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: The Housing Authority of Plainfield	**Grant Type and Number** Capital Fund Program Grant No: NJ39P03950110 Replacement Housing Factor Grant No: Date of CFFP:	**FFY of Grant: 2010** **FFY of Grant Approval:**

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** [1]	
		Original	**Revised**[2]	**Obligated**	**Expended**
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) [3]	81,645			
3	1408 Management Improvements	120,000			
4	1410 Administration (may not exceed 10% of line 21)	81,645			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	80,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	150,000			
10	1460 Dwelling Structures	303,164			
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities [4]				

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

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☒ **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 [1]**	
		Original	**Revised [2]**	**Obligated**	**Expended**
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	816,454			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				

Signature of Executive Director	**Date**	**Signature of Public Housing Director**	**Date**

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

Part II: Supporting Pages

PHA Name: The Housing Authority of Plainfield	**Grant Type and Number** Capital Fund Program Grant No: NJ39P03950110 CFFP (Yes/ No): Replacement Housing Factor Grant 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]	
1406	Materials & Supplies of daily Maintenance			81,645				
1408	Management Improvement			120,000				
1410	Administration cost-implementation of CFP Personnel			81,645				
				80,000				
1430	Fees & Costs							
1450	Site Improvement			150,000				
1460	Dwelling Structures			303.164				

[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 II: Supporting Pages

PHA Name:	**Grant Type and Number** Capital Fund Program Grant No: CFFP (Yes/ No): Replacement Housing Factor Grant No:	**Federal FFY of Grant:**

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]	

[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:					**Federal FFY of Grant:**
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	

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

Part III: Implementation Schedule for Capital Fund Financing Program					
PHA Name: The Housing Authority of Plainfield					**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	
NJ39-02	6/30/2012		6/30/2014		
NJ39-01	6/30/2012		6/30/2014		
NJ39-03	6/30/2012		6/30/2014		

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

Part I: Summary

PHA Name/Number			Locality (City/County & State)		x☐Original 5-Year Plan ☐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	453,164	453,164	453,164	453,164
C.	Management Improvements		120,000	120,000	120,000	120,000
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administra tion		81,645	81,645	81,645	81,645
F.	Other					
G.	Operations		81,645	81,645	81,645	81,645
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds		816,454	816,454	816,454	816,454
L.	Total Non-CFP Funds					
M.	Grand Total					

Part I: Summary (Continuation)

PHA Name/Number			Locality (City/county & State)		☐**Original 5-Year Plan** ☐**Revision No:**	
A.	Development Number and Name	Work Statement for Year 1 FFY 2110	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_____
	39-1, West End Gardens	Annual Statement	West End Gardens	West End Gardens	West End Gardens	West End Gardens
			Upgrade Hot Water System	Upgrade kitchen	Replacement of Fencing	Façade Repairs
			Upgrade individual heating unit	Upgrade bathrooms	Replacement of sidewalks	Parking repaving
			Upgrade fire alarm system	Replacement of windows	Replacement of floor joist	Security upgrade
						Energy Audit
						ADA Assessment

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _2010_____	Work Statement for Year __2011_____ FFY _____			Work Statement for Year: _2012_____ FFY _____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Upgrade hot water system		60,000	Upgrade kitchens		150,000
Annual	Upgrade individual heating units		40,000	New bathrooms		150,000
Statement	Upgrade basement & fire alarm		40,000	Replacement of windows		40,000
	Replacement of exterior doors		40,000	Demolition & Rebuilding		43,164
	Upgrade fire alarm		73,164			
	Install sprinklers for building		200,000	Upgrade ventilation system		25,000
				Roof replacement		15,000
				Fencing &control gates		30,000
	Subtotal of Estimated Cost		$453,164	Subtotal of Estimated Cost		$453,164

Part II: Supporting Pages – Physical Needs Work Statement(s)

Work Statement for Year 1 FFY _2010____	Work Statement for Year _____ FFY _2013_____			Work Statement for Year: __2014_____ FFY __2014_____		
	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
See	Replacement of fencing		60,000		Façade repairs	20,000
Annual	Replacement of sidewalks		40,000		Parking lot repairs	40,000
Statement	Replacement of floor joist		40,000		Security cameras upgrade	100,000
	Upgrade exterior lighting to energy saving		40,000		Replacement of AC units	30,000
	Replacement of windows		200,000		Replacement of intercom and emergency Pull cords Energy audit & ADA assessment	200,000
	New heating devices		40,000		Demolition & rebuilding	63,164
	Demolition & rebuilding		33,164			
	Subtotal of Estimated Cost		$453,164	Subtotal of Estimated Cost		$453,164

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _2010_____	Work Statement for Year __2011_____ FFY _2011_____		Work Statement for Year: _2012_____ 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				
Annual	Resident Work Program	55,000	Resident Work Program	55,000
Statement	Staff /resident training and upgrade computers	15,000	Staff/resident training and computers upgrade	15,000
	Security service personnel	50,000	Security service personnel	50,000
	Subtotal of Estimated Cost	$120,000	Subtotal of Estimated Cost	$120,000

Part III: Supporting Pages – Management Needs Work Statement(s)

Work Statement for Year 1 FFY _2010_____	Work Statement for Year _2013_____ FFY __2013_____		Work Statement for Year: __2014_____ FFY ___2014_____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
See	Resident Work Program	55,000	Resident Work Program	55,000
Annual	Staff/resident training and upgrade computers	15,000	Staff/staff training and computer upgrade	15,000
Statement	Security service personnel	50,000	Security service personnel	55,000
	Subtotal of Estimated Cost	$120,000	Subtotal of Estimated Cost	$120,000

OMB Approval No: 2577-0226
Expires: 08/31/2009

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

PHA Plans

5 Year Plan for Fiscal Years 2010 - 2014
Annual Plan for Fiscal Year 2010

NOTE: THIS PHA PLANS TEMPLATE (HUD 50075) IS TO BE COMPLETED IN ACCORDANCE WITH INSTRUCTIONS LOCATED IN APPLICABLE PIH NOTICES

PHA Plan
Agency Identification

PHA Name: Housing Authority of Plainfield **PHA Number:** NJ039

PHA Fiscal Year Beginning: (mm/yyyy) 01/2010

PHA Programs Administered:

X**Public Housing and Section 8** ☐**Section 8 Only** ☐**Public Housing Only**

Number of public housing units: Number of S8 units: Number of public housing units:
Number of S8 units:

603 **473**

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

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

Public Access to Information

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

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

Display Locations For PHA Plans and Supporting Documents

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

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

PHA Plan Supporting Documents are available for inspection at: (select all that apply)
x Main business office of the PHA
X PHA development management offices
☐ Other (list below)

5-YEAR PLAN
PHA FISCAL YEARS 2010- 2014
[24 CFR Part 903.5]

A. 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)

X☐ 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.

X☐ The PHA's mission is: (state mission here)
The mission of the Housing Authority of Plainfield is to be the area's affordable housing choice. The Authority provides and maintains safe, quality housing in a cost-effective manner. By partnering with others, the Authority offers rental assistance and other related services to the community of Plainfield, New Jersey in a non-discriminatory manner.

B. 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:
X☐ Apply for additional rental vouchers:
X☐ Reduce public housing vacancies:

X☐ Leverage private or other public funds to create additional housing opportunities:
X☐ Acquire or build units or developments
☐ Other (list below)

☐ PHA Goal: Improve the quality of assisted housing
Objectives:
X☐ Improve public housing management: (PHAS score)
X☐ Improve voucher management: (SEMAP score) 95
X☐ Increase customer satisfaction:
☐ Concentrate on efforts to improve specific management functions: (list; e.g., public housing finance; voucher unit inspections)
X☐ Renovate or modernize public housing units:
X☐ Demolish or dispose of obsolete public housing:
X☐ Provide replacement public housing:
X☐ Provide replacement vouchers:
☐ Other: (list below)

☐ PHA Goal: Increase assisted housing choices
Objectives:
X☐ Provide voucher mobility counseling:
X☐ Conduct outreach efforts to potential voucher landlords
☐ Increase voucher payment standards
X☐ Implement voucher homeownership program:
X☐ Implement public housing or other homeownership programs:
☐ Implement public housing site-based waiting lists:
☐ Convert public housing to vouchers:
☐ Other: (list below)

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

☐ PHA Goal: Provide an improved living environment
Objectives:
X☐ Implement measures to deconcentrate poverty by bringing higher income public housing households into lower income developments:
X☐ Implement measures to promote income mixing in public housing by assuring access for lower income families into higher income developments:
X☐ Implement public housing security improvements:
X☐ 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:

X☐ Increase the number and percentage of employed persons in assisted families:

X☐ Provide or attract supportive services to improve assistance recipients' employability:

X☐ 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:

X☐ Undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion national origin, sex, familial status, and disability:

X☐ 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:

X☐ 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)

Increase in Available Apartments

One of the highest priorities of the Authority is to maximize the number of available apartments for residents in the community by shorter time for the apartment turn-around and to be re-occupied.

Increasing the Housing Authority of Plainfield's Stock of Affordable Housing

For the past year, HAP has been working closely with residents, local officials and community organizations in developing plans to build new housing in the city of Plainfield. We are currently working with the City of Plainfield to purchase and develop properties for affordable homeownership opportunities for those who qualify.

Public Safety

Crime has decreased by 8.94 percent in public housing. HAP and the Plainfield police division have instituted a number of initiatives to continue the downward trend in crime incidents and to further increase public safety. HAP's expanding its initiative to work with the Union County Prosecutors Office for undercover sting operatives. Also, HAP is working with the City of Plainfield to be part of the city wide cameras and recording city's system with the upcoming central police monitoring center. The Housing Authority will continue to enforce The One Strike initiative to its fullest capability. HAP is currently working on a more aggressive trespass program. Lastly, meeting with the local municipal Judges will be scheduled to discuss the trespass and loitering enforcement laws.

Community Programs

In conjunction with the Elm-West Residents Association, the authority provides a summer youth employment and summer camp program run by the resident association and is closely monitored by the Authority. The camp counselors are residents of the Authority. The summer youth employment program provides training in the areas of office, maintenance, child care and public library assistance.

Resident Employment Opportunities

HAP is placing greater emphasis on job development, employer and industry specific training, and direct job placement. The Authority is actively identifying employment opportunities for the housing authority residents by canvassing the business community to expand the pool of available jobs. HAP has partnered through a Memorandum of Agreement with the Union County Unemployment One-Stop program to prepare residents to enter the workforce through available training provided by the program. HAP has also partnered with the Union County Welfare Department by Memorandum of Agreement to be part of the Work First program which provides job placement for housing authority residents who participate in the program. HAP also includes the Section 3/ Resident Employment Program.

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Plan Availability

Following submission to HUD, the final plan will be available for public review at the Authority's main office. Copies of the final plan will also be available at each development's Management Office and provided to each Housing Authority

Commissioner and public housing resident association president. Copies are available at Plainfield City Hall and Plainfield Public Library for review.

Annual PHA Plan
PHA Fiscal Year 2010
[24 CFR Part 903.7]

i. Annual Plan Type:
Select which type of Annual Plan the PHA will submit.

X☐ **Standard Plan**

☐ **Troubled Agency Plan**

ii. Executive Summary of the Annual PHA Plan
[24 CFR Part 903.7 9 (r)]
Provide a brief overview of the information in the Annual Plan, including highlights of major initiatives and discretionary policies the PHA has included in the Annual Plan.

In 2007 the Housing Authority of Plainfield will continue to position itself to more strongly implement self-sufficiency in the areas of Public Housing and Section 8 Programming. Specifically where opportunities exist, the Housing Authority of Plainfield will encourage residents and participants to become more self-sufficient. We will utilize programming within our community to enhance self-sufficiency and we will develop and implement programming of our own to insure that our participants and residents have every opportunity to become more self-sufficient. In 2008, we will continue to enroll several qualified participants in our homeownership opportunities for current residents of the housing authority through a professional home ownership counseling agency. The Housing Authority is currently exploring the opportunity to replace our Elmwood Gardens complex after a physical needs assessment is completed along with the Hope VI application.

The Housing Authority of Plainfield will continue to attempt to develop strategic individual housing plans for each resident in public housing to determine their hopes and dreams and to give them advice on how to achieve their dreams.

iii. Annual Plan Table of Contents
[24 CFR Part 903.7 9 (r)]
Provide a table of contents for the Annual Plan, including attachments, and a list of supporting documents available for public inspection.

Table of Contents

Page #

Annual Plan

i. Executive Summary
ii. Table of Contents
1. Housing Needs
2. Financial Resources
3. Policies on Eligibility, Selection and Admissions
4. Rent Determination Policies
5. Operations and Management Policies
6. Grievance Procedures
7. Capital Improvement Needs
8. Demolition and Disposition
9. Designation of Housing
10. Conversions of Public Housing
11. Homeownership
12. Community Service Programs
13. Crime and Safety
14. Pets (Revised)
15. Civil Rights Certifications (included with PHA Plan Certifications)
16. Audit
17. Asset Management
18. Other Information

Attachments

Indicate which attachments are provided by selecting all that apply. Provide the attachment's name (A, B, etc.) in the space to the left of the name of the attachment. Note: If the attachment is provided as a **SEPARATE** file submission from the PHA Plans file, provide the file name in parentheses in the space to the right of the title.

Required Attachments:

X☐ Admissions Policy for Deconcentration
X☐ FY 2005 Capital Fund Program Annual Statement
☐ Most recent board-approved operating budget (Required Attachment for PHAs that are troubled or at risk of being designated troubled ONLY)
X☐ List of Resident Advisory Board Members
X☐ List of Resident Board Member
X☐ Community Service Description of Implementation
X☐ Information on Pet Policy
X☐ Section 8 Homeownership Capacity Statement, if applicable
X☐ Description of Homeownership Programs, if applicable

Optional Attachments:

☐ PHA Management Organizational Chart
☐ FY 2005 Capital Fund Program 5 Year Action Plan
☐ Public Housing Drug Elimination Program (PHDEP) Plan

X☐ Comments of Resident Advisory Board or Boards (must be attached if not included in PHA Plan text)

☐ Other (List below, providing each attachment name)

Supporting Documents Available for Review

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

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
X	PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations	5 Year and Annual Plans
X	State/Local Government Certification of Consistency with the Consolidated Plan	5 Year and Annual Plans
X	Fair Housing Documentation: Records reflecting that the PHA has examined its programs or proposed programs, identified any impediments to fair housing choice in those programs, addressed or is addressing those impediments in a reasonable fashion in view of the resources available, and worked or is working with local jurisdictions to implement any of the jurisdictions' initiatives to affirmatively further fair housing that require the PHA's involvement.	5 Year and Annual Plans
X	Consolidated Plan for the jurisdiction/s in which the PHA is located (which includes the Analysis of Impediments to Fair Housing Choice (AI))) and any additional backup data to support statement of housing needs in the jurisdiction	Annual Plan: Housing Needs
	Most recent board-approved operating budget for the public housing program	Annual Plan: Financial Resources;
X	Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP]	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Section 8 Administrative Plan	Annual Plan: Eligibility, Selection, and Admissions Policies
X	Public Housing Deconcentration and Income Mixing Documentation: 1. PHA board certifications of compliance with deconcentration requirements (section 16(a) of the US Housing Act of 1937, as implemented in the 2/18/*99 Quality Housing and Work Responsibility Act Initial Guidance; Notice* and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis	Annual Plan: Eligibility, Selection, and Admissions Policies
	Public housing rent determination policies, including the methodology for setting public housing flat rents ☐ check here if included in the public housing	Annual Plan: Rent Determination

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
	A & O Policy	
	Schedule of flat rents offered at each public housing development ☐ check here if included in the public housing A & O Policy	Annual Plan: Rent Determination
X	Section 8 rent determination (payment standard) policies ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Rent Determination
X	Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation)	Annual Plan: Operations and Maintenance
X	Public housing grievance procedures ☐ check here if included in the public housing A & O Policy	Annual Plan: Grievance Procedures
X	Section 8 informal review and hearing procedures ☐ check here if included in Section 8 Administrative Plan	Annual Plan: Grievance Procedures
X	The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year	Annual Plan: Capital Needs
X	Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant	Annual Plan: Capital Needs
X	Most recent, approved 5 Year Action Plan for the Capital Fund/Comprehensive Grant Program, if not included as an attachment (provided at PHA option)	Annual Plan: Capital Needs
	Approved HOPE VI applications or, if more recent, approved or submitted HOPE VI Revitalization Plans or any other approved proposal for development of public housing	Annual Plan: Capital Needs
	Approved or submitted applications for demolition and/or disposition of public housing	Annual Plan: Demolition and Disposition
	Approved or submitted applications for designation of public housing (Designated Housing Plans)	Annual Plan: Designation of Public Housing
	Approved or submitted assessments of reasonable revitalization of public housing and approved or submitted conversion plans prepared pursuant to section 202 of the 1996 HUD Appropriations Act	Annual Plan: Conversion of Public Housing
	Approved or submitted public housing homeownership programs/plans	Annual Plan: Homeownership
X	Policies governing any Section 8 Homeownership program X☐ check here if included in the Section 8 Administrative Plan	Annual Plan: Homeownership
	Any cooperative agreement between the PHA and the TANF agency	Annual Plan: Community Service & Self-Sufficiency
X	FSS Action Plan/s for public housing and/or Section 8	Annual Plan: Community Service & Self-Sufficiency
X	Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports	Annual Plan: Community Service & Self-Sufficiency

List of Supporting Documents Available for Review		
Applicable & On Display	**Supporting Document**	**Applicable Plan Component**
X	The most recent Public Housing Drug Elimination Program (PHEDEP) semi-annual performance report for any open grant and most recently submitted PHDEP application (PHDEP Plan)	Annual Plan: Safety and Crime Prevention
X	The most recent fiscal year audit of the PHA conducted under section 5(h)(2) of the U.S. Housing Act of 1937 (42 U. S.C. 1437c(h)), the results of that audit and the PHA's response to any findings	Annual Plan: Annual Audit
	Troubled PHAs: MOA/Recovery Plan	Troubled PHAs
	Other supporting documents (optional) (list individually; use as many lines as necessary)	(specify as needed)

1. Statement of Housing Needs

[24 CFR Part 903.7 9 (a)]

A. Housing Needs of Families in the Jurisdiction/s Served by the PHA

Based upon the information contained in the Consolidated Plan/s applicable to the jurisdiction, and/or other data available to the PHA, provide a statement of the housing needs in the jurisdiction by completing the following table. In the "Overall" Needs column, provide the estimated number of renter families that have housing needs. For the remaining characteristics, rate the impact of that factor on the housing needs for each family type, from 1 to 5, with 1 being "no impact" and 5 being "severe impact." Use N/A to indicate that no information is available upon which the PHA can make this assessment.

Housing Needs of Families in the Jurisdiction by Family Type							
Family Type	Overall	Afford-ability	Supply	Quality	Access-ibility	Size	Loca-tion
Income <= 30% of AMI	470	4	4	2	4	3	4
Income >30% but <=50% of AMI	108	3	4	4	4	3	4
Income >50% but <80% of AMI	20	4	3	4	4	4	4
Elderly	21	5	5	5	5	5	4
Families with Disabilities	59	4	5	5	4	5	5
Race/Ethnicity	431-B						
Race/Ethnicity	35-W						
Race/Ethnicity	5-AI						
Race/Ethnicity	50-HIS						

What sources of information did the PHA use to conduct this analysis? (Check all that apply; all materials must be made available for public inspection.)

X☐ Consolidated Plan of the Jurisdiction/s
Indicate year: 2008
☐ U.S. Census data: the Comprehensive Housing Affordability Strategy ("CHAS") dataset
☐ American Housing Survey data
Indicate year:
☐ Other housing market study
Indicate year:
☐ Other sources: (list and indicate year of information)

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

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

Housing Needs of Families on the Waiting List			
Waiting list type: (select one) ☐ Section 8 tenant-based assistance ☐ Public Housing X☐ Combined Section 8 and Public Housing ☐ Public Housing Site-Based or sub-jurisdictional waiting list (optional) If used, identify which development/subjurisdiction:			
	# of families	% of total families	Annual Turnover
Waiting list total	619		
Extremely low income <=30% AMI			
Very low income (>30% but <=50% AMI)			
Low income (>50% but <80% AMI)			
Families with children	435		
Elderly families	31		
Families with Disabilities	15		

Housing Needs of Families on the Waiting List			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Race/ethnicity			
Characteristics by Bedroom Size (Public Housing Only)			
1BR	123		
2 BR	55		
3 BR	34		
4 BR	9		
5 BR	N/A		
5+ BR	N?A		

Is the waiting list closed (select one)? ☐ No X☐ Yes

If yes:

How long has it been closed (# of months)? 2 months

Does the PHA expect to reopen the list in the PHA Plan year? X☐ No ☐ Yes

Does the PHA permit specific categories of families onto the waiting list, even if generally closed? X☐ No ☐ Yes

C. Strategy for Addressing 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**, 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

X☐ Employ effective maintenance and management policies to minimize the number of public housing units off-line

X☐ Reduce turnover time for vacated public housing units

X☐ Reduce time to renovate public housing units

X☐ Seek replacement of public housing units lost to the inventory through mixed finance development

X☐ Seek replacement of public housing units lost to the inventory through section 8 replacement housing resources
X☐ Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction
X☐ Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required
X☐ Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration
X☐ Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program
X☐ 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

X☐ Apply for additional section 8 units should they become available
X☐ Leverage affordable housing resources in the community through the creation of mixed - finance housing
X☐ 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
X☐ 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

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

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:
Select all that apply

X☐ Seek designation of public housing for the elderly
X☐ 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

X☐ Seek designation of public housing for families with disabilities
X☐ Carry out the modifications needed in public housing based on the section 504 Needs Assessment for Public Housing
X☐ Apply for special-purpose vouchers targeted to families with disabilities, should they become available
X☐ 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

X☐ 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

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

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

2. Statement of Financial Resources

[24 CFR Part 903.7 9 (b)]

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

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
1. **Federal Grants (FY 2008 grants)**		
a) Public Housing Operating Fund	1,511,850.00	
b) Public Housing Capital Fund	838,310.00	838,310.00
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	5,602,440.00	
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)		

Financial Resources: Planned Sources and Uses		
Sources	**Planned $**	**Planned Uses**
g) Resident Opportunity and Self-Sufficiency Grants	65,000	65,000
h) Community Development Block Grant		
Congregate	89,058.00	
2. Prior Year Federal Grants (unobligated funds only) (list below)	1,440,228.00	
3. Public Housing Dwelling Rental Income		
4. Other income (list below)		
Management Liberty Village	70,104.00	
4. Non-federal sources (list below)		
Interest	83,635.00	
MGT Income	30,000.00	
Space Rental	38,400.00	
Roof Top Rental	57,000.00	
Laundry Room Income	15,000.00	
Total Resources	9,841,025.00	

3. PHA Policies Governing Eligibility, Selection, and Admissions

[24 CFR Part 903.7 9 (c)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete subcomponent 3A.

(1) Eligibility

a. When does the PHA verify eligibility for admission to public housing? (select all that apply)

X☐ When families are within a certain number of being offered a unit: (state number)
X☐ When families are within a certain time of being offered a unit: (state time)
☐ Other: (describe)

b. Which non-income (screening) factors does the PHA use to establish eligibility for admission to public housing (select all that apply)?
X☐ Criminal or Drug-related activity
☐ Rental history
☐ Housekeeping
☐ Other (describe)

c. X☐ Yes ☐ No: Does the PHA request criminal records from local law enforcement agencies for screening purposes?
d. X☐ Yes ☐ No: Does the PHA request criminal records from State law enforcement agencies for screening purposes?
e. ☐ Yes X☐ No: Does the PHA access FBI criminal records from the FBI for screening purposes? (either directly or through an NCIC-authorized source)

(2)Waiting List Organization

a. Which methods does the PHA plan to use to organize its public housing waiting list (select all that apply)
X☐ Community-wide list
X☐ Sub-jurisdictional lists
X☐ Site-based waiting lists
x ☐ Other (describe) Newspapers – Star Ledger, Courier News, City News and El Diaro

b. Where may interested persons apply for admission to public housing?
x☐ PHA main administrative office
☐ PHA development site management office
☐ Other (list below)

c. If the PHA plans to operate one or more site-based waiting lists in the coming year, answer each of the following questions; if not, skip to subsection **(3) Assignment**

1. How many site-based waiting lists will the PHA operate in the coming year?

2. ☐ Yes X☐ No: Are any or all of the PHA's site-based waiting lists new for the upcoming year (that is, they are not part of a previously-HUD-approved site based waiting list plan)?
If yes, how many lists?

3.x ☐ Yes ☐ No: May families be on more than one list simultaneously
If yes, how many lists?

4. Where can interested persons obtain more information about and sign up to be on the site-based waiting lists (select all that apply)?
X☐ PHA main administrative office
☐ All PHA development management offices
☐ Management offices at developments with site-based waiting lists
☐ At the development to which they would like to apply
☐ Other (list below)

(3) Assignment

a. How many vacant unit choices are applicants ordinarily given before they fall to the bottom of or are removed from the waiting list? (select one)
☐ One
X Two
☐ Three or More

b. x☐ Yes ☐ No: Is this policy consistent across all waiting list types?

c. If answer to b is no, list variations for any other than the primary public housing waiting list/s for the PHA:

(4) Admissions Preferences

a. Income targeting:
X☐ Yes ☐ No: Does the PHA plan to exceed the federal targeting requirements by targeting more than 40% of all new admissions to public housing to families at or below 30% of median area income?

b. Transfer policies:
In what circumstances will transfers take precedence over new admissions? (list below)
X☐ Emergencies
☐ Overhoused
☐ Underhoused
x☐ Medical justification
X☐ Administrative reasons determined by the PHA (e.g., to permit modernization work)
☐ Resident choice: (state circumstances below)
☐ Other: (list below)

c. Preferences

1. X☐ Yes ☐ No: Has the PHA established preferences for admission to public housing (other than date and time of application)? (If "no" is selected, skip to subsection **(5) Occupancy**)

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

Former Federal preferences:

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

Other preferences: (select below)

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

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

Date and Time

Former Federal preferences:

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

Other preferences (select all that apply)

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

4. Relationship of preferences to income targeting requirements:

☐ The PHA applies preferences within income tiers
☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Occupancy

a. What reference materials can applicants and residents use to obtain information about the rules of occupancy of public housing (select all that apply)

X☐ The PHA-resident lease
X☐ The PHA's Admissions and (Continued) Occupancy policy
X☐ PHA briefing seminars or written materials
☐ Other source (list)

b. How often must residents notify the PHA of changes in family composition? (select all that apply)

x ☐ At an annual reexamination and lease renewal
X☐ Any time family composition changes
x ☐ At family request for revision
☐ Other (list)

(6) Deconcentration and Income Mixing

a. X☐ Yes ☐ No: Did the PHA's analysis of its family (general occupancy) developments to determine concentrations of poverty indicate the

need for measures to promote deconcentration of poverty or income mixing?

b.x ☐ Yes ☐ No: Did the PHA adopt any changes to its **admissions policies** based on the results of the required analysis of the need to promote deconcentration of poverty or to assure income mixing?

c. If the answer to b was yes, what changes were adopted? (select all that apply)

☐ Adoption of site-based waiting lists
If selected, list targeted developments below:

x☐ Employing waiting list "skipping" to achieve deconcentration of poverty or income mixing goals at targeted developments
If selected, list targeted developments below:

x☐ Employing new admission preferences at targeted developments
If selected, list targeted developments below:

☐ Other (list policies and developments targeted below)

d. X☐ Yes ☐ No: Did the PHA adopt any changes to **other** policies based on the results of the required analysis of the need for deconcentration of poverty and income mixing?

e. If the answer to d was yes, how would you describe these changes? (select all that apply)

X☐ Additional affirmative marketing
X☐ Actions to improve the marketability of certain developments
☐ Adoption or adjustment of ceiling rents for certain developments
X☐ Adoption of rent incentives to encourage deconcentration of poverty and income-mixing
☐ Other (list below)

f. Based on the results of the required analysis, in which developments will the PHA make special efforts to attract or retain higher-income families? (select all that apply)

☐ Not applicable: results of analysis did not indicate a need for such efforts
x☐ List (any applicable) developments below:
Elmwood Gardens-532 West 2nd Street, 518 West 3rd Street, 520 East Front Street, Plainfield, New Jersey.

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

☐ Not applicable: results of analysis did not indicate a need for such efforts

☐ List (any applicable) developments below:

B. Section 8

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

(1) Eligibility

a. What is the extent of screening conducted by the PHA? (select all that apply)
X☐ Criminal or drug-related activity only to the extent required by law or regulation
☐ Criminal and drug-related activity, more extensively than required by law or regulation
☐ More general screening than criminal and drug-related activity (list factors below)
☐ Other (list below)

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

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

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

e. Indicate what kinds of information you share with prospective landlords? (select all that apply)
☐ Criminal or drug-related activity
☐ Other (describe below)

(2) Waiting List Organization

a. With which of the following program waiting lists is the section 8 tenant-based assistance waiting list merged? (select all that apply)
☐ None
X☐ Federal public housing
X☐ Federal moderate rehabilitation
☐ Federal project-based certificate program
X☐ Other federal or local program (list below)

b. Where may interested persons apply for admission to section 8 tenant-based assistance? (select all that apply)

☐ PHA main administrative office

x☐ Other (list below)

Via Internet, and Section 8 office.

(3) Search Time

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

If yes, state circumstances below:

(4) Admissions Preferences

a. Income targeting

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

b. Preferences

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

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

Former Federal preferences

X☐ Involuntary Displacement (Disaster, Government Action, Action of Housing Owner, Inaccessibility, Property Disposition)

☐ Victims of domestic violence

☐ Substandard housing

☐ Homelessness

☐ High rent burden (rent is > 50 percent of income)

Other preferences (select all that apply)

☐ Working families and those unable to work because of age or disability

☐ Veterans and veterans' families

☐ Residents who live and/or work in your jurisdiction

☐ Those enrolled currently in educational, training, or upward mobility programs

☐ Households that contribute to meeting income goals (broad range of incomes)
☐ Households that contribute to meeting income requirements (targeting)
☐ Those previously enrolled in educational, training, or upward mobility programs
☐ Victims of reprisals or hate crimes
☐ Other preference(s) (list below)

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

Date and Time

Former Federal preferences

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

Other preferences (select all that apply)

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

4. Among applicants on the waiting list with equal preference status, how are applicants selected? (select one)

X☐ Date and time of application
☐ Drawing (lottery) or other random choice technique

5. If the PHA plans to employ preferences for "residents who live and/or work in the jurisdiction" (select one)

X☐ This preference has previously been reviewed and approved by HUD

☐ The PHA requests approval for this preference through this PHA Plan

6. Relationship of preferences to income targeting requirements: (select one)
☐ The PHA applies preferences within income tiers
X☐ Not applicable: the pool of applicant families ensures that the PHA will meet income targeting requirements

(5) Special Purpose Section 8 Assistance Programs

a. In which documents or other reference materials are the policies governing eligibility, selection, and admissions to any special-purpose section 8 program administered by the PHA contained? (select all that apply)
X☐ The Section 8 Administrative Plan
X☐ Briefing sessions and written materials
☐ Other (list below)

b. How does the PHA announce the availability of any special-purpose section 8 programs to the public?
X☐ Through published notices
☐ Other (list below)

4. PHA Rent Determination Policies

[24 CFR Part 903.7 9 (d)]

A. Public Housing

Exemptions: PHAs that do not administer public housing are not required to complete sub-component 4A.

(1) Income Based Rent Policies

Describe the PHA's income based rent setting policy/ies for public housing using, including discretionary (that is, not required by statute or regulation) income disregards and exclusions, in the appropriate spaces below.

a. Use of discretionary policies: (select one)

X☐ The PHA will not employ any discretionary rent-setting policies for income based rent in public housing. Income-based rents are set at the higher of 30% of adjusted monthly income, 10% of unadjusted monthly income, the welfare rent, or minimum rent (less HUD mandatory deductions and exclusions). (If selected, skip to sub-component (2))

---or---

☐ The PHA employs discretionary policies for determining income based rent (If selected, continue to question b.)

b. Minimum Rent

1. What amount best reflects the PHA's minimum rent? (select one)
☐ $0
☐ $1-$25
X☐ $50

2. X☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies?

3. If yes to question 2, list these policies below**:**

c. Rents set at less than 30% than adjusted income

1. ☐ Yes X☐ No: Does the PHA plan to charge rents at a fixed amount or percentage less than 30% of adjusted income?

2. If yes to above, list the amounts or percentages charged and the circumstances under which these will be used below:

d. Which of the discretionary (optional) deductions and/or exclusions policies does the PHA plan to employ (select all that apply)
☐ For the earned income of a previously unemployed household member
☐ For increases in earned income
☐ Fixed amount (other than general rent-setting policy)
If yes, state amount/s and circumstances below:

☐ Fixed percentage (other than general rent-setting policy)
If yes, state percentage/s and circumstances below:

☐ For household heads
☐ For other family members
☐ For transportation expenses
☐ For the non-reimbursed medical expenses of non-disabled or non-elderly families
☐ Other (describe below)

e. Ceiling rents

1. Do you have ceiling rents? (rents set at a level lower than 30% of adjusted income) (select one)

☐ Yes for all developments
X☐ Yes but only for some developments
☐ No

2. For which kinds of developments are ceiling rents in place? (select all that apply)

☐ For all developments
☐ For all general occupancy developments (not elderly or disabled or elderly only)
☐ For specified general occupancy developments
☐ For certain parts of developments; e.g., the high-rise portion
☐ For certain size units; e.g., larger bedroom sizes
☐ Other (list below)

3. Select the space or spaces that best describe how you arrive at ceiling rents (select all that apply)

☐ Market comparability study
☐ Fair market rents (FMR)
☐ 95th percentile rents
☐ 75 percent of operating costs
☐ 100 percent of operating costs for general occupancy (family) developments
☐ Operating costs plus debt service
☐ The "rental value" of the unit
☐ Other (list below)

f. Rent re-determinations:

1. Between income reexaminations, how often must tenants report changes in income or family composition to the PHA such that the changes result in an adjustment to rent? (select all that apply)

☐ Never
☐ At family option
X☐ Any time the family experiences an income increase or decrease.

☐ Any time a family experiences an income increase above a threshold amount or percentage: (if selected, specify threshold)_____
☐ Other (list below)

g. ☐ Yes ☐ No: Does the PHA plan to implement individual savings accounts for residents (ISAs) as an alternative to the required 12 month disallowance of earned income and phasing in of rent increases in the next year?

(2) Flat Rents

1. In setting the market-based flat rents, what sources of information did the PHA use to establish comparability? (select all that apply.)

X☐ The section 8 rent reasonableness study of comparable housing
x☐ Survey of rents listed in local newspaper
x☐ Survey of similar unassisted units in the neighborhood
☐ Other (list/describe below)

B. Section 8 Tenant-Based Assistance

Exemptions: PHAs that do not administer Section 8 tenant-based assistance are not required to complete sub-component 4B. **Unless otherwise specified, all questions in this section apply only to the tenant-based section 8 assistance program (vouchers, and until completely merged into the voucher program, certificates).**

(1) Payment Standards

Describe the voucher payment standards and policies.

a. What is the PHA's payment standard? (select the category that best describes your standard)

☐ At or above 90% but below100% of FMR
X☐ 100% of FMR
☐ Above 100% but at or below 110% of FMR
☐ Above 110% of FMR (if HUD approved; describe circumstances below)

b. If the payment standard is lower than FMR, why has the PHA selected this standard? (select all that apply)

☐ FMRs are adequate to ensure success among assisted families in the PHA's segment of the FMR area

☐ The PHA has chosen to serve additional families by lowering the payment standard
☐ Reflects market or submarket
☐ Other (list below)

c. If the payment standard is higher than FMR, why has the PHA chosen this level? (select all that apply)
☐ FMRs are not adequate to ensure success among assisted families in the PHA's segment of the FMR area
☐ Reflects market or submarket
☐ To increase housing options for families
☐ Other (list below)

d. How often are payment standards reevaluated for adequacy? (select one)
X☐ Annually
☐ Other (list below)

e. What factors will the PHA consider in its assessment of the adequacy of its payment standard? (select all that apply)
X☐ Success rates of assisted families
☐ Rent burdens of assisted families
☐ Other (list below)

(2) Minimum Rent

a. What amount best reflects the PHA's minimum rent? (select one)
☐ $0
☐ $1-$25
X☐ $50

b. ☐ Yes ☐ No: Has the PHA adopted any discretionary minimum rent hardship exemption policies? (if yes, list below)

5. Operations and Management

[24 CFR Part 903.7 9 (e)]

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

A. PHA Management Structure

Describe the PHA's management structure and organization.

(select one)

X☐ An organization chart showing the PHA's management structure and organization is attached.

X☐ A brief description of the management structure and organization of the PHA follows:

B. HUD Programs Under PHA Management

__ List Federal programs administered by the PHA, number of families served at the beginning of the upcoming fiscal year, and expected turnover in each. (Use "NA" to indicate that the PHA does not operate any of the programs listed below.)

Program Name	**Units or Families Served at Year Beginning**	**Expected Turnover**
Public Housing		
Section 8 Vouchers	603	50-75
Section 8 Certificates		
Section 8 Mod Rehab		
Special Purpose Section 8 Certificates/Vouchers (list individually)	Shelter Base Plus 79	20 - 30
Public Housing Drug Elimination Program (PHDEP)		
Other Federal Programs(list individually)		

C. Management and Maintenance Policies

List the PHA's public housing management and maintenance policy documents, manuals and handbooks that contain the Agency's rules, standards, and policies that govern maintenance and management of public housing, including a description of any measures necessary for the prevention or eradication of pest infestation (which includes cockroach infestation) and the policies governing Section 8 management.

(1) Public Housing Maintenance and Management: (list below)

(2) Section 8 Management: (list below)

6. PHA Grievance Procedures

[24 CFR Part 903.7 9 (f)]

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

A. Public Housing

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

If yes, list additions to federal requirements below:

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

☐ PHA main administrative office
X☐ PHA development management offices
X☐ Other (list below) West End Gardens, 518 West Third Street, Elmwood Gardens, 532 West Second Street, Richmond Towers, 520 East Front Street.

B. Section 8 Tenant-Based Assistance

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

If yes, list additions to federal requirements below:

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

X☐ PHA main administrative office
☐ Other (list below)

7. Capital Improvement Needs

[24 CFR Part 903.7 9 (g)]

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

A. Capital Fund Activities

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

(1) Capital Fund Program Annual Statement

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

Select one:

☐ The Capital Fund Program Annual Statement is provided as an attachment to the PHA Plan at Attachment (state name)

-or-

X☐ The Capital Fund Program Annual Statement is provided below: (if selected, copy the CFP Annual Statement from the Table Library and insert here)

(2) Optional 5-Year Action Plan

Agencies are encouraged to include a 5-Year Action Plan covering capital work items. This statement can be completed by using the 5 Year Action Plan table provided in the table library at the end of the PHA Plan template **OR** by completing and attaching a properly updated HUD-52834.

a. ☐ Yes ☐ No: Is the PHA providing an optional 5-Year Action Plan for the Capital Fund? (if no, skip to sub-component 7B)

b. If yes to question a, select one:

X☐ The Capital Fund Program 5-Year Action Plan is provided as an attachment to the PHA Plan at Attachment (state name

-or-

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

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

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

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

b) Status of HOPE VI revitalization grant (complete one set of questions for each grant)

1. Development name: Elmwood Gardens
2. Development (project) number: NJ 0039002
3. Status of grant: (select the statement that best describes the current status)
   - X☐ Revitalization Plan under development
   - x☐ Revitalization Plan submitted, pending approval
   - ☐ Revitalization Plan approved
   - ☐ Activities pursuant to an approved Revitalization Plan underway

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

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

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

8. Demolition and Disposition

[24 CFR Part 903.7 9 (h)]

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

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

2. Activity Description

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

Demolition/Disposition Activity Description
1a. Development name: Elmwood Gardens 1b. Development (project) number: NJ 0039002
2. Activity type: Demolition X☐ Disposition ☐
3. Application status (select one) Approved ☐ Submitted, pending approval x ☐ Planned application X☐
4. Date application approved, submitted, or planned for submission: (07/14/2009)
5. Number of units affected: 120 6. Coverage of action (select one) ☐ Part of the development X☐ Total development
7. Timeline for activity: a. Actual or projected start date of activity:2010 b. Projected end date of activity:2013

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

[24 CFR Part 903.7 9 (i)]

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

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

streamlined submission; PHAs completing streamlined submissions may skip to component 10.)

2. Activity Description

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

Designation of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. Designation type: Occupancy by only the elderly ☐ Occupancy by families with disabilities ☐ Occupancy by only elderly families and families with disabilities ☐
3. Application status (select one) Approved; included in the PHA's Designation Plan ☐ Submitted, pending approval ☐ Planned application ☐
4. Date this designation approved, submitted, or planned for submission: (DD/MM/YY)
5. If approved, will this designation constitute a (select one) ☐ New Designation Plan ☐ Revision of a previously-approved Designation Plan?
6. Number of units affected: 7. Coverage of action (select one) ☐ Part of the development ☐ Total development

10. Conversion of Public Housing to Tenant-Based Assistance

[24 CFR Part 903.7 9 (j)]

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

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

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

submission. PHAs completing streamlined submissions may skip to component 11.)

2. Activity Description

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

Conversion of Public Housing Activity Description
1a. Development name: 1b. Development (project) number:
2. What is the status of the required assessment? ☐ Assessment underway ☐ Assessment results submitted to HUD ☐ Assessment results approved by HUD (if marked, proceed to next question) ☐ Other (explain below)
3. ☐ Yes ☐ No: Is a Conversion Plan required? (If yes, go to block 4; if no, go to block 5.)
4. Status of Conversion Plan (select the statement that best describes the current status) ☐ Conversion Plan in development ☐ Conversion Plan submitted to HUD on: (DD/MM/YYYY) ☐ Conversion Plan approved by HUD on: (DD/MM/YYYY) ☐ Activities pursuant to HUD-approved Conversion Plan underway
5. Description of how requirements of Section 202 are being satisfied by means other than conversion (select one) ☐ Units addressed in a pending or approved demolition application (date submitted or approved: ☐ Units addressed in a pending or approved HOPE VI demolition application (date submitted or approved:) ☐ Units addressed in a pending or approved HOPE VI Revitalization Plan (date submitted or approved:) ☐ Requirements no longer applicable: vacancy rates are less than 10 percent ☐ Requirements no longer applicable: site now has less than 300 units ☐ Other: (describe below)

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

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

11. Homeownership Programs Administered by the PHA

[24 CFR Part 903.7 9 (k)]

A. Public Housing

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

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

2. Activity Description

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

Public Housing Homeownership Activity Description (Complete one for each development affected)
1a. Development name: 1b. Development (project) number:
2. Federal Program authority: ☐ HOPE I ☐ 5(h) ☐ Turnkey III X☐ Section 32 of the USHA of 1937 (effective 10/1/99)
3. Application status: (select one) X☐ Approved; included in the PHA's Homeownership Plan/Program ☐ Submitted, pending approval ☐ Planned application

4. Date Homeownership Plan/Program approved, submitted, or planned for submission: (11/14/2005)
5. Number of units affected: 6. Coverage of action: (select one) ☐ Part of the development ☐ Total development

B. Section 8 Tenant Based Assistance

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

2. Program Description:

a. Size of Program

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

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

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

b. PHA-established eligibility criteria

☐ Yes X☐ No: Will the PHA's program have eligibility criteria for participation in its Section 8 Homeownership Option program in addition to HUD criteria?
If yes, list criteria below:

12. PHA Community Service and Self-sufficiency Programs

[24 CFR Part 903.7 9 (l)]

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

A. PHA Coordination with the Welfare (TANF) Agency

1. Cooperative agreements:

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

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

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

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

B. Services and programs offered to residents and participants

(1) General

a. Self-Sufficiency Policies

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

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

b. Economic and Social self-sufficiency programs

X☐ Yes ☐ No: Does the PHA coordinate, promote or provide any programs to enhance the economic and social self-sufficiency of

residents? (If “yes”, complete the following table; if “no” skip to sub-component 2, Family Self Sufficiency Programs. The position of the table may be altered to facilitate its use.)

Services and Programs				
Program Name & Description (including location, if appropriate)	Estimated Size	Allocation Method (waiting list/random selection/specific criteria/other)	Access (development office / PHA main office / other provider name)	Eligibility (public housing or section 8 participants or both)
Job Fair	*115*	*Open to Section 8 & Public Housing Residents*	*State of New Jersey Department of Labor*	*Both*
Financial Literacy Workshop	10 families	Open to Section 8 Public Housing Residents	Wachovia bank	Both
Computer Literacy Program				
GED Program				
Computer Graphic Program for				
T. Shirts				

(2) Family Self Sufficiency program/s

a. Participation Description

Family Self Sufficiency (FSS) Participation		
Program	Required Number of Participants (start of FY 2005 Estimate)	Actual Number of Participants (As of: DD/MM/YY)
Public Housing	25	Approved 8/2007
Section 8	55	73 (9/1/07)

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

C. Welfare Benefit Reductions

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

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

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

13. PHA Safety and Crime Prevention Measures

[24 CFR Part 903.7 9 (m)]

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

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

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

X☐ High incidence of violent and/or drug-related crime in some or all of the PHA's developments
X☐ High incidence of violent and/or drug-related crime in the areas surrounding or adjacent to the PHA's developments
X☐ Residents fearful for their safety and/or the safety of their children
X☐ Observed lower-level crime, vandalism and/or graffiti

X☐ People on waiting list unwilling to move into one or more developments due to perceived and/or actual levels of violent and/or drug-related crime
☐ Other (describe below)

2. What information or data did the PHA used to determine the need for PHA actions to improve safety of residents (select all that apply).

X☐ Safety and security survey of residents
X☐ Analysis of crime statistics over time for crimes committed "in and around" public housing authority
X☐ Analysis of cost trends over time for repair of vandalism and removal of graffiti
X☐ Resident reports
X☐ PHA employee reports
X☐ Demonstrable, quantifiable success with previous or ongoing anticrime/anti drug programs
☐ Other (describe below)

3. Which developments are most affected? (list below)

B. Crime and Drug Prevention activities the PHA has undertaken or plans to undertake in the next PHA fiscal year

1. List the crime prevention activities the PHA has undertaken or plans to undertake: (select all that apply)
X☐ Contracting with outside and/or resident organizations for the provision of crime- and/or drug-prevention activities
X☐ Crime Prevention Through Environmental Design
X☐ Activities targeted to at-risk youth, adults, or seniors
X☐ Volunteer Resident Patrol/Block Watchers Program
☐ Other (describe below)

2. Which developments are most affected? (list below)

C. Coordination between PHA and the police

1. Describe the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities: (select all that apply)

X☐ Police involvement in development, implementation, and/or ongoing evaluation of drug-elimination plan
X☐ Police provide crime data to housing authority staff for analysis and action

X☐ Police have established a physical presence on housing authority property (e.g., community policing office, officer in residence)
X☐ Police regularly testify in and otherwise support eviction cases
X☐ Police regularly meet with the PHA management and residents
X☐ Agreement between PHA and local law enforcement agency for provision of above-baseline law enforcement services
☐ Other activities (list below)

2. Which developments are most affected? (list below)
Elmwood Gardens

D. Additional information as required by PHDEP/PHDEP Plan

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

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

14. RESERVED FOR PET POLICY

[24 CFR Part 903.7 9 (n)]

15. Civil Rights Certifications

[24 CFR Part 903.7 9 (o)]

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

16. Fiscal Audit

[24 CFR Part 903.7 9 (p)]

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

17. PHA Asset Management

[24 CFR Part 903.7 9 (q)]

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

1. X☐ Yes ☐ No: Is the PHA engaging in any activities that will contribute to the long-term asset management of its public housing stock , including how the Agency will plan for long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs that have **not** been addressed elsewhere in this PHA Plan?

2. What types of asset management activities will the PHA undertake? (select all that apply)

☐ Not applicable
X☐ Private management
X☐ Development-based accounting
X☐ Comprehensive stock assessment
☐ Other: (list below)

3. ☐ Yes ☐ No: Has the PHA included descriptions of asset management activities in the **optional** Public Housing Asset Management Table?

18. Other Information

[24 CFR Part 903.7 9 (r)]

A. Resident Advisory Board Recommendations

1. X☐ Yes ☐ No: Did the PHA receive any comments on the PHA Plan from the Resident Advisory Board/s?

2. If yes, the comments are: (if comments were received, the PHA **MUST** select one)

X☐ Attached at Attachment (File name)
☐ Provided below:

3. In what manner did the PHA address those comments? (select all that apply)

☐ Considered comments, but determined that no changes to the PHA Plan were necessary.
☐ The PHA changed portions of the PHA Plan in response to comments
List changes below:

X☐ Other: (list below)

Elmwood Gardens

Upgrade of hallway lighting, secured and more voltages.
) Upgrade Security System

West End Gardens

1) Installation of new boilers system
2) Replace baseboard covers
3) Replace rotten joist and windows frames
4) Interior Repairs and Renovations inside units.

Richmond Towers

Upgrade kitchens, counter space and cabinets
tower 1 in 2010and tower 2 in 2011,New doors and locks
Storm windows and doors for balcony

B. Description of Election process for Residents on the PHA Board

1. ☐ Yes X☐ No: Does the PHA meet the exemption criteria provided section 2(b)(2) of the U.S. Housing Act of 1937? (If no, continue to question 2; if yes, skip to sub-component C.)

2. ☐ Yes X☐ No: Was the resident who serves on the PHA Board elected by the residents? (If yes, continue to question 3; if no, skip to sub-component C.)

3. Description of Resident Election Process

a. Nomination of candidates for place on the ballot: (select all that apply)

X☐ Candidates were nominated by resident and assisted family organizations
☐ Candidates could be nominated by any adult recipient of PHA assistance
☐ Self-nomination: Candidates registered with the PHA and requested a place on ballot
☐ Other: (describe)

b. Eligible candidates: (select one)

☐ Any recipient of PHA assistance
☐ Any head of household receiving PHA assistance
X☐ Any adult recipient of PHA assistance
☐ Any adult member of a resident or assisted family organization
☐ Other (list)

c. Eligible voters: (select all that apply)

X☐ All adult recipients of PHA assistance (public housing and section 8 tenant-based assistance)
☐ Representatives of all PHA resident and assisted family organizations
☐ Other (list)

C. Statement of Consistency with the Consolidated Plan

For each applicable Consolidated Plan, make the following statement (copy questions as many times as necessary).

1. Consolidated Plan jurisdiction: (provide name here)

2. The PHA has taken the following steps to ensure consistency of this PHA Plan with the Consolidated Plan for the jurisdiction: (select all that apply)

X☐ The PHA has based its statement of needs of families in the jurisdiction on the needs expressed in the Consolidated Plan/s.
X☐ The PHA has participated in any consultation process organized and offered by the Consolidated Plan agency in the development of the Consolidated Plan.
X☐ The PHA has consulted with the Consolidated Plan agency during the development of this PHA Plan.
X ☐ Activities to be undertaken by the PHA in the coming year are consistent with the initiatives contained in the Consolidated Plan. (list below)

☐ Other: (list below)

4. The Consolidated Plan of the jurisdiction supports the PHA Plan with the following actions and commitments: (describe below)

D. Other Information Required by HUD

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

Attachments

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

SECTION 8 HOMEOWNERSHIP PROGRAM

Section 8 Homeownership Checklist

STEP **1. Eligibility**

1. First time homeowner must use homeownership as a reasonable accommodation for a disabled family member yes/no
2. Meets minimum income requirements ($25,000) yes/no
3. At least one adult person who will have an ownership interest has been employed full-time for 2 years, or is an elderly or disabled family, or homeownership is a reasonable accommodation for a disabled family member. yes/no
4. No member of the family previously participated in this program, and defaulted on a mortgage securing debt incurred to purchase the home. yes/no
5. Family is in good standing with PHA (i.e. no program or lease violations) yes/no
6. Family has resources available to pay for a down payment and closing costs 3% down payment, 1 % must come from family's own resources. Yes/no .
7. Family has an acceptable credit history yes/no (if no refer to credit counseling)
8. Family has been determined mortgage ready.
9. Family attended a homeownership seminar, section 8 homeownership briefing, and completed the PHA survey. Yes/no
10. Family has signed the statement of family obligations for the section 8 homeownership program.

STEP 2. Determine Monthly Assistance Payment

1. Determine amount of monthly assistance.
2. Execute lien to allow PHA to recapture funds if house is sold within the first 15 years.
3. Family has obtained flood insurance, if needed.

STEP 3. Purchase Home

STEP 4. Attend On-Going Counseling Sessions

Homeownership Policy- In addition to the requirements of 24 CFR Part 982, the following requirements are added as permitted by the regulation:

A. Additional Requirements- In addition to meeting the criteria of 982.626 (a), the family must meet the following criteria:

1. Family is in good standing with the Authority (no major lease or family obligation violations within past six months).
2. Family has sufficient resources to pay a down payment equal to 3% of the purchase price of a typical home that meets their family household size, and closing costs.
3. Family has an acceptable credit history (Families unable to meet these criteria initially will be referred to credit counseling, and then reconsidered for the program).
4. Family is determined "mortgage ready". This means based on a review by PHA staff, the family would likely qualify for a mortgage based on its income and housing prices applicable to the size house the family requires.
5. Family has attended an Authority sponsored homeownership seminar, briefing, and completed a survey.
6. Family has signed the statement of family obligations for the program.

B. Requirement for Continuation of Assistance- The family must participate in ongoing homeownership counseling as required by the Authority. The extent and frequency of counseling will be established at the time homeownership assistance begins depending on the family's particular situation. The family must also notify the Authority within seven days if it fails to make a mortgage payment by the due date.

C. Homeownership Expenses- Homeownership expenses will include:

1. Principal and interest on initial mortgage and any refinancing of such debt;
2. Mortgage insurance;
3. Real estate taxes;
4. Home insurance;
5. One hundred dollars monthly for maintenance expenses;
6. One hundred dollars monthly for major repairs and replacements; 7. Utility allowance as per the DHA utility allowance schedule;
8. Principal and interest on mortgage debt incurred to finance costs of major repairs, replacements, or improvements for the home;
9. The cooperative charge under the occupancy agreement (coop only); 10. Operating costs or maintenance fees assessed by the homeowners association (coop and condos only).

D. Payment of Assistance Payment to the Lender- Payments will be made directly to the lender. If the assistance payment exceeds the amount due to the lender, the PHA will pay the excess to the family.

E. Number of Times Families Can Move- Families will not be permitted to move more than once per calendar year unless the Authority determines a hardship will

result if the family is not permitted to move. Additionally, moves with assistance may be prohibited if the Authority does not have sufficient funds to provide continued assistance.

F. The Housing Authority will assist up to 20 participants under the homeownership program. Participants will be accepted into the program at the discretion of the Authority based on workload requirements.

HOUSING AUTHORITY OF PLAINFIELD

Family Self Sufficiency Program

What Is the Family Self-Sufficiency (FSS) Program?

FSS Is a voluntary program which helps families obtain the skills they need to achieve financial independence. Support is offered to participating families through local agencies, case management, education, job training, newsletters, workshops, support meetings, and other appropriate services to assist the family.

How does the program work?

All FSS participants must currently be a participant of the Section 8 Voucher Program.

A coordinator is assigned to assist the family with agencies who will perform the hands-on service provision. The coordinator will discuss the family's goals and expectations prior to formulating an Individual Training and Services Plan designed to meet the self-sufficiency goals.

A formal Contract of Participation is signed between the family and the Housing Authority.

What are the BENEFITS?

An escrow savings account may be established in your name. Personal and Individual training and Service Plans will be designed specifically for your families needs.

What are the RISKS?

The Head of the Family must seek and maintain employment as a condition of the continued participation.

What Is the CONTRACT OF PARTICIPATION?

The contract describes the resources and appropriate supportive services which will be made available to the family while under the FSS contract. The Contract describes the activities which need to be completed by the family.

It is an agreement which allows the Housing Authority to terminate or withhold FSS supportive services and escrow amounts if the family fails to comply with the Contract requirements. It includes the rights and responsibilities of the FSS family and the Housing Authority.

How does the ESCROW ACCOUNT work?

When a participating family becomes employed when they previously were not; or when the family starts out with employment income and has an increase in the employment Income, an escrow account will be established for the family. A portion of the increase in the family's rent due to an increase in the earned Income will be credited to the FSS escrow in accordance with HUD requirements. The family will be given a report on the amount held in the escrow account on an annual basis.

What are the OBLIGATIONS under FSS?
By signing the Contract of Participation, the family agrees to fulfill the obligations to which it has committed itself, no later than 5 years after entering the contract. It requires the head of the household to seek and maintain suitable employment throughout the term of the contract, including any extensions to the contract.

Can I receive an EXTENSION of my Contract?

Yes, the Housing Authority may grant in writing an extension of up to two years beyond the original five year term for good cause, such as serious illness, or involuntary loss of employment. The family must request the extension in writing and include the reason for the extension. The Housing Authority must determine if good cause exists to grant the extension.

When will my Contract TERMINATE?

The Housing Authority may terminate the Contract of Participation for the following reasons:

The mutual consent of both parties
Failure to honor the terms of the contract
Achievement of Self-Sufficiency
Expiration of contract and extensions
By any other act that is inconsistent with the purpose of the program

Can I continue to receive Rental Assistance after termination from the FSS Program?
Yes, if the family is unable to become self-sufficient at the end of the term of the contract, the family will retain its current Section 8 subsidy and will no longer be considered an FSS participant.

NOTE:
If you think that you would be interested in the FSS Program and would like to apply, please complete the attached questionnaire and return it to our office.

You will be notified by mail to set up an appointment for an interview.

Class Curriculum

NJCA's Loan Counseling Director and all Loan Counselors have been certified by NeighborWorks as Train the Trainers for Homebuyer Education classes. The following is our curriculum outline:

New Jersey Citizen Action Curriculum for Section 8 Homeownership Classes

Class 1- Roadblocks to Homeownership

1. Introduction to NJCA & Loan Counseling
2. Overview of the Section 8 Homeownership Program
3. Consumer Protection Laws - Know Your Rights!
    a. The Community Reinvestment Act
    b. Fair Housing Act
    c. Equal Credit Opportunity Act
    d. Fair Credit Act
    e. Fair Debt Collection Practices Act
4. Income + Savings + Credit = House
5. The Major Roadblocks to Homeownership - Credit & Savings.
6. Credit - The Most Common Roadblock
7. The Three Major Credit Repositories
8. Obtaining, reading and understanding your credit report.
9. Credit Reporting Agency FAQ
10. Secured vs. Unsecured Debt.
11. Do I have good credit?
12. Danger Zones - Common Credit Problems
13. Three strategies for Repairing Your Credit
14. Avoiding Credit Repair Scams.
15. Establishing Good Credit.
16. Non-traditional Credit Sources.
17. Mortgage Credit Standards.
18. Getting out of Debt
19. Staying out of Debt

Class 2 - Banking & Budgeting

1. Basic Banking & Financial Responsibility
2. Why Banks Are Best - Banks vs. Check Cashing Stores (and other fringe financial services).
3. NJ Consumer Checking Accounts
4. Managing your Bank Accounts (i.e. reading Statements, balancing Check Registers, Endorsing Checks)
5. Understanding Your Spending Habits
6. What is a Budget?

7. How to Set a Budget- Examining your family's Income and Expenses
8. Net vs. Gross Income
9. Living Within Your Budget - Wants vs. Needs 10. How to Save
11. Pay Yourself First
12. Budgeting Example
13. Cutting your Expenses
14. How I Cut My Budget
15. Heating and Electricity Costs
16. Energy Efficiency, NJ's Clean Energy Program and Utility Payment Assistance Programs

Class 3 - Choosing Homeownership

1. Owning vs. Renting (Understanding Advantages and Responsibilities)
2. Home Repairs and Maintenance
3. Hiring Home Improvement Contractors and avoiding home improvement scams
4. Living with Neighbors
5. Hazard and Flood Insurance 6. Taxes
7. How Much House You Can Afford.
8. Determining you Family's Comfort Level
9. Deciding Where You Want to Live.
10. Dream House - Wants vs. Needs.
11. The Homebuying Process -- Part I
    a. Working with Realtors b. The Realtor's Role
    c. Finding a Realtor
    d. Types of Realtors
    e. Tricks of the Trade
    f. Negotiating an Offer.
    g. Home Inspections and Appraisals
    h. Lead Paint Awareness
    i. Contracts of Sale
12. Real Estate Settlement Protection Act (RESPA)

Class 4 - Your Greatest Investment - Financing and Protecting Your Home

1. Understanding Important Mortgage Terms
2. Points, Private Mortgage Insurance and PITT
3. Grants, Downpayments and Closing Cost Assistance
4. Understanding the Section 8 Homeownership Program and how it works
5. Comparison of Common Mortgages - FHA, VA, Fannie Mae, Affordable or CRA, Sub-Prime
6. Identifying and Avoiding Predatory Lenders
7. The Homebuying Process - Part II
    a. The Application Process
    b. Federal and State Truth-In-Lending laws
    c. Closing Costs

d. The Closing

8. Foreclosure Prevention
9. Setting up a Homeowners Budget.
10. Payments Toward the Principal
11. Community Involvement
12. Home Improvement Loans.
13. Review of Credit & Budgeting
14. Question & Answer Session
15. Issue Certificates of Completion and discuss/schedule individual counseling appointments

COMMUNITY SERVICE

The federal law requires that each adult residing in public housing not determined to be eligible ˜for an exemption, provide eight hours of monthly community service or participate for a similar period in an economic *self. sufficiency training program, as a* condition of tenancy, PHA is proposing additional exemptions to the list of 21 already in place. The additions to the exemption include lowering the maximum age for participation from 62 to 60; exempting both adults of a two adult household with small children if both or only one works a minimum of 35 hours per week. Other changes include exempting household members of public assistance recipients, even if' they are not on the public assistance budget and exempting residents who are child care providers for another public housing resident (including their own child.),

Resident Advisory Board Members

Joanne Hollis

Marjorie Hollis

Mable Thompson

Hattie Williams

Maude Phillips

Robert Brown

Reather Robinson

Resident Comments

West End Gardens:
Windows need to be weatherized to be capitalized improvement plan start date 11/30/2008
Roofs need replacing; Work completed 6/18/06 and 550 West 4th-2roofs 5,000 sq ft 11/30/08
Kitchen cabinets replaced in various units, kitchen floors and light
Piping infrastructure on Third Street needs to be checked out quarterly (On preventive maintenance plan)
Third Street porch lights need to be checked by contractor
Wall is cracked on Liberty Street
Removal of playground equipment in rear
Upgrade of Fire Alarm Panels

Elmwood Gardens:
On going upgrade of security cameras
Fencing & Playground fencing replace & repair
Window broken in various building
Entry hallway lights need to be vandal proof on going maintenance cycle paint
Hallway tiles and steps need replacing steps and treads
Better police security in hallways
Mailboxes will be placed outside
Replacement of (2) hot water supply tanks

Richmond Towers:
Vent cleaning (Preventive Maintenance plan)-ongoing
Replace security cameras, ongoing 10/25/08
Additional parking (part of new addition project)
Bottom screens in community room
Preventive maintenance of boiler system on plan as per new preventive plan
Heat coil replacement in apartments-ongoing
New kitchens-2010
Increased lighting in rear of building (Part of new addition project)
Upgrade fire alarm panels

PHA Plan
Table Library

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

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

Capital Fund Grant Number NJ395013907 FFY of Grant Approval:

☐ Original Annual Statement

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

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

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

Annual Statement
Capital Fund Program (CFP) Part III: Implementation Schedule

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

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

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

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NJ39-01			

Description of Needed Physical Improvements or Management Improvements	**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**

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

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

Optional 5-Year Action Plan Tables			
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**
NJ39-02	**Elmwood Gardens**	**5**	**4%**

Description of Needed Physical Improvements or Management Improvements	Estimated Cost	Planned Start Date (HA Fiscal Year)

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

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

Optional 5-Year Action Plan Tables					
Development Number	**Development Name (or indicate PHA wide)**	**Number Vacant Units**	**% Vacancies in Development**		
NJ39-03	**Richmond Towers**	**5**	**2%**		
Description of Needed Physical Improvements or Management Improvements				**Estimated Cost**	**Planned Start Date (HA Fiscal Year)**

Optional Public Housing Asset Management Table

See Technical Guidance for instructions on the use of this table, including information to be provided.

Public Housing Asset Management								
Development Identification		**Activity Description**						
Name, Number, and Location	Number and Type of units	Capital Fund Program Parts II and III *Component 7a*	Development Activities *Component 7b*	Demolition / disposition *Component 8*	Designated housing *Component 9*	Conversion *Component 10*	Home-ownership *Component 11a*	Other (describe) *Component 17*

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

PHA Name: The Housing Authority of Plainfield

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

Annual Statement/Performance and Evaluation Report Capital Fund Program and Capital Fund Program Replacement Housing Factor (CFP/CFPRHF) Part I: Summary					
PHA Name: The Housing Authority of Plainfield					
Line No.		**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
	Costs				
25	Amount of Line 21 Related to Security – Hard Costs				
26	Amount of line 21 Related to Energy Conservation Measures				

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

PHA Name: The Housing Authority of Plainfield		**Grant Type and Number** Capital Fund Program Grant No				**Federal FY of Grant:**		
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised	Funds Obligated	Funds Expended	

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

PHA Name: The Housing Authority of Plainfield							
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)						
	Original	Revised	Actual	Original	Revised	Actual	

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

PHA Name: The Housing Authority of Plainfield	**Grant Type and Number** **Capital Fund Program Grant No: NJ39P3950107** Replacement Housing Factor Grant No:	**Federal FY of Grant: 2007**

☐**Original Annual Statement** ☐**Reserve for Disasters/ Emergencies** ☐**Revised Annual Statement (revision no:**
x☐**Performance and Evaluation Report for Period Ending:12/31/2007** ☐**Final Performance and Evaluation Report**

Line No.	**Summary by Development Account**	**Total Estimated Cost**		**Total Actual Cost**	
		Original	**Revised**	**Obligated**	**Expended**
1	Total non-CFP Funds				

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

PHA Name: The Housing Authority of Plainfield								
Development Number Name/HA-Wide Activities		All Fund Obligated (Quarter Ending Date)						
		Original	Revised	Actual	Original	Revised	Actual	
2	1406 Operations							
3	1408 Management Improvements							
4	1410 Administration							
5	1411 Audit							
6	1415 Liquidated Damages							
7	1430 Fees and Costs							
8	1440 Site Acquisition							
9	1450 Site Improvement							
10	1460 Dwelling Structures							
11	1465.1 Dwelling Equipment—Nonexpendable							
12	1470 Nondwelling Structures							
13	1475 Nondwelling Equipment							
14	1485 Demolition							
15	1490 Replacement Reserve							
16	1492 Moving to Work Demonstration							
17	1495.1 Relocation Costs							
18	1499 Development Activities							
19	1501 Collaterization or Debt Service							
20	1502 Contingency							

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

PHA Name: The Housing Authority of Plainfield							
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)						
	Original	Revised	Actual	Original	Revised	Actual	
21	Amount of Annual Grant: (sum of lines 2 – 20)						0
22	Amount of line 21 Related to LBP Activities						
23	Amount of line 21 Related to Section 504 compliance						
24	Amount of line 21 Related to Security – Soft Costs						
25	Amount of Line 21 Related to Security – Hard Costs						
26	Amount of line 21 Related to Energy Conservation Measures						

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

PHA Name: The Housing Authority of Plainfield								
Development Number Name/HA-Wide Activities	General Description of Major Work Categories							

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

PHA Name: The Housing Authority of Plainfield								
Development Number Name/HA-Wide Activities	General Description of Major Work Categories							

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

PHA Name: The Housing Authority of Plainfield							
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)						
	Original	Revised	Actual	Original	Revised	Actual	

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

PHA Name: The Housing Authority of Plainfield							
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)						
	Original	Revised	Actual	Original	Revised	Actual	

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

The Housing Authority of Plainfield

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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.)

510 East Front Street, Plainfield, New Jersey
532 East Second Street, Plainfield, New Jersey
Liberty Village Community Room
518 West Fourth Street, Plainfield, New Jersey

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
Randall Wood	Executive Director
Signature X	Date 10/1/2009

form **HUD-50070** (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1 & .3

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.

The Housing Authority of Plainfield	NJ039
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 Randall Wood	Title Executive Director
Signature	Date 10/01/2009

DISCLOSURE OF LOBBYING ACTIVITIES

Approved by OMB
0348-0046

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure.)

1. Type of Federal Action:	2. Status of Federal Action:	3. Report Type:
[b] a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	[a] a. bid/offer/application b. initial award c. post-award	[a] a. initial filing b. material change **For Material Change Only:** year _____ quarter _____ date of last report _____

4. Name and Address of Reporting Entity:	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:
[x] Prime [ ] Subawardee Tier _____, *if known*: **Congressional District**, *if known*: 4c	**Congressional District**, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:** CFDA Number, *if applicable*: _____
8. Federal Action Number, *if known*:	**9. Award Amount**, *if known*: $
10. a. Name and Address of Lobbying Registrant (*if individual, last name, first name, MI*):	**b. Individuals Performing Services** (*including address if different from No. 10a*) (*last name, first name, MI*):

11. 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: X _____
Print Name: _____
Title: _____
Telephone No.: _____ Date: _____

Federal Use Only:

Authorized for Local Reproduction
Standard Form LLL (Rev. 7-97)

OMB Approval No. 2577-0157 (Exp. 3/31/2010)

Certification of Payments to Influence Federal Transactions

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

Applicant Name

The Housing Authority of Plainfield

Program/Activity Receiving Federal Grant Funding

Capital Fund Program

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.

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
Randall Wood	Executive Director
Signature	Date (mm/dd/yyyy)
	10/1/2009

PHA Certifications of Compliance with the PHA Plans and Related Regulations: Board Resolution to Accompany the PHA 5-*Year and Annual* PHA Plan

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___ 5-Year and/or___ 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 certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. 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.
5. 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.
6. The PHA certifies that it 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.
7. 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.
8. For PHA Plan that includes a policy for site based waiting lists:
   - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
   - 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).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. 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.
11. 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.

12. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.
13. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
14. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
15. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
16. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
17. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
18. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
19. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
20. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
21. The PHA provides assurance as part of this certification that:
    (i) The Resident Advisory Board had an opportunity to review and comment on the changes to the policies and programs before implementation by the PHA;
    (ii) The changes were duly approved by the PHA Board of Directors (or similar governing body); and
    (iii) The revised policies and programs are available for review and inspection, at the principal office of the PHA during normal business hours.
22. The PHA certifies that it is in compliance with all applicable Federal statutory and regulatory requirements.

PHA Name _____ PHA Number/HA Code _____

_____ 5-Year PHA Plan for Fiscal Years 20____ - 20____

_____ Annual PHA Plan for Fiscal Years 20____ - 20____

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
X Signature	Date

Certification by State or Local Official of PHA Plans Consistency with the Consolidated Plan

I, Randall Wood the Executive Director certify that the Five Year and Annual PHA Plan of the The Housing Authority of Plainfield is consistent with the Consolidated Plan of County of Union prepared pursuant to 24 CFR Part 91.

Signed / Dated by Appropriate State or Local Official