLCOMB HOUSING AUTHORITY HAS ADOPTED THE FOLLOWING POLICY IN COMPLIANCE WITH THE "VIOLENCE AGAINST WOMEN ACT OF 2005".

1. THE HOLCOMB HOUSING AUTHORITY SHALL DENY NO PERSON HOUSING OR HAVE HIS OR HER HOUSING ASSISTANCE TERMINATED BECAUSE THAT PERSON HAS BEEN A VICTIM OF DOMESTIC VIOLENCE OR STALKING.
2. IN THE EVENT THAT ONE MEMBER OF A HOUSEHOLD ENGAGES IN DOMESTIC VIOLENCE OR STALKING ONLY THAT PERSON SHALL BE DENIED HOUSING OR HAVE HIS OR HER ASSISTANCE TERMINATED. THE REMAINDER OF THE HOUSEHOLD SHALL NOT OTHERWISE BE EXCLUDED FROM ASSISTANCE OR TERMINATED FROM ASSISTANCE BY THE HOLCOMB HOUSING AUTHORITY.
3. IF A PERSON VACATES A UNIT IN ORDER TO PROTECT THE SAFETY OF A VICTIM OF DOMESTIC VIOLENCE, THAT ACT SHALL NOT CONSTITUTE ABANDONMENT UNDER THE TERMS OF THE LEASE OF THE HOLCOMB HOUSING AUTHORITY.
4. THE HOLCOMB HOUSING AUTHORITY RESERVES THE RIGHT TO REQUIRE PROOF THAT AN INDIVIDUAL IS A VICTIM OF DOMESTIC VIOLENCE OR STALKING. THE RESIDENT SHALL BE AFFORDED 14 BUSINESS DAYS TO PROVIDE DOCUMENTATION, INCLUDING ONE OR MORE OF THE FOLLOWING: CERTIFICATION FROM AN ATTORNEY, DOMESTIC VIOLENCE SERVICE PROVIDER OR MEDICAL PROFESSIONAL, OR POLICE OR COURT RECORD.

HOLCOMB HOUSING AUTHORITY

PET POLICY

In compliance with Section 526 of The Quality Housing and Work Responsibility Act of 1998, HHA residents who are elderly, disabled, or handicapped shall be permitted to own and keep common household pets. Animals that are an auxiliary for persons with a disability are excluded from this policy. The ownership of common household pets is subject to the following rules and limitations:

1. Common household pets shall be defined as "domesticated animals such as a dog, cat, bird, rodent, fish or turtle. Common household pets are defined as follows:

Bird Includes Canary, Parakeet, Finch and other species that are normally kept caged; birds of prey are not permitted.

Fish In tanks or aquariums, not to exceed 20 gallons in capacity; poisonous or dangerous fish are not permitted.

Dogs Not to exceed 25 lbs. weight, or 15 inches in height at full growth. Dogs must be spayed or neutered. Veterinarian's recommended /suggested types of dogs are as follows:

- | | |
|--------------|-------------------|
| a. Chihuahua | e. Cocker Spaniel |
| b. Pekingese | f. Dachshund |
| c. Poodle | g. Terriers |
| d. Schnauzer | |

No Pit Bulls will be permitted

Cats Cats must be spayed or neutered and be de-clawed or have scratching post, and should not exceed 15 pounds.

Rodents Rodents other than hamsters, gerbils, white rats or mice are not considered common household pets. These animals must be kept in appropriate cages.

Reptiles Reptiles other than turtles or small lizards such as chameleons are not considered common household pets.

Exotic pets At no time will the HHA approve of exotic pets, such as snakes, monkeys, game pets, etc.

2. No more than one dog or cat shall be permitted in a household. In the case of birds, a maximum of two birds may be permitted. There shall be no limit as to the number of fish, but no more than one aquarium with a maximum capacity of 20 gallons shall be permitted. A resident with a dog or cat may NOT have other categories of "common household pets" as defined above.
3. Pets other than a dog or cat shall be confined to an appropriate cage or container. Such a pet may be removed from its cage while inside the owner's apartment for the purpose of handling, but shall not generally be unrestrained.
4. Only one dog or cat is allowed per household. NO PIT BULLS WILL BE PERMITTED. All dogs and cats will need to be on a leash, tied up, or otherwise restrained at all times when they are outside. Neither dogs nor cats shall be permitted to run loose.
5. Pet owners shall maintain their pet in such a manner as to prevent any damage to their unit, yard or common areas of the community in which they live. The animal shall be maintained so as not to be a nuisance or a threat to the health or safety of neighbors, HHA employees, or the public, by reason of noise, unpleasant odors or other objectionable situations.
6. Each pet owner shall be fully responsible for the care of the pet, including proper disposal of pet wastes in a safe and sanitary manner. Specific instructions for pet waste shall be available in the management office. Improper disposal of pet waste is a lease violation and may be grounds for termination.
7. All pets shall be inoculated and licensed in accordance with applicable state and local laws. All cats or dogs shall be neutered or spayed, unless a veterinarian certifies that the spaying or neutering would be inappropriate or unnecessary (because of health, age, etc.)
8. Visiting pets may be allowed as long as they generally conform to the guidelines expressed in this policy, except that: (1) no additional security deposit shall be required of the resident with whom the pet is visiting (unless the visit is in excess of 72 hours) and two (2) verified complaints shall be grounds for excluding the pet from further visits.
9. All pets shall be registered with the Management Office immediately or no longer than ten (10) days following their introduction to the community. Registration shall consist of providing:
 - a. Basic information about the pet (type, age, description, name, etc.)

- b. Proof of inoculation and licensing.
- c. Proof of neutering or spaying. All female dogs over the age of six (6) months and female cats over the age of five (5) months must be spayed. All male dogs over the age of eight (8) months and all male cats over the age of ten (10) months must be neutered. If health problems prevent such spaying or neutering, a veterinarian's certificate will be necessary to allow the pet to become or continue to be a resident of the community.
- d. Payment of an additional security deposit of \$200.00 (to be paid in full, or over a period of time not to exceed six (6) months, in case of hardship) to defray the cost of potential damage done by the pet to the unit or to common areas of the community. There shall be no additional security deposit for pets other than dogs or cats. The additional security deposit shall not preclude charges to a resident for repair of damages done on an ongoing basis by a pet. The resident is responsible for all damages caused by the pet and will reimburse the Authority for all costs it incurs in repairing such damages. This deposit is refundable if no damage is identified at the move-out inspection.

Type of Pet	Pets Name	Inoculations (type and date)
License Date	Spay or Neuter Date	

- c. If a resident cannot care for their pet due to an illness, absence, or death, and no other person can be found to care for the pet, after 24-hours have elapsed, the tenant hereby gives permission for the pet to be released to the Humane Society/Animal Control, in accordance with their procedures. In no case shall HHA incur any costs or liability for the care of a pet placed in the care of another individual or agency under this procedure.

Provide the name, address and phone number of one or more persons who will care for the pet if you are unable to do so. This information will be updated annually.

Name	Address	Phone (day)	Phone (night)

10. Any litigation resulting from actions by pets shall be the sole responsibility of the pet owner. The pet owner agrees to indemnify and hold harmless the HHA from all claims, causes of action damages or expenses, including attorney's fees, resulting from the action or the activities of his or her pet.
11. Residents who choose to have pets are advised they have responsibilities under the laws of the state of Missouri as follows:

- a. Animal Neglect and Abandonment

Any persons convicted of failure to provide adequate care or adequate control of an animal, so that an animal does not injure itself, any person, any other animal or property is guilty of a Class C Misdemeanor with a maximum fine of \$500.00 and maximum sentence of 15 days imprisonment. A second conviction is a Class B Misdemeanor and has a maximum fine of \$1000.00 and maximum sentence of six (6) months.

- b. Animal Abuse

Any person convicted of knowingly failing to provide adequate care or adequate control of an animal is guilty of a Class A Misdemeanor with a maximum fine of \$1000.00 and a maximum sentence of one (1) year imprisonment. A second conviction is a Class D Felony with a maximum fine of \$5000.00 with a maximum sentence of five (5) years imprisonment.

NOTE: This policy is an agreement between the head of the household and the Holcomb Housing Authority and needs to be signed only if a pet is in the household.

As head of household, I have read the pet policy as written above and understand these provisions. I agree to abide by these provisions fully and understand that permission will be revoked if I fail to do so. Failure to comply with any part of the above and/or to take corrective action after sufficient notice of the violation shall be cause for termination of the lease. I have received a copy of this policy.

Name (please print)	Community or Building	Unit Number
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Resident	Date
----------	------

Holcomb Housing Authority	Date
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