

| | |
|------|--|
| 9.0 | <p>Housing Needs. Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> |
| 9.1 | <p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</p> |
| 10.0 | <p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"</p> |
| 11.0 | <p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations.</p> <p>(g) Challenged Elements</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p> |

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.

2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements. **(Note: applies to only public housing).**
8. **Safety and Crime Prevention.** For public housing only, describe the PHA's plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.

9. **Pets.** A statement describing the PHAs policies and requirements pertaining to the ownership of pets in public housing.
10. **Civil Rights Certification.** A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction.
11. **Fiscal Year Audit.** The results of the most recent fiscal year audit for the PHA.
12. **Asset Management.** A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition, and other needs for such inventory.
13. **Violence Against Women Act (VAWA).** A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** 1) A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and 2) A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: (1) A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the PHA will apply or is currently pending for demolition or disposition; and (2) A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at: http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm
Note: This statement must be submitted to the extent that approved and/or pending demolition and/or disposition has changed.
- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: 1) A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or

that the public housing agency plans to voluntarily convert; 2) An analysis of the projects or buildings required to be converted; and 3) A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>

- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

8.0 Capital Improvements. This section provides information on a PHA's Capital Fund Program. With respect to public housing projects owned, assisted, or operated by the public housing agency, a plan describing the capital improvements necessary to ensure long-term physical and social viability of the projects must be completed along with the required forms. Items identified in 8.1 through 8.3, must be signed where directed and transmitted electronically along with the PHA's Annual Plan submission.

8.1 Capital Fund Program Annual Statement/Performance and Evaluation Report. PHAs must complete the *Capital Fund Program Annual Statement/Performance and Evaluation Report* (form HUD-50075.1), for each Capital Fund Program (CFP) to be undertaken with the current year's CFP funds or with CFFP proceeds. Additionally, the form shall be used for the following purposes:

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

8.3 Capital Fund Financing Program (CFFP). Separate, written HUD approval is required if the PHA proposes to pledge any

portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:

<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

- (c) PHAs must include or reference any applicable memorandum of agreement with HUD or any plan to improve performance. **(Note: Standard and Troubled PHAs complete annually).**

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

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*
- (c) Form HUD-50071, *Certification of Payments to Influence Federal Transactions (PHAs receiving CFP grants only)*
- (d) Form SF-LLL, *Disclosure of Lobbying Activities (PHAs receiving CFP grants only)*
- (e) Form SF-LLL-A, *Disclosure of Lobbying Activities Continuation Sheet (PHAs receiving CFP grants only)*
- (f) Resident Advisory Board (RAB) comments.
- (g) Challenged Elements. Include any element(s) of the PHA Plan that is challenged.
- (h) Form HUD-50075.1, *Capital Fund Program Annual Statement/Performance and Evaluation Report (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.1.
- (i) Form HUD-50075.2, *Capital Fund Program Five-Year Action Plan (Must be attached electronically for PHAs receiving CFP grants only)*. See instructions in 8.2.

Section 7.0

Modernization, Development and Conversions

YMHA will continue to rehabilitate older developments through LIHTC for the complete renovation of Westlake Terrace, use of federal stimulus funds “Green Grant” to modernize Brier Hill, and utilizing capital funds for the renovations of many of our senior sites.

HOPE VI

YMHA is currently awaiting closeout of our successful Hope VI project, which was completed on time and on budget.

Demolition/Disposition

YMHA will continue to analyze the possibility of full or partial demolition or disposition of units at P.L. Strait Homes along with the possibility of Westlake Terrace if the LIHTC are awarded. The removal of one building is also being looked into at Kirwan Homes and Victory Estates.

Homeownership Programs

YMHA currently administers public housing pre-homeownership, homeownership and Section 8 homeownership programs as well as HOPE VI homeownership units. Aside from the HOPE VI homeownership opportunities, YMHA has continued to function as an approval HUD certified counseling agency and provides training to any interested public housing and Section 8 families, as well as, to the general public. The Housing Authority has also collaborated with our YouthBuild program to provide additional homeownership opportunities. YouthBuild, has, and will continue to gain training experience through the rehabilitation or new construction of affordable homes. The Housing Choice Voucher Program Plan has been implemented and additional homeownership opportunities have and will continue to be provided through new construction and other programs such as HOPE VI.

Project –Based Vouchers

In collaboration with community agencies, YMHA intends to provide approximately 50 project- based vouchers throughout Mahoning County. Project basing will allow for a wider choice in housing throughout the County.

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. 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 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: Westlake Terrace Homes 1b. Development (project) number: OH002001 |
| 2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/> |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/> |
| 4. Date application approved, submitted, or planned for submission: (09/15/10) |
| 5. Number of units affected: 116 |
| 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development |
| 7. Timeline for activity: a. Actual or projected start date of activity: 02/03/11 b. Projected end date of activity: 08/01/11 |

| Demolition/Disposition Activity Description |
|--|
| 1a. Development name: Kirwan Homes 1b. Development (project) number: OH002004 |
| 2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/> |
| 3. Application status (select one) |

| |
|--|
| Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/> |
| 4. Date application approved, submitted, or planned for submission: <u>(09/15/11)</u> |
| 5. Number of units affected: 4 |
| 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development |
| 7. Timeline for activity: a. Actual or projected start date of activity: 02/03/11 b. Projected end date of activity: 08/01/11 |

| Demolition/Disposition Activity Description |
|--|
| 1a. Development name: Victory Annex |
| 1b. Development (project) number: OH002005 |
| 2. Activity type: Demolition <input checked="" type="checkbox"/> Disposition <input type="checkbox"/> |
| 3. Application status (select one) Approved <input type="checkbox"/> Submitted, pending approval <input type="checkbox"/> Planned application <input checked="" type="checkbox"/> |
| 4. Date application approved, submitted, or planned for submission: <u>(05/03/10)</u> |
| 5. Number of units affected: 8 |
| 6. Coverage of action (select one) <input checked="" type="checkbox"/> Part of the development <input type="checkbox"/> Total development |
| 7. Timeline for activity: a. Actual or projected start date of activity: 11/03/11 b. Projected end date of activity: 02/01/12 |

Annual Statement / Performance and Evaluation Report

Part I: Summary

Capital Fund Program (CFP)

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

H A Name

YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY

Comprehensive Grant Number

OH12P00250106

FFY of Grant Approval

2006

Original Annual Statement Reserved for Disasters/Emergencies

Final Performance and Evaluation Report for Program Year Ending _____

Budget revisions

Revised Annual Statement/Revisi

Performance and Evaluation Report for Program Year Ending _____

| Line No. | Summary by Development Account | Total Estimated Cost | | Obligated | Total Actual Cost (2) | |
|----------|---|----------------------|--------------------|-----------|-----------------------|--|
| | | Original | Revised (1) | | Expended | |
| 1 | Total Non-CGP Funds | | | | | |
| 2 | 1406 Operating Expenses (may not exceed 10% of line 20) | \$512,470 | \$512,470 | | | |
| 3 | 1408 Management Improvements | \$20,000 | \$0 | | | |
| 4 | 1410 Administration | \$248,882 | \$248,882 | | | |
| 5 | 1411 Audit | \$1,000 | \$1,000 | | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | | |
| 7 | 1430 Fees and Costs | \$123,000 | \$123,000 | | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | | |
| 9 | 1450 Site Improvement | \$329,000 | \$129,722 | | | |
| 10 | 1460 Dwelling Structures | \$758,006 | \$939,849 | | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$10,000 | \$0 | | | |
| 12 | 1470 Nondwelling Structures | \$93,500 | \$1,483 | | | |
| 13 | 1475 Nondwelling Equipment | \$5,000 | \$0 | | | |
| 14 | 1485 Demolition | \$100,000 | \$300,000 | | | |
| 15 | 1490 Replacement Reserve | \$0 | \$0 | | | |
| 16 | 1492 Moving to Work Demonstration | \$0 | \$0 | | | |
| 17 | 1495.1 Relocation Costs | \$0 | \$0 | | | |
| 18 | 1499 Development | \$307,953 | \$305,947 | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$53,543 | \$0 | | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$2,562,354 | \$2,562,354 | | | |
| 21 | Amount of line 20 Related to LBP Activities | \$8,000 | \$0 | | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | | |
| 23 | Amount of Line 20 Related to Security | \$85,000 | \$24,500 | | | |
| 24 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | | |

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

Signature of Executive Director and Date

[Signature] 7/16/06

(2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director

X

Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages
Capital Fund Program (CFP)

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|-------------------------|--|----------------------------|-----------------|------------------|-----------------|---------------------|--------------------|--|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| OH 2-001 | Water Softener Replacements | 1460 | LOT | \$43,000 | \$0 | | | Not included in EPC |
| | Parking Lot Repair/Enhance | 1460 | LOT | \$0 | \$0 | | | Increase Parking Capacity |
| | Utility Line Relocation | 1450 | LOT | \$0 | \$0 | | | Necessary due to adjacent |
| | Patio/Porch Repairs and Replacement | 1450 | LOT | \$100,000 | \$0 | | | Not included in EPC |
| | | | | | | | | The intent is demolish up to 60 units of public housing that would allow for up to 62 off-street parking spaces. This site contains 213 units. |
| Terrace Homes | Demolition of select units in Westlake - South | 1485 | LOT | \$100,000 | \$0 | | | Not included in EPC |
| | Maintenance Roof | 1470 | LOT | \$0 | \$0 | | | Non-Dwelling |
| | Kitchen Cabinet Replacement/Upgrades | 1460 | LOT | \$21,000 | \$0 | | | Additional work necessary from previous year |
| | Office 504 Accessibility | 1470 | LOT | \$5,000 | \$0 | | | |
| | Security Camera & Unit Securing | 1450 | LOT | \$30,000 | \$0 | | | |
| OH2-024 | Monitored Fire Alarm in Office Space | 1470 | LOT | \$0 | \$0 | | | |
| | Lead Testing | 1460 | LOT | \$0 | \$0 | | | |
| | Downspout Gutter Cleaning/Repair | 1450 | LOT | \$0 | \$0 | | | |
| | OH12P002001 SUBTOTAL | | Subtotal | \$299,000 | \$0 | | | |
| | Security Screens (Partial) | 1460 | LOT | \$55,000 | \$24,500 | | | Non-dwelling; Not included in EPC |
| Rockford Village | Kitchen Cabinet Replacement/Upgrades | 1460 | LOT | \$20,000 | \$0 | | | |
| | Office Accessibility Improvement | 1470 | LOT | \$8,000 | \$0 | | | |
| | Fence Repairs | 1450 | LOT | \$0 | \$0 | | | Non-dwelling; Not included in EPC |
| | Site Drainage Improvements | 1450 | LOT | \$21,000 | \$0 | | | Recurring problem; Not included in EPC |
| | Lead Testing | 1430 | LOT | \$8,000 | \$0 | | | |
| OH2-04 | OH12P002024 SUBTOTAL | | Subtotal | \$112,000 | \$24,500 | | | |
| | New Ground Rods/Locks on meters | 1460 | LOT | \$29,000 | \$0 | | | Not included in EPC |
| | Office Accessibility Improvements | 1470 | LOT | \$14,500 | \$0 | | | Non-dwelling; Not included in EPC |

Kirwan Homes Kitchen Cabinet Replacement/Upgrades 1460 LOT \$10,000 \$0 Not included in EPC; may include sinks

OH 2-005 2-5E Drain, Gutter & Downspout Replacement 1450 LOT \$53,000 \$107,875

P.L. Strait Homes (2-5E, 2-5F) 2-5E Stainsbury Weatherization and Securing 1450 LOT \$65,000 \$0

2-5E Kitchen Renovation 1460 LOT \$0 \$66,081

2-5E Modernization Upgrades 1460 LOT \$7,000 \$0

2-5E Lead Testing 1430 LOT \$8,000 \$0

2-5E Demolition 1485 LOT \$0 \$300,000

2-5F Accessibility Improvements 1470 LOT \$29,000 \$0

2-5F Lead Testing 1430 LOT \$7,000 \$0

2-5F Drain Replacement 1450 LOT \$20,000 \$9,460

2-5F Exterior Renovations 1460 LOT \$0 \$454,850

2-5F Toilet Replacement (50%) 1465 LOT \$10,000 \$0

OH12P002005 SUBTOTAL \$199,000 \$938,266

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement
Signature of Executive Director and Date

Page 2 of 7

2) To be completed for the Performance and Evaluation Report.
Signature of Public Housing Director/Office and Date

Previous edition is obsolete

form HUD-52837 (9/98)
ref Handbook 7485.3

Not included in EPC; may include sinks
Not included in EPC; Previous work not adequate; Persistent recurring problem
Non-dwelling; Not included in EPC
Not included in EPC; Previous work not adequate; Persistent recurring problem

Annual Statement/Performance

U.S. Department of Housing and Urban Development

Youngstown Metropolitan Housing Authority

**Part II: Supporting Pages
Capital Fund Program (CFP)**

Office of Public and Indian Housing

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|------------------------------|--|----------------------------|----------|------------------|-----------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| OH 2-006 VASU MANOR | Kitchen Renovations | 1460 | LOT | \$54,000 | \$51,670 | | | Improves curb appeal |
| | Contracted Professional Landscaping | 1450 | LOT | \$1,000 | \$0 | | | |
| | Trash Compactor Removal | 1460 | LOT | \$0 | \$6,650 | | | |
| | Modernization Upgrades | 1460 | LOT | \$0 | \$37,897 | | | |
| | OH12P002006 SUBTOTAL | | | \$55,000 | \$96,217 | | | |
| OH 2-008 NORTON MANOR | Grounds Drainage Repair | 1450 | LOT | \$16,000 | \$0 | | | Not included in EPC |
| | Trash Compactor Removal | 1460 | LOT | \$0 | \$6,750 | | | |
| | Window Replacements | 1460 | LOT | \$172,706 | \$0 | | | |
| | OH12P002008 SUBTOTAL | | | \$188,706 | \$6,750 | | | |
| OH 2-009 Gulknrecht Tower | A/C Sleeve Repair and Replacement - Initial | 1460 | LOT | \$13,000 | \$0 | | | Not included in EPC |
| | Windows 1st & 2nd Floors & facade work | 1460 | LOT | \$5,000 | \$0 | | | |
| | Boiler Replacement | 1460 | LOT | \$70,000 | \$6,110 | | | |
| | Common area patching and painting | 1470 | LOT | \$15,000 | \$1,483 | | | |
| | Trash Compactor Removal | 1460 | LOT | \$0 | \$6,800 | | | |
| | Contracted Professional Landscaping | 1450 | LOT | \$1,000 | \$3,432 | | | Improves curb appeal |
| | OH12P002009 SUBTOTAL | | | \$104,000 | \$17,825 | | | |
| OH 2-011 Struthers Manor | Parking Lot Improvements | 1470 | LOT | \$22,000 | \$0 | | | Not included in EPC |
| | Contracted Professional Landscaping | 1450 | LOT | \$1,000 | \$1,490 | | | |
| | Roof Repairs | 1460 | LOT | \$50,000 | \$0 | | | |
| | OH12P002011 SUBTOTAL | | | \$73,000 | \$1,490 | | | Improves curb appeal |

(1) To be completed for Performance and Evaluation Report and Revised Annual Statement
Signature of Executive Director and Date

[Signature]
4/16/12

(2) To be completed for the Performance and Evaluation Report.
Signature of Public Housing Director and Date

Page 3 of 7 Previous edition is obsolete

Form HUD-52837 (9/98)

ref Handbook 7485.3

Annual Statement/Performance and Evaluation Report

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

Youngstown Metropolitan Housing Authority

Part II: Supporting Pages Capital Fund Program (CFP)

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|--|--|----------------------------|----------|--------------------|--------------------|---------------------|--------------------|--|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| OH 2-012 C.A. Amedia | Contracted Professional Landscaping | 1450 | LOT | \$1,000 | \$7,465 | | | Improves curb appeal |
| | Interior Renovations | 1460 | LOT | \$0 | \$30,000 | | | |
| | Hot Water Tank Replacement | 1460 | LOT | \$17,000 | \$248,541 | | | |
| | OH12P002012 SUBTOTAL | | | \$18,000 | \$286,006 | | | |
| OH 2-014 Scattered Sites Sub Rehab | Porch and Window Repairs | 1460 | LOT | \$23,000 | \$0 | | | Not included in EPC; This work is recurring; There are 114 scattered site units. |
| | Brick, Fence and Dumpster Repair | 1450 | LOT | \$20,000 | \$0 | | | |
| | Roofing and Siding Replacement | 1460 | LOT | \$101,000 | \$0 | | | |
| | HVAC System Repair | 1460 | LOT | \$67,300 | \$0 | | | |
| | OH12P002014 SUBTOTAL | | | \$211,300 | \$0 | | | |
| | SITE SUBTOTAL | | | \$1,313,506 | \$1,371,054 | | | |

1) To be completed for Performance and Evaluation Report and Revised Annual Statement/Performance and Evaluation Report.
Signature of Executive Director and Date

[Signature]
4/16/13

Page 4 of 7 Previous edition is obsolete

2) To be completed for the Performance and Evaluation Report.
Signature of Public Housing Director and Date

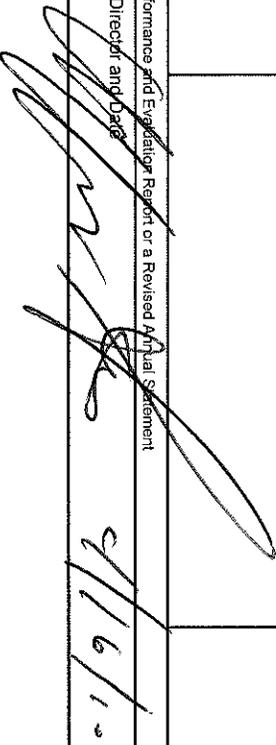
Office of Public and Indian Housing

Part II: Supporting Pages
Capital Fund Program (CFP)

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|--------------------------------|--|----------------------------|------------|-----------------------|-----------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| HA-WIDE OPERATIONS | Operations | 1406 | | \$512,470 | \$512,470 | | | |
| | OPERATIONS SUBTOTAL | | | \$512,470 | \$512,470 | | | |
| MANAGEMENT IMPROVEMENTS | | | | | | | | |
| | Fair Hsg/504 Accessibility/Mold Remediation Trng | 1408 | LOT | \$20,000 | \$0 | | | |
| | MANAGEMENT SUBTOTAL | | | \$20,000 | \$0 | | | |
| Nontechnical Salaries | Salaries and Fringes Cost Allocation Plan | 1410.1 1410 | LOT LOT | \$163,882 \$85,000 | \$218,864 \$30,019 | | | |
| | NONTECHNICAL SUBTOTAL | | | \$248,882 | \$248,882 | | | |
| CGP Audit Cost | Audit Costs | 1411 | LOT | \$1,000 | \$1,000 | | | |
| | CGP AUDIT COST SUBTOTAL | | | \$1,000 | \$1,000 | | | |
| Arch. & Eng. Fees | A&E Fees | 1430.1 | LOT | \$100,000 | \$123,000 | | | |
| | ARCHITECTURAL SUBTOTAL | | | \$100,000 | \$123,000 | | | |
| | | | | \$0 | \$0 | | | |

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

Signature of Executive Director and Date

 2/16/10

2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director and Date

Page 5 of 7 Previous edition is obsolete

Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages

Capital Fund Program (CFP)

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|-----------------------------|--|----------------------------|----------|-----------------------------|--------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| Development | Supplement to RHF Funds Reduction BLI 1460 | 1499 | LOT | \$307,953 | \$305,947 | | | |
| | | | | DEVELOPMENT SUBTOTAL | \$307,953 | \$305,947 | | |
| Nondwelling Equip. | Office equipment | 1475.1 | LOT | \$5,000 | \$0 | | | |
| NONDWELLING SUBTOTAL | | | | \$5,000 | \$0 | | | |
| Capital Funds Contingency | Contingency Account | 1502 | | \$53,543 | \$0 | | | |
| CONTINGENCY SUBTOTAL | | | | \$53,543 | \$0 | | | |
| HA-WIDE SUBTOTAL | | | | \$1,248,848 | \$1,191,300 | | | |
| GRAND TOTAL | | | | \$2,562,354 | \$2,562,354 | | | |

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

Signature of Executive Director and Date

[Signature]
4/1/67

2) To be completed for the Performance and Evaluation Report.

Signature of Public Housing Director and Date

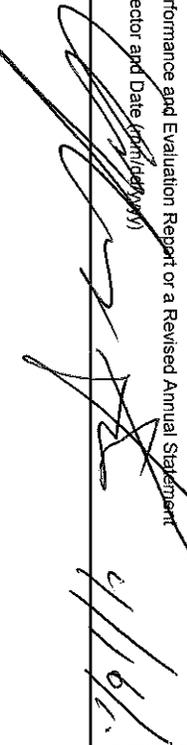
Annual Statement/Performance
and Evaluation Report
Part III: Implementation Schedule
Capital Fund Program (CFP)

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

Youngstown Metropolitan Housing Authority

| Development Number/Name H/A-Wide Activities | All Funds Obligated (Quarter Ending Date) | | | All Funds Expended (Quarter Ending Date) | | | Reason for Revised Target Dates (2) |
|---|---|-------------|------------|--|-------------|------------|-------------------------------------|
| | Original | Revised (1) | Actual (2) | Original | Revised (1) | Actual (2) | |
| OH 2-001 Westlake Terrace | 7/1/2006 | | | 6/30/2010 | | | |
| OH 2-004 Kirwan Homes | 7/1/2006 | | | 6/30/2010 | | | |
| OH 2-005 P.L. Strait Homes (2-5E & 2-5F) | 7/1/2006 | | | 6/30/2010 | | | |
| OH 2-006 Vasu Manor | 7/1/2006 | | | 6/30/2010 | | | |
| OH 2-008 Norton Manor | 7/1/2006 | | | 6/30/2010 | | | |
| OH 2-009 Gutknecht Tower | 7/1/2006 | | | 6/30/2010 | | | |
| OH2-011 Struthers Manor | 7/1/2006 | | | 6/30/2010 | | | |
| OH2-012 Amedia Plaza | 7/1/2006 | | | 6/30/2010 | | | |
| OH2-014 Scattered Sites/ Sub Rehab | 7/1/2006 | | | 6/30/2010 | | | |
| -----H/A Wide----- | 7/1/2006 | | | 6/30/2010 | | | |
| Computers/software | 7/1/2006 | | | 6/30/2010 | | | |
| Office Equipment | 7/1/2006 | | | 6/30/2010 | | | |
| Vehicles | 7/1/2006 | | | 6/30/2010 | | | |
| Maintenance Equipment | 7/1/2006 | | | 6/30/2010 | | | |
| Appliances | 7/1/2006 | | | 6/30/2010 | | | |
| Audit Costs | 7/1/2006 | | | 6/30/2010 | | | |
| Resident Initiative | 7/1/2006 | | | 6/30/2010 | | | |
| Contingency | 7/1/2006 | | | 6/30/2010 | | | |
| Operations | 7/1/2006 | | | 6/30/2010 | | | |
| Training | 7/1/2006 | | | 6/30/2010 | | | |
| Security/Law Enforcement | 7/1/2006 | | | 6/30/2010 | | | |
| Emergency Site Improve. | 7/1/2006 | | | 6/30/2010 | | | |
| Emergency Dwell. Struct. | 7/1/2006 | | | 6/30/2010 | | | |

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement
Signature of Executive Director and Date (mm/dd/yyyy)


4/11/06

2) To be completed for the Performance and Evaluation Report.
Signature of Public Housing Director and Date (mm/dd/yyyy)

Annual Statement / Performance and Evaluation Report

Part I: Summary

Capital Fund Program (CFP)

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

H.A. Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY

Comprehensive Grant Number
OH12P00250107

FFY of Grant Approval
2007

Original Annual Statement
 Reserved for Disasters/Emergencies
 Final Performance and Evaluation Report for Program Year Ending _____
 Revised Annual Statement/Revisi
 Budget revisions
 Performance and Evaluation Report for Program Year Ending _____

| Line No. | Summary by Development Account | Total Estimated Cost | | Obligated | Total Actual Cost (2) | Expended |
|----------|---|----------------------|--------------------|-----------|-----------------------|----------|
| | | Original | Revised (1) | | | |
| 1 | Total Non-CGP Funds | | | | | |
| 2 | 1406 Operating Expenses (may not exceed 10% of line 20) | \$526,594 | \$526,594 | | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | | |
| 4 | 1410 Administration | \$263,297 | \$263,297 | | | |
| 5 | 1411 Audit | \$1,000 | \$1,000 | | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | | |
| 7 | 1430 Fees and Costs | \$176,724 | \$179,420 | | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | | |
| 9 | 1450 Site Improvement | \$115,000 | \$167,304 | | | |
| 10 | 1460 Dwelling Structures | \$743,800 | \$1,352,993 | | | |
| 11 | 1465.1 Dwelling Equipment Nonexpendable | \$65,000 | \$0 | | | |
| 12 | 1470 Nondwelling Structures | \$205,000 | \$0 | | | |
| 13 | 1475 Nondwelling Equipment | \$5,000 | \$5,000 | | | |
| 14 | 1485 Demolition | \$250,000 | \$0 | | | |
| 15 | 1490 Replacement Reserve | \$0 | \$0 | | | |
| 16 | 1492 Moving to Work Demonstration | \$0 | \$0 | | | |
| 17 | 1495.1 Relocation Costs | \$0 | \$45,000 | | | |
| 18 | 1499 Development | \$99,459 | \$92,364 | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$182,098 | \$0 | | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$2,632,972 | \$2,632,972 | | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | | |
| 23 | Amount of Line 20 Related to Security | \$95,000 | \$704,766 | | | |
| 24 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | | |

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

Signature of Executive Director and Date _____



(2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director _____

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

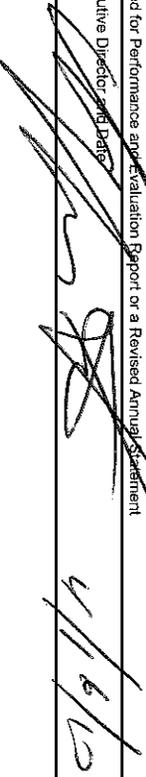
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|-------------------------|---|----------------------------|-----------------|------------------|------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| OH 2-001 | Porch/patio repair/replacements | 1450 | LOT | \$100,000 | \$0 | | | Phase II |
| Westlake | Demolition of selected units (Westlake South) | 1485 | LOT | \$250,000 | \$0 | | | |
| Terrace Homes | Security Cameras | 1450 | LOT | \$0 | \$167,304 | | | |
| | OH12P002001 SUBTOTAL | | Subtotal | \$350,000 | \$167,304 | | | |
| OH2-024 | Site Drainage Improvements | 1450 | LOT | \$15,000 | \$0 | | | Phase I |
| Rockford Village | Security Screens (partial) | 1460 | LOT | \$95,000 | \$428,500 | | | |
| | Insulation | 1460 | LOT | \$0 | \$0 | | | |
| | OH12P002024 SUBTOTAL | | Subtotal | \$110,000 | \$428,500 | | | |
| OH2-04 | Exterior Facade Repairs/Improvements | 1460 | LOT | \$10,000 | \$0 | | | Phase I |
| Kirwan Homes | Roof Repairs | 1460 | LOT | \$51,800 | \$0 | | | |
| | OH12P002004 SUBTOTAL | | Subtotal | \$61,800 | \$0 | | | |
| OH 2-005 | 2-5F Exterior Renovations | 1460 | LOT | \$0 | \$103,942 | | | Phase I |
| P.L. Strait Homes | 2-5E Door Replacements | 1460 | LOT | \$20,000 | \$0 | | | |
| 2-5E (Brier Hill Annex) | 2-5F Drainage Improvements | 1460 | LOT | \$20,000 | \$0 | | | |
| 2-5F (Victory) | 2-5F Bathroom Renovations | 1465 | LOT | \$65,000 | \$0 | | | |
| | OH12P002005 SUBTOTAL | | Subtotal | \$105,000 | \$103,942 | | | |

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

Signature of Executive Director and Date

 4/16/10

2) To be completed for the Performance and Evaluation Report.

Signature of Public Housing Director/Office and Date

Previous edition is obsolete

Annual Statement/Performance and Evaluation Report

Part II: Supporting Pages
Capital Fund Program (CFP)

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|-------------------------|--|----------------------------|----------|------------------|------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| OH 2-006 | Water Line Replacements | 1470 | LOT | \$205,000 | \$0 | | | |
| VASU MANOR | Kitchen Renovations | 1460 | LOT | \$0 | \$321,422 | | | |
| | OH12P002006 SUBTOTAL | | | \$205,000 | \$321,422 | | | |
| OH 2-008 | Boiler Replacement | 1460 | LOT | \$0 | \$74,000 | | | |
| NORTON MANOR | Interior modernization/upgrades - Phase I | 1460 | LOT | \$117,000 | \$198,410 | | | |
| | Relocation | 1495.1 | LOT | \$0 | \$45,000 | | | |
| | OH12P002008 SUBTOTAL | | | \$117,000 | \$317,410 | | | |
| OH 2-009 | Balcony Repairs - Phase I | 1460 | LOT | \$125,000 | \$0 | | | |
| Gutknecht Tower | Security Cameras | 1460 | LOT | \$0 | \$108,962 | | | |
| | OH12P002009 SUBTOTAL | | | \$125,000 | \$108,962 | | | |
| OH 2-011 | Window Replacements | 1460 | LOT | \$150,000 | \$19,330 | | | |
| Struthers Manor | Roof Replacement | 1460 | LOT | \$70,000 | \$0 | | | |
| | OH12P002011 SUBTOTAL | | | \$220,000 | \$19,330 | | | |

1) To be completed for Performance and Evaluation Report of a Revised Annual Statement

Signature of Executive Director and Date


4/16/17

2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director and Date

Page 3 of 7 Previous edition is obsolete

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

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|-------------------------|--|----------------------------|------------|-----------------------------|----------------------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| OH 2-012 C.A. Amedia | Roof Repairs Interior Renovations OH12P002012 SUBTOTAL | 1460 1460 | LOT LOT | \$25,000 \$0 \$25,000 | \$73,080 \$12,047 \$85,127 | | | |
| OH 2-014 | Basement/Exterior Façade Repairs OH12P002014 SUBTOTAL | 1460 | LOT | \$30,000 \$30,000 | \$13,300 \$13,300 | | | |
| OH 2-015 | Basement/Exterior Façade Repairs OH12P002015 SUBTOTAL | 1460 | LOT | \$10,000 \$10,000 | \$0 \$0 | | | |
| OH 2-016 | Basement/Exterior Façade Repairs OH12P002016 SUBTOTAL | 1460 | LOT | \$10,000 \$10,000 | \$0 \$0 | | | |
| OH 2-018 | Basement/Exterior Façade Repairs OH12P002018 SUBTOTAL | 1460 | LOT | \$10,000 \$10,000 | \$0 \$0 | | | |
| SITE SUBTOTAL | | | | \$1,368,800 | \$1,565,297 | | | |

1) To be completed for Performance and Evaluation Report or Revised Annual Statement
 Signature of Executive Director and Date

[Signature]
 4/16/10

2) To be completed for the Performance and Evaluation Report.
 Signature of Public Housing Director and Date

Page 4 of 7 Previous edition is obsolete

Office of Public and Indian Housing

Part II: Supporting Pages
Capital Fund Program (CFP)

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|--------------------------------|---|----------------------------|----------|------------------|------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| HA-WIDE OPERATIONS | Operations | 1406 | | \$526,594 | \$526,594 | | | |
| | OPERATIONS SUBTOTAL | | | \$526,594 | \$526,594 | | | |
| MANAGEMENT IMPROVEMENTS | Section 504/ Building Code/UFAS update training | 1408 | LOT | \$0 | \$0 | | | |
| | MANAGEMENT SUBTOTAL | | | \$0 | \$0 | | | |
| Nontechnical Salaries | Asset Management Fee | 1410 | LOT | \$263,297 | \$263,297 | | | |
| | NONTECHNICAL SUBTOTAL | | | \$263,297 | \$263,297 | | | |
| CGP Audit Cost | Audit Costs | 1411 | LOT | \$1,000 | \$1,000 | | | |
| | CGP AUDIT COST SUBTOTAL | | | \$1,000 | \$1,000 | | | |
| Arch. & Eng. Fees | A&E Fees | 1430.1 | LOT | \$176,724 | \$179,420 | | | |
| | ARCHITECTURAL SUBTOTAL | | | \$176,724 | \$179,420 | | | |

1) To be completed for Performance and Evaluation Report or a Revised Annual Assessment

2) To be completed for the Performance and Evaluation Report.

Signature of Executive Director and Date

Signature of Public Housing Director and Date

[Handwritten Signature]
 4/16/10

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

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) | |
|---|--|----------------------------|----------|---|-------------|---------------------|--------------------|---|--|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | | |
| Development | Supplement to RHF Funds Reduction | 1499 | LOT | \$99,459 | \$92,364 | | | These funds will be utilized to supplement BLI 1460 (Dwelling Structures) for the RHF Development | |
| | DEVELOPMENT SUBTOTAL | | | \$99,459 | \$92,364 | | | | |
| Nondwelling Equip. | Office equipment | 1475.1 | LOT | \$5,000 | \$5,000 | | | | |
| | NONDWELLING SUBTOTAL | | | \$5,000 | \$5,000 | | | | |
| Capital Funds | Contingency Account | 1502 | | \$182,098 | \$0 | | | | |
| | CONTINGENCY SUBTOTAL | | | \$182,098 | \$0 | | | | |
| | HA-WIDE SUBTOTAL | | | \$1,254,172 | \$1,067,675 | | | | |
| | GRAND TOTAL | | | \$2,632,972 | \$2,632,972 | | | | |
| 1) To be completed for Performance and Evaluation Report for a Revised Annual Statement | | | | 2) To be completed for the Performance and Evaluation Report. | | | | | |
| Signature of Executive Director and Date | | | | Signature of Public Housing Director and Date | | | | | |

[Handwritten Signature]
 2/11/67

Annual Statement/Performance and Evaluation Report

U.S. Department of Housing and Urban Development

Part III: Implementation Schedule
Capital Fund Program (CFP)

Office of Public and Indian Housing

Youngstown Metropolitan Housing Authority

| Development Number/Name HA-Wide Activities | All Funds Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reason for Revised Target Dates (2) |
|---|---|-------------|--|-------------|-------------------------------------|
| | Original | Revised (1) | Original | Revised (1) | |
| OH 2-001 Westlake Terrace | 7/1/2007 | | 6/30/2011 | | |
| OH 2-004 Kinwan Homes | 7/1/2007 | | 6/30/2011 | | |
| OH 2-005 P.L. Strait Homes (2-5E & 2-5F) | 7/1/2007 | | 6/30/2011 | | |
| OH 2-006 Vasu Manor | 7/1/2007 | | 6/30/2011 | | |
| OH 2-008 Norton Manor | 7/1/2007 | | 6/30/2011 | | |
| OH 2-009 Gutknecht Tower | 7/1/2007 | | 6/30/2011 | | |
| OH2-011 Struthers Manor | 7/1/2007 | | 6/30/2011 | | |
| OH2-012 Amedia Plaza | 7/1/2007 | | 6/30/2011 | | |
| OH2-014 Scattered Sites/ Sub Rehab | 7/1/2007 | | 6/30/2011 | | |
| -----HA Wide----- | 7/1/2007 | | 6/30/2011 | | |
| Computers/software | 7/1/2007 | | 6/30/2011 | | |
| Office Equipment | 7/1/2007 | | 6/30/2011 | | |
| Vehicles | 7/1/2007 | | 6/30/2011 | | |
| Maintenance Equipment | 7/1/2007 | | 6/30/2011 | | |
| Appliances | 7/1/2007 | | 6/30/2011 | | |
| Audit Costs | 7/1/2007 | | 6/30/2011 | | |
| Resident Initiative | 7/1/2007 | | 6/30/2011 | | |
| Contingency | 7/1/2007 | | 6/30/2011 | | |
| Operations | 7/1/2007 | | 6/30/2011 | | |
| Training | 7/1/2007 | | 6/30/2011 | | |
| Security/Law Enforcement | 7/1/2007 | | 6/30/2011 | | |
| Emergency Site Improve. | 7/1/2007 | | 6/30/2011 | | |
| Emergency Dwell. Struct. | 7/1/2007 | | 6/30/2011 | | |

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement
Signature of Executive Director and Date (mm/dd/yyyy)

[Signature]
6/1/10

2) To be completed for the Performance and Evaluation Report.
Signature of Public Housing Director and Date (mm/dd/yyyy)

Annual Statement / Performance and Evaluation Report

Part I: Summary

Capital Fund Program (CFP)

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

OMB Approval No. 2577-0157 (Exp. 3/31/2002)

H A Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY

Comprehensive Grant Number
OH12PP00250108

FFY of Grant Approval
2008

Original Annual Statement Reserved for Disasters/Emergencies
 Final Performance and Evaluation Report for Program Year Ending _____

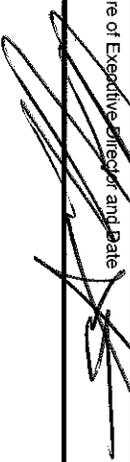
Revised Annual Statement/Revisi
Budget revisions

1 Performance and Evaluation Report for Program Year Ending _____

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (2) |
|----------|---|----------------------|--------------------|-----------------------|
| | | Original | Revised (1) | |
| 1 | Total Non-CGP Funds | | | |
| 2 | 1406 Operating Expenses(may not exceed 10% of line 20) | \$526,594 | \$526,594 | |
| 3 | 1408 Management Improvements | \$0 | \$0 | |
| 4 | 1410 Administration | \$263,297 | \$263,297 | |
| 5 | 1411 Audit | \$1,000 | \$1,000 | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | |
| 7 | 1430 Fees and Costs | \$339,183 | \$339,183 | |
| 8 | 1440 Site Acquisition | \$11,031 | \$11,031 | |
| 9 | 1450 Site Improvement | \$101,000 | \$1,000 | |
| 10 | 1460 Dwelling Structures | \$938,000 | \$1,186,000 | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$50,000 | \$0 | |
| 12 | 1470 Nondwelling Structures | \$2,000 | \$2,000 | |
| 13 | 1475 Nondwelling Equipment | \$5,000 | \$15,000 | |
| 14 | 1485 Demolition | \$200,000 | \$100,000 | |
| 15 | 1490 Replacement Reserve | \$0 | \$0 | |
| 16 | 1492 Moving to Work Demonstration | \$0 | \$0 | |
| 17 | 1495.1 Relocation Costs | \$0 | \$0 | |
| 18 | 1499 Development | \$0 | \$0 | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$211,900 | \$211,900 | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$2,649,005 | \$2,649,005 | |
| 21 | Amount of line 20 Related to LBP Activities | \$8,000 | \$0 | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | |
| 23 | Amount of Line 20 Related to Security | \$150,000 | \$0 | |
| 24 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | |

(1) To be completed for the Performance and Evaluation Report of Revised Annual Statement

Signature of Executive Director and Date

 9/16/10

(2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director

Page 1 of 7

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

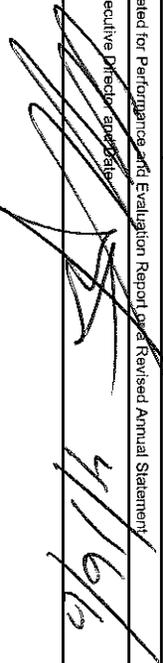
U.S. Department of Housing and Urban Development
 Office of Public and Indian Housing

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) | |
|---|--|--|--|---|---|--|--------------------|--|--|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | | |
| AMP 1: OH 2-001 Westlake Terrace Homes | Porch/patio repair/replacements Demolition of selected units (Westlake South) | 1450 1485 | LOT LOT | \$100,000 \$100,000 | \$0 \$100,000 | | | Ongoing demo application to be submit fiscal year 2008 | |
| AMP 4: OH2-024 Rockford Village | OH12P002001 SUBTOTAL Security Screens (partial) | 1460 | Subtotal LOT | \$200,000 | \$100,000 | | | | |
| AMP 5: OH2-04 Kirwan Homes | OH12P002024 SUBTOTAL Furnace repair and replacement Drainage Security Screens Demolition of Development Office flooring Roof Repairs | 1460 1450 1460 1485 1470 1460 | Subtotal LOT LOT LOT LOT LOT LOT | \$150,000 \$150,000 | \$0 \$1,000 \$1,000 \$50,000 \$2,000 \$100,000 | \$0 \$1,000 \$1,000 \$0 \$2,000 \$0 | | | pending viability study pending viability study |
| AMP 2: OH 2-005 P.L. Strait Homes 2-5E (Brier Hill Annex) | OH12P002004 SUBTOTAL 2-5E Partial/Full Development Demolition 2-5E Bathroom Renovation 2-5E Lead Testing | 1485 1460 1430 | Subtotal LOT LOT LOT | \$254,000 | \$4,000 | | | | Pending viability study Phase I |
| AMP 4: OH2-005 P.L. Strait Homes 2-5F (Victory) | 2-5F (Cameron/Mabel) Furnace Replacement 2-5F (Cameron/Mabel) Kitchen Upgrade 2-5F Exterior Renovations 2-5F Interior Renovations | 1460 1460 1460 1465 | LOT LOT LOT LOT | \$50,000 \$50,000 \$0 \$50,000 | \$0 \$0 \$5,872 \$845,000 | \$0 \$0 \$0 \$0 | | | |
| | OH12P002005 SUBTOTAL | | Subtotal | \$233,000 | \$850,872 | | | | |

1) To be completed for Performance and Evaluation Report and Revised Annual Statement

Signature of Executive Director/Inspector


 4/16/08

2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director/Office and Date

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

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|------------------------------------|---|----------------------------|----------|------------------|------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| AMP 5: OH 2-006 Struthers Manor | PTAC Installation Kitchen upgrade HC unit upgrade (showers) | 1460 | LOT | \$25,000 | \$0 | | | |
| | | 1460 | LOT | \$25,000 | \$0 | | | |
| | | 1460 | LOT | \$25,000 | \$100,000 | | | |
| VASU MANOR | | | | \$75,000 | \$100,000 | | | |
| OH12P002006 SUBTOTAL | | | | | | | | |
| AMP 3: OH 2-008 NORTON MANOR | Interior modernization/upgrades - conversion | 1460 | LOT | \$117,000 | \$0 | | | |
| | | | | \$117,000 | \$0 | | | |
| OH12P002008 SUBTOTAL | | | | | | | | |
| AMP 3: OH 2-009 Gutknecht Tower | PTAC Installation | 1460 | LOT | \$125,000 | \$0 | | | |
| | | | | \$125,000 | \$0 | | | |
| OH12P002009 SUBTOTAL | | | | | | | | |
| AMP 5: OH 2-011 Struthers Manor | Roof Replacement Trash Compactor Removal | 1460 | LOT | \$50,000 | \$0 | | | |
| | | 1460 | LOT | \$0 | \$9,328 | | | |
| | | | | \$50,000 | \$9,328 | | | |
| OH12P002011 SUBTOTAL | | | | | | | | |

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

Signature of Executive Director and Date

[Signature] 9/16/10

2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director and Date

Page 3 of 7 Previous edition is obsolete

form HUD-52837 (9/98)
 ref Handbook 7485.3

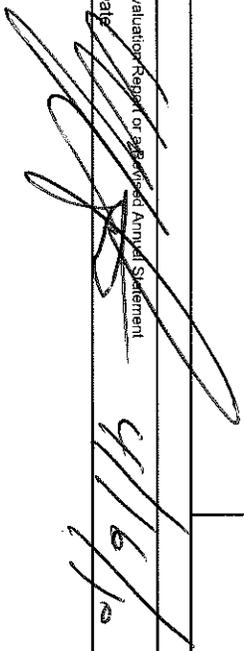
Annual Statement/Performance and Evaluation Report
Part II: Supporting Pages
Capital Fund Program (CFP)

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|--|---|----------------------------|------------|--------------------------------|-----------------------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| AMP 2: OH 2-012 C.A. Amedia | Kitchen Renovation Trash Compactor Removal OH12P002012 SUBTOTAL | 1460 1460 | LOT LOT | \$35,000 \$0 \$35,000 | \$200,000 \$9,800 \$209,800 | | | |
| AMPS 1,2,4,5: OH 2-014 Scattered Site | Kitchen upgrades OH12P002014 SUBTOTAL | 1460 | LOT | \$30,000 \$30,000 | \$0 \$0 | | | |
| AMP 2: OH 2-015 Scattered Site | Exterior Renovations Water meter splits OH12P002015 SUBTOTAL | 1460 1460 | LOT LOT | \$5,000 \$5,000 \$10,000 | \$0 \$5,000 \$5,000 | | | |
| AMP 4: OH 2-016 Scattered Site | Exterior Renovations Water meter / plumbing repair OH12P002016 SUBTOTAL | 1460 1460 | LOT LOT | \$0 \$10,000 \$10,000 | \$0 \$10,000 \$10,000 | | | |
| AMP 2: OH 2-018 Scattered Site | Exterior Renovations OH12P002018 SUBTOTAL | 1460 | LOT | \$10,000 \$10,000 | \$0 \$0 | | | |
| SITE SUBTOTAL | | | | \$1,299,000 | \$1,289,000 | | | |

1) To be completed for Performance and Evaluation Report or approved Annual Statement
 Signature of Executive Director and Date


 4/16/10

2) To be completed for the Performance and Evaluation Report:
 Signature of Public Housing Director and Date

Page 4 of 7 Previous edition is obsolete

Office of Public and Indian Housing

Part II: Supporting Pages
Capital Fund Program (CFP)

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|--------------------------------|--|----------------------------|----------|------------------|------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| HA-WIDE OPERATIONS | Operations | 1406 | | \$526,594 | \$526,594 | | | |
| | OPERATIONS SUBTOTAL | | | \$526,594 | \$526,594 | | | |
| MANAGEMENT IMPROVEMENTS | Property Viability study to increase occupancy or decrease unit count. Split evenly between AMPS 1-5 | 1430 | LOT | \$114,459 | \$114,459 | | | |
| | MANAGEMENT SUBTOTAL | | | \$114,459 | \$114,459 | | | |
| Nontechnical Salaries | Asset Management Fee | 1410 | LOT | \$263,297 | \$263,297 | | | |
| | NONTECHNICAL SUBTOTAL | | | \$263,297 | \$263,297 | | | |
| CGP Audit Cost | Audit Costs | 1411 | LOT | \$1,000 | \$1,000 | | | |
| | CGP AUDIT COST SUBTOTAL | | | \$1,000 | \$1,000 | | | |
| Arch. & Eng. Fees | A&E Fees | 1430.1 | LOT | \$216,724 | \$216,724 | | | |
| | ARCHITECTURAL SUBTOTAL | | | \$216,724 | \$216,724 | | | |

1) To be completed for Performance and Evaluation Report and Revised Annual Statement
 Signature of Executive Director and Date

[Handwritten Signature]
 4/1/10

2) To be completed for the Performance and Evaluation Report.
 Signature of Public Housing Director and Date

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

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

Youngstown Metropolitan Housing Authority

| Development Number/Name | General Description of Major Work Categories | Development Account Number | Quantity | Estimated Cost | | Total Actual Cost | | Status of Proposed Work (2) |
|---------------------------|---|----------------------------|-------------------|--------------------|--------------------|---------------------|--------------------|-----------------------------|
| | | | | Original | Revised (1) | Funds Obligated (2) | Funds Expended (2) | |
| Site Acquisition | For potential acquisition of infill lots for future dev. DEVELOPMENT SUBTOTAL | 1440 | LOT | \$11,031 | \$11,031 | | | |
| | | | | \$11,031 | \$11,031 | | | |
| | | | | | | | | |
| Nondwelling Equip. | Lobby/Office furniture for Struthers (AMP 5, 5-011) Lobby/Office furniture for Amedia (AMP 2, 2-012) Lobby/Office furniture for Norton (AMP 3, 3-008) NONDWELLING SUBTOTAL | 1475.1 1475.1 1475.1 | LOT LOT LOT | \$0 | \$5,000 | | | |
| | | | | \$0 | \$5,000 | | | |
| | | | | \$5,000 | \$5,000 | | | |
| Capital Funds Contingency | Contingency Account CONTINGENCY SUBTOTAL HA-WIDE SUBTOTAL | 1502 | | \$211,900 | \$211,900 | | | |
| | | | | \$211,900 | \$211,900 | | | |
| | | | | \$5,000 | \$5,000 | | | |
| GRAND TOTAL | | | | \$2,649,005 | \$2,639,005 | | | |

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

Signature of Executive Director and Date

[Signature] 4/16/10

2) To be completed for the Performance and Evaluation Report

Signature of Public Housing Director and Date

Page 6 of 7 Previous edition is obsolete

Annual Statement/Performance and Evaluation Report

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

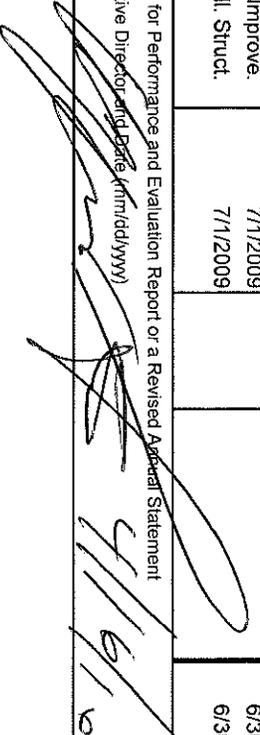
Youngstown Metropolitan Housing Authority

Part III: Implementation Schedule
Capital Fund Program (CFP)

| Development Number/Name H/A-Wide Activities | All Funds Obligated (Quarter Ending Date) | | All Funds Expended (Quarter Ending Date) | | Reason for Revised Target Dates (2) |
|--|---|-------------|--|-------------|-------------------------------------|
| | Original | Revised (1) | Original | Revised (1) | |
| OH 2-001 Westlake Terrace | 7/1/2009 | | 6/30/2012 | | |
| OH 2-004 Kinwan Homes | 7/1/2009 | | 6/30/2012 | | |
| OH 2-005 P.L. Strait Homes (2-5E & 2-5F) | 7/1/2009 | | 6/30/2012 | | |
| OH 2-006 Vasu Manor | 7/1/2009 | | 6/30/2012 | | |
| OH 2-008 Norton Manor | 7/1/2009 | | 6/30/2012 | | |
| OH 2-009 Gutkrecht Tower | 7/1/2009 | | 6/30/2012 | | |
| OH2-011 Struthers Manor | 7/1/2009 | | 6/30/2012 | | |
| OH2-012 Amedia Plaza | 7/1/2009 | | 6/30/2012 | | |
| OH2-014 Scattered Sites/ Sub Rehab | 7/1/2009 | | 6/30/2012 | | |
| -----H/A Wide----- | 7/1/2009 | | 6/30/2012 | | |
| Computers/software | 7/1/2009 | | 6/30/2012 | | |
| Office Equipment | 7/1/2009 | | 6/30/2012 | | |
| Vehicles | 7/1/2009 | | 6/30/2012 | | |
| Maintenance Equipment | 7/1/2009 | | 6/30/2012 | | |
| Appliances | 7/1/2009 | | 6/30/2012 | | |
| Audit Costs | 7/1/2009 | | 6/30/2012 | | |
| Resident Initiative | 7/1/2009 | | 6/30/2012 | | |
| Contingency | 7/1/2009 | | 6/30/2012 | | |
| Operations | 7/1/2009 | | 6/30/2012 | | |
| Training | 7/1/2009 | | 6/30/2012 | | |
| Security/Law Enforcement | 7/1/2009 | | 6/30/2012 | | |
| Emergency Site Improve. | 7/1/2009 | | 6/30/2012 | | |
| Emergency Dwell. Struct. | 7/1/2009 | | 6/30/2012 | | |

1) To be completed for Performance and Evaluation Report or a Revised Annual Statement
Signature of Executive Director and Date (mm/dd/yyyy)

2) To be completed for the Performance and Evaluation Report.
Signature of Public Housing Director and Date (mm/dd/yyyy)



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 (Exp. 4/30/2011)

Part I: Summary

PH A Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY
Total Cap Plan All Amps

Grant Type and Number
Capital Fund Program Grant No: 10
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant: 2010
FFY of Grant Approval: 2009

Type of Grant

- Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
- Reserved for Disasters/Emergencies
- Revised Annual Statement/Revision Number _____
- Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) 3 | \$504,445 | \$504,445 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$252,224 | \$252,224 | | |
| 5 | 1411 Audit | \$1,000 | \$1,000 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$189,450 | \$189,450 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$63,750 | \$35,500 | | |
| 10 | 1460 Dwelling Structures | \$1,249,871 | \$905,636 | | |
| 11 | 1465 1 Dwelling Equipment-Nonexpendable | \$7,500 | \$7,500 | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$100,000 | \$472,485 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495 1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

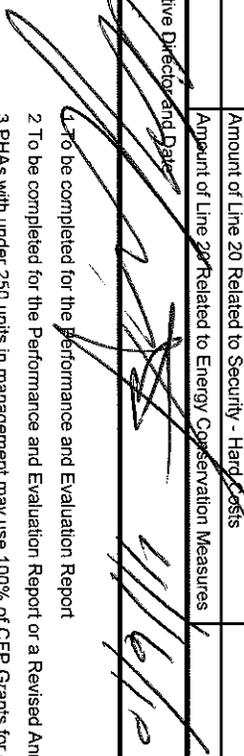
- 1 To be completed for the Performance and Evaluation Report
- 2 To be completed for the Performance and Evaluation Report or a Revised Annual Statement
- 3 PHAs with under 250 units in management may use 100% of CFP Grants for operations.
- 4 RHF funds shall be included here

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

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

Part I: Summary

| | |
|--|--|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan All Amps | Grant Type and Number Capital Fund Program Grant No: 10 Replacement Housing Factor Grant No: Date of CFFP: |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending _____ | <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement/Revision Number _____ <input type="checkbox"/> Final Performance and Evaluation Report |

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$153,984 | \$153,984 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$2,522,224 | \$2,522,224 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$20,000 | \$20,000 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$200,000 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$261,450 | \$267,848 | | |
| Signature of Executive Director and Date  4/16/10 | | Signature of Public Housing Director X | | | |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 1 | Grant Type and Number Capital Fund Program Grant No: 10 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) 3 | \$96,827 | \$96,827 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$50,000 | \$50,000 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$0 | \$0 | | |
| 10 | 1460 Dwelling Structures | \$257,000 | \$257,000 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$0 | \$0 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

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

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

Part I: Summary

| | |
|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 1 | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No.: Date of CFFP: |
| FFY of Grant: 2010 FFY of Grant Approval: 2009 | |

Type of Grant

Original Annual Statement
 Reserved for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending _____
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$403,827 | \$403,827 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | |
| Signature of Executive Director <i>[Signature]</i> and Date <i>4/11/10</i> | | Signature of Public Housing Director <i>[Signature]</i> | | | |

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

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

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

Part I: Summary

PH A Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY
Total Cap Plan AMP 2

Grant Type and Number
Capital Fund Program Grant No.: 10
Replacement Housing Factor Grant No.:
Date of CFFP:

FFY of Grant: 2010
FFY of Grant Approval: 2009

Type of Grant

- Original Annual Statement Reserved for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending _____ Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) 3 | \$106,644 | \$106,644 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$58,000 | \$58,000 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$22,000 | \$22,000 | | |
| 10 | 1460 Dwelling Structures | \$406,485 | \$34,000 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$7,500 | \$7,500 | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$100,000 | \$472,485 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

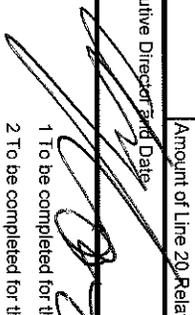
Annual Statement / Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 2 | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$700,629 | \$700,629 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$20,000 | \$20,000 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$100,000 | \$0 | | |
| Signature of Executive Director and Date X  4/16/10 | | Signature of Public Housing Director X | | | |

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

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

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

Part II: Supporting Pages

| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 2 | | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No: | | FFY of Grant: 2010 FFY of Grant Approval: 2009 | | Total Actual Cost | | Status of Work |
|--|---|---|----------|---|-----------|-------------------|------------------|----------------|
| Development Number Name/PHA - Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Funds Obligated 2 | Funds Expended 2 | |
| | | | | Original | Revised 1 | | | |
| 2-5E Brier Hill | Demolition | 1485 | | 100,000 | 472,485 | - | - | |
| 2-5E Brier Hill | Gutter Repairs | 1460 | | 32,485 | - | - | - | |
| 2-5E Brier Hill | Kitchen Renovations | 1460 | | 100,000 | - | - | - | |
| 2-5E Brier Hill | Bathroom Renovations | 1460 | | 90,000 | - | - | - | |
| 2-5E Brier Hill | New Doors | 1460 | | 100,000 | - | - | - | |
| 2-5E Brier Hill | Modernization | 1460 | | 50,000 | - | - | - | |
| 2-5E Brier Hill | 504 Office Renovations | 1460 | | 10,000 | 10,000 | - | - | |
| 2-5E Brier Hill | Landscape Improvements | 1450 | | 10,000 | 10,000 | - | - | |
| 2-5E Brier Hill | Park Improvements | 1450 | | 1,000 | 1,000 | - | - | |
| 2-5E Brier Hill | A&E Fees | 1430 | | 58,000 | 58,000 | - | - | |
| 2-12 Amedia | Kitchen Renovations | 1460 | | 15,000 | 15,000 | - | - | |
| 2-12 Amedia | 504 Office Renovations | 1450 | | 10,000 | 10,000 | - | - | |
| 2-12 Amedia | Elevator Lobby Furniture | 1465.1 | | 7,500 | 7,500 | - | - | |
| 2-12 Amedia | Interior Renovations | 1460 | | 5,000 | 5,000 | - | - | |
| 2-12 Amedia | Parking Lot Improvements | 1450 | | 1,000 | 1,000 | - | - | |
| 2-5 PL Strait | Interior Renovations | 1460 | | 1,000 | 1,000 | - | - | |
| 2-5 PL Strait | Exterior Renovations | 1460 | | 1,000 | 1,000 | - | - | |
| 2-14 Scattered Sites | Interior Renovations | 1460 | | 1,000 | 1,000 | - | - | |
| 2-14 Scattered Sites | Exterior Renovations | 1460 | | 1,000 | 1,000 | - | - | |
| AMP 2 | Operations | 1406 | | 106,644 | 106,644 | - | - | |

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.

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 (Exp. 4/30/2011)

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 3 | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant

- Original Annual Statement
 Reserved for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: _____
 Revised Annual Statement/Revision Number: _____
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|---|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses (may not exceed 20% of line 21) 3 | \$95,472 | \$95,472 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$20,000 | \$20,000 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$1,000 | \$1,000 | | |
| 10 | 1460 Dwelling Structures | \$75,648 | \$241,000 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$0 | \$0 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No: 10 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
| Total Cap Plan AMP 3 | | |

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$192,120 | \$357,472 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | |
| X | Signature of Executive Director and Date  4/16/10 | | | X | Signature of Public Housing Director |

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

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

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

| | | |
|---|--|---|
| Part I: Summary | Grant Type and Number Capital Fund Program Grant No: 10 Replacement Housing Factor Grant No: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY | Date of CFFP: | |
| Total Cap Plan AMP 4 | | |

| Line No | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|---------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | Operating Expenses (may not exceed 20% of line 21) 3 | \$101,905 | \$101,905 | | |
| 3 | Management Improvements | \$0 | \$0 | | |
| 4 | Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | Audit | \$0 | \$0 | | |
| 6 | Liquidated Damages | \$0 | \$0 | | |
| 7 | Fees and Costs | \$32,000 | \$32,000 | | |
| 8 | Site Acquisition | \$0 | \$0 | | |
| 9 | Site Improvement | \$40,750 | \$12,500 | | |
| 10 | Dwelling Structures | \$404,000 | \$271,848 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | 1470 Nordwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nordwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$0 | \$0 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 4 | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant: Original Annual Statement Reserved for Disasters/Emergencies Revised Annual Statement/Revision Number _____

Performance and Evaluation Report for Period Ending _____ Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$578,655 | \$418,253 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$200,000 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$128,250 | \$267,848 | | |
| Signature of Executive Director and Date:  | | Signature of Public Housing Director: X | | | |

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

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

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

Part II: Supporting Pages

| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 4 | | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No: | | FFY of Grant: 2010 FFY of Grant Approval: 2009 | | Date of CFFP: | | Status of Work | |
|--|---|---|----------|---|-----------|----------------------|---------------------|----------------|--|
| Development Number Name/PHA - Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost Original | Revised 1 | Funds Obligated 2 | Funds Expended 2 | | |
| 2-3 Rockford | Security Screens | 1460 | | 200,000 | - | - | - | | |
| 2-3 Rockford | Insulation Improvements | 1450 | | 28,250 | - | - | - | | |
| 2-5F Victory | Interior Renovation | 1460 | | 100,000 | - | - | - | | |
| 2-5F Victory | Exterior Replacement | 1460 | | 100,000 | 267,848 | - | - | | |
| 2-5F Victory | Landscape Improvements | 1450 | | 5,000 | 5,000 | - | - | | |
| 2-5F Victory | A&E Fees | 1430 | | 32,000 | 32,000 | - | - | | |
| 2-16 Scattered Site | Interior Repairs | 1460 | | 1,000 | 1,000 | - | - | | |
| 2-16 Scattered Site | Water Meter/Plumbing repairs | 1450 | | 7,500 | 7,500 | - | - | | |
| 2-16 Scattered Site | Exterior Repairs | 1460 | | 1,000 | 1,000 | - | - | | |
| 2-14 Scattered Site | Exterior Repairs | 1460 | | 1,000 | 1,000 | - | - | | |
| 2-14 Scattered Site | Interior Repairs | 1460 | | 1,000 | 1,000 | - | - | | |
| AMP 4 | Operations | 1406 | | 101,905 | 101,905 | - | - | | |

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.

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 (Exp. 4/30/2011)

Part I: Summary

| | | |
|---|--|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No.: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
| Total Cap Plan AMP 5 | | Date of CFFP: |

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|---|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | Operating Expenses(may not exceed 20% of line 21) 3 | \$103,597 | \$103,597 | | |
| 3 | Management Improvements | \$0 | \$0 | | |
| 4 | Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | Audit | \$0 | \$0 | | |
| 6 | Liquidated Damages | \$0 | \$0 | | |
| 7 | Fees and Costs | \$29,450 | \$29,450 | | |
| 8 | Site Acquisition | \$0 | \$0 | | |
| 9 | Site Improvement | \$0 | \$0 | | |
| 10 | Dwelling Structures | \$106,738 | \$101,788 | | |
| 11 | Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | Nondwelling Structures | \$0 | \$0 | | |
| 13 | Nondwelling Equipment | \$0 | \$0 | | |
| 14 | Demolition | \$0 | \$0 | | |
| 15 | Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | Relocation Costs | \$0 | \$0 | | |
| 17 | Development 4 | \$0 | \$0 | | |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 5 | Grant Type and Number Capital Fund Program Grant No.: 10 Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$239,785 | \$234,835 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$33,200 | \$0 | | |
| Signature of Executive Director and Date | | Signature of Public Housing Director | | | |

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

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

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

Part II: Supporting Pages

| 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 | |
| 2-4 Kinwan | Furnace Replacement | 1460 | | 33,200 | - | - | - | |
| 2-4 Kinwan | Interior Renovations | 1460 | | 15,750 | 15,750 | - | - | |
| 2-4 Kinwan | A&E Fees | 1430 | | 10,000 | 10,000 | - | - | |
| 2-11 Struthers | Interior Upgrades | 1460 | | 1,000 | 1,000 | - | - | |
| 2-11 Struthers | Exterior Upgrades | 1460 | | 1,000 | 1,000 | - | - | |
| 2-14 Scattered Site | Interior Upgrades | 1460 | | 1,000 | 1,000 | - | - | |
| 2-14 Scattered Site | Exterior Upgrades | 1460 | | 1,000 | 1,000 | - | - | |
| 2-5E PL Strait | Interior Upgrades | 1460 | | 1,000 | 1,000 | - | - | |
| 2-5E PL Strait | Exterior Upgrades | 1460 | | 1,000 | 1,000 | - | - | |
| 2-6 Vasu | A&E Fees | 1430 | | 19,450 | 19,450 | - | - | |
| 2-6 Vasu | Plumbing Upgrades/Bathrooms | 1460 | | 50,000 | 50,000 | - | - | |
| 2-6 Vasu | Interior Renovations | 1460 | | 1,788 | 30,038 | - | - | |
| AMP 5 | Operations | 1406 | | 103,597 | 103,597 | - | - | |

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.

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 | | Grant Type and Number | |
| PHA Name: Youngstown Metropolitan Housing Authority Authority Wide | | Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | |
| | | FFY of Grant: 2011 FFY of Grant Approval: 2010 | |

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | Reserve for Disasters/Emergencies <input type="checkbox"/> | Original | Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | | Total Actual Cost ¹ Expended |
|------|---|---|-------------|--|----------------------|--|
| | | | | Total Estimated Cost | Revised ² | |
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | \$504,445 | | | |
| 3 | 1408 Management Improvements | | \$5,000 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | \$252,222 | | | |
| 5 | 1411 Audit | | \$1,000 | | | |
| 6 | 1415 Liquidated Damages | | \$0 | | | |
| 7 | 1430 Fees and Costs | | \$7,000 | | | |
| 8 | 1440 Site Acquisition | | \$4,000 | | | |
| 9 | 1450 Site Improvement | | \$18,000 | | | |
| 10 | 1460 Dwelling Structures | | \$16,000 | | | |
| 11 | 1465.1 Dwelling Equipment—Nonependable | | \$0 | | | |
| 12 | 1470 Non-dwelling Structures | | \$1,000 | | | |
| 13 | 1475 Non-dwelling Equipment | | \$10,000 | | | |
| 14 | 1485 Demolition | | \$152,000 | | | |
| 15 | 1492 Moving to Work Demonstration | | \$0 | | | |
| 16 | 1495.1 Relocation Costs | | \$102,000 | | | |
| 17 | 1499 Development Activities ⁴ | | \$1,449,551 | | | |

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

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

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

| | | | | | | | |
|------------------------|--|--|--|--|--|---|--|
| Part I: Summary | | PHFA Name: Youngstown Metropolitan Housing Authority | | Grant Type and Number Capital Fund Program Grant No. 2010 Replacement Housing Factor Grant No: Date of CFFP: | | FY of Grant: 2011 FFY of Grant Approval: 2010 | |
|------------------------|--|--|--|--|--|---|--|

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

| Line | Summary by Development Account | Total Estimated Cost | Original | Revised ² | Obligated | Total Actual Cost ¹ | Expended |
|---------------------------------|--|----------------------|-------------|--------------------------------------|-----------|--------------------------------|----------|
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | | | | | |
| 18ba | 9000 Collateralization or Debt Service paid Via System of Direct Payment | | | | | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | | | | | | |
| 20 | Amount of Annual Grant: (sum of lines 2 - 19) | | \$2,522,224 | | | | |
| 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 RHF to be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

| | | | |
|---|--|---|--|
| Part I: Summary | | FFY of Grant: 2011 | |
| PHA Name: Youngstown Metropolitan Housing Authority Amp 1 | | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFPP: | |

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | Reserve for Disasters/Emergencies <input type="checkbox"/> | Revised Annual Statement (revision no:) | | Total Actual Cost ¹ Expended |
|------|---|---|--|----------------------|--|
| | | | Original | Revised ² | |
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | | \$96,827 | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495.1 Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

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

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

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

| | | | |
|--|---|-----------------------------|--|
| Part I: Summary | | FFY of Grant: 2011 | |
| PHA Name: Youngstown Metropolitan Housing Authority | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: 2010 | |

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ | Expended |
|---------------------------------|--|--------------------------------------|----------------------|--------------------------------|----------|
| | | Original | Revised ² | | |
| 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) | \$2,522,224 | | | |
| 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 | | 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 RHP funds shall be included here.

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

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

| | | | |
|---|--|---|--|
| Part I: Summary | | | |
| PHA Name: Youngstown Metropolitan Housing Authority Amp 2 | | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | | <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | |

| Line | Summary by Development Account | Original | Total Estimated Cost Revised ² | Obligated | Total Actual Cost ¹ Expended |
|------|--|-----------|---|-----------|---|
| 1 | Total non-CFP Funds | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$106,644 | | | |
| 3 | 1408 Management Improvements | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | 1411 Audit | | | | |
| 6 | 1415 Liquidated Damages | | | | |
| 7 | 1430 Fees and Costs | | | | |
| 8 | 1440 Site Acquisition | | | | |
| 9 | 1450 Site Improvement | | | | |
| 10 | 1460 Dwelling Structures | | | | |
| 11 | 1465 I Dwelling Equipment—Nonexpendable | | | | |
| 12 | 1470 Non-dwelling Structures | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | |
| 14 | 1485 Demolition | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | |
| 16 | 1495 I Relocation Costs | | | | |
| 17 | 1499 Development Activities ⁴ | | | | |

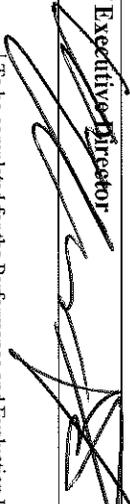
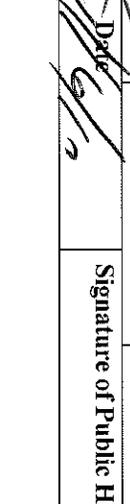
¹ To be completed for the Performance and Evaluation Report.
² To be completed for the Performance and Evaluation Report or a Revised Annual Statement.
³ PHAs with under 250 units in management may use 100% of CFP Grants for operations.
⁴ RHF funds shall be included here.

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

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

| | | | |
|---|--|-----------------------------|--|
| Part I: Summary | | FFY of Grant: 2011 | |
| PHA Name: Youngstown Metropolitan Housing Authority | | FFY of Grant Approval: 2010 | |
| Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | | | |

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

| Line | Description | Total Estimated Cost | Obligated | Total Actual Cost ¹ | Expended |
|---|--|----------------------|----------------------|--|----------|
| | | Original | Revised ² | | |
| 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) | \$2,522,224 | | | |
| 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 | |
|  | | 6/1/11 | |  | |

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

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

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

Part II: Supporting Pages

| 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 | |
| OH 2-005 PL Strait Scattered | Design fees | 1430 | Lot | \$1,000 | | | | |
| OH 2-005 PL Strait Scattered | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | | | |
| OH 2-005 PL Strait | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | | | |
| OH 2-014 Scattered | Site acquisition | 1440 | Lot | \$1,000 | | | | |
| OH 2-014 Scattered | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | | | |
| OH 2-014 Scattered | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | | | |
| OH 2-015 Scattered | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | | | |
| OH 2-015 Scattered | Bath/kitchen renovation | 1460 | Lot | \$1,000 | | | | |
| OH 2-018 Scattered | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | | | |
| OH 2-018 Scattered | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | | | |
| OH 2-05e Brier Hill | Management Improvements | 1408 | Lot | \$1,000 | | | | |
| OH 2-05e Brier Hill | New maintenance truck | 1475 | Lot | \$1,000 | | | | |
| OH 2-05e Brier Hill | New office equipment | 1475 | Lot | \$1,000 | | | | |
| OH 2-012 Amedia | Brick tuck pointing | 1450 | Lot | \$1,000 | | | | |
| OH 2-012 Amedia | Resident community room renovations | 1460 | Lot | \$1,000 | | | | |
| OH 2-012 Amedia | Operations | 1406 | Lot | \$106,644 | | | | |

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

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: Youngstown Metropolitan Housing Authority Amp 3 | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: |
| FFY of Grant: 2011 FFY of Grant Approval: 2010 | |

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: Summary by Development Account | Original | Total Estimated Cost | Revised ² | Obligated | Total Actual Cost ¹ |
|------|---|----------|----------------------|----------------------|-----------|--------------------------------|
| 1 | Total non-CFP Funds | | | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$95,472 | | | | |
| 3 | 1408 Management Improvements | | | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | | | |
| 5 | 1411 Audit | | | | | |
| 6 | 1415 Liquidated Damages | | | | | |
| 7 | 1430 Fees and Costs | | | | | |
| 8 | 1440 Site Acquisition | | | | | |
| 9 | 1450 Site Improvement | | | | | |
| 10 | 1460 Dwelling Structures | | | | | |
| 11 | 1465 J. Dwelling Equipment—Nonexpendable | | | | | |
| 12 | 1470 Non-dwelling Structures | | | | | |
| 13 | 1475 Non-dwelling Equipment | | | | | |
| 14 | 1485 Demolition | | | | | |
| 15 | 1492 Moving to Work Demonstration | | | | | |
| 16 | 1495 J. Relocation Costs | | | | | |
| 17 | 1499 Development Activities ⁴ | | | | | |

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

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

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

| | | | |
|--|--|------------------------------------|---|
| Part I: Summary | | FFY of Grant: 2011 | |
| PHA Name: Youngstown Metropolitan Housing Authority | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: 2010 | |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Revised Annual Statement (revision no:) <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Total Estimated Cost | Total Actual Cost¹ |
| | | Original | Revised² |
| | | Obligated | Expended |
| 18a | 1501 Collateralization or Debt Service paid by the PHA | | |
| 18ba | 9090 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) | \$2,522,224 | |
| 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 |

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

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

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

| | | |
|---|--|---|
| Part I: Summary PHA Name: Youngstown Metropolitan Housing Authority Amp 4 | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2011 FFY of Grant Approval: 2010 |
|---|--|---|

| Type of Grant | | | Revised Annual Statement (revision no:) | |
|--|--|-----------|---|---|
| <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report | | | |
| Line | Summary by Development Account | Original | Total Estimated Cost Revised ² | Total Actual Cost ¹ Expended |
| 1 | Total non-CFP Funds | | | |
| 2 | 1406 Operations (may not exceed 20% of line 21) ³ | \$101,905 | | |
| 3 | 1408 Management Improvements | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | | | |
| 5 | 1411 Audit | | | |
| 6 | 1415 Liquidated Damages | | | |
| 7 | 1430 Fees and Costs | | | |
| 8 | 1440 Site Acquisition | | | |
| 9 | 1450 Site Improvement | | | |
| 10 | 1460 Dwelling Structures | | | |
| 11 | 1465 I Dwelling Equipment—Nonependable | | | |
| 12 | 1470 Non-dwelling Structures | | | |
| 13 | 1475 Non-dwelling Equipment | | | |
| 14 | 1485 Demolition | | | |
| 15 | 1492 Moving to Work Demonstration | | | |
| 16 | 1495 I Relocation Costs | | | |
| 17 | 1499 Development Activities ⁴ | | | |

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

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

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

| | | | |
|--|---|-----------------------------|--|
| Part I: Summary | | FFY of Grant: 2011 | |
| PHA Name: Youngstown Metropolitan Housing Authority | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: 2010 | |

| Line | Summary by Development Account | Total Estimated Cost | | Total Actual Cost ¹ |
|------|--|----------------------|----------------------|--------------------------------|
| | | Original | Revised ² | |
| 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) | \$2,522,224 | | |
| 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 4/16/10 _____ Signature of Public Housing Director _____ Date _____

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

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

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

Part II: Supporting Pages

PHA Name: Youngstown Metropolitan Housing Authority
 Amp 4

Grant Type and Number
 Capital Fund Program Grant No: 2010
 CEFP (Yes/ No):
 Replacement Housing Factor Grant No:

Federal FFY of Grant: 2011

| 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 | |
| OH 2-03 Rockford | Design fees | 1430 | Lot | \$1,000 | | | | |
| OH 2-03 Rockford | Fence reconditioning | 1450 | Lot | \$1,000 | | | | |
| OH 2-03 Rockford | Exterior Paint | 1450 | Lot | \$1,000 | | | | |
| OH 2-03 Rockford | Floor replacement | 1460 | Lot | \$1,000 | | | | |
| OH 2-05F Victory | Design fees | 1430 | Lot | \$1,000 | | | | |
| OH 2-05F Victory | Site Acquisition | 1440 | Lot | \$1,000 | | | | |
| OH 2-05F Victory | Storm Drain replacement | 1450 | Lot | \$1,000 | | | | |
| OH 2-05F Victory | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | | | |
| OH 2-05F Victory | Demolition | 1485 | Lot | \$1,000 | | | | |
| OH 2-05F Victory | Relocation costs | 1495 | Lot | \$1,000 | | | | |
| OH 2-014 Scattered | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | | | |
| OH 2-014 Scattered | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | | | |
| OH 2-016 Scattered | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | | | |
| OH 2-016 Scattered | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | | | |
| OH 2-03 Rockford | Management Improvements | 1408 | Lot | \$1,000 | | | | |
| OH 2-03 Rockford | New maintenance truck | 1475 | Lot | \$1,000 | | | | |
| OH 2-05F Victory | New office equipment | 1475 | Lot | \$1,000 | | | | |
| OH 2-03 Rockford | Operations | 1406 | Lot | \$101,905 | | | | |

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.

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 | | Grant Type and Number | |
| PHA Name: Youngstown Metropolitan Housing Authority Amp 5 | | Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | |
| | | FFY of Grant: 2011 FFY of Grant Approval: 2010 | |

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | Summary by Development Account | Original | Revised Annual Statement (revision no:) | | Total Actual Cost ¹ |
|------|---|--|-----------|--|---|--------------------------------|
| | | | | Total Estimated Cost ² | Final Performance and Evaluation Report | |
| 1 | | Total non-CFP Funds | | | | |
| 2 | | 1406 Operations (may not exceed 20% of line 21) ³ | \$103,597 | | | |
| 3 | | 1408 Management Improvements | | | | |
| 4 | | 1410 Administration (may not exceed 10% of line 21) | | | | |
| 5 | | 1411 Audit | | | | |
| 6 | | 1415 Liquidated Damages | | | | |
| 7 | | 1430 Fees and Costs | | | | |
| 8 | | 1440 Site Acquisition | | | | |
| 9 | | 1450 Site Improvement | | | | |
| 10 | | 1460 Dwelling Structures | | | | |
| 11 | | 1465.1 Dwelling Equipment—Nonexpendable | | | | |
| 12 | | 1470 Non-dwelling Structures | | | | |
| 13 | | 1475 Non-dwelling Equipment | | | | |
| 14 | | 1485 Demolition | | | | |
| 15 | | 1492 Moving to Work Demonstration | | | | |
| 16 | | 1495.1 Relocation Costs | | | | |
| 17 | | 1499 Development Activities ⁴ | | | | |

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

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

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

| | | | |
|--|---|-----------------------------|--|
| Part I: Summary | | FFY of Grant: 2011 | |
| PHA Name: Youngstown Metropolitan Housing Authority | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant Approval: 2010 | |

| Line | Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Performance and Evaluation Report for Period Ending: | 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) | \$2,522,224 | | | |
| 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 | | | Signature of Public Housing Director | | Date | |

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

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

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

| Part II: Supporting Pages | | Grant Type and Number | | Federal FFY of Grant: 2011 | | |
|--|---|--|----------|----------------------------|-------------------|----------------|
| PHA Name: Youngstown Metropolitan Housing Authority Amp 5 | | Capital Fund Program Grant No: 2010 CFPP (Yes/ No): Replacement Housing Factor Grant No: | | | | |
| 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 |
| OH 2-04 Kirwan | Design fees | 1430 | Lot | \$1,000 | | |
| OH 2-04 Kirwan | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | |
| OH 2-04 Kirwan | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | |
| OH 2-04 Kirwan | Demolition | 1485 | Lot | \$1,000 | | |
| OH 2-04 Kirwan | Relocation | 1495 | Lot | \$1,000 | | |
| OH 2-06 Vasu | Parking lot reconditioning | 1450 | Lot | \$1,000 | | |
| OH 2-06 Vasu | Resident Library renovations | 1460 | Lot | \$1,000 | | |
| OH 2-011 Struthers | Design fees | 1430 | Lot | \$1,000 | | |
| OH 2-011 Struthers | Parking lot reconditioning | 1450 | Lot | \$1,000 | | |
| OH 2-011 Struthers | Resident Library renovations | 1460 | Lot | \$1,000 | | |
| OH 2-014 Scattered | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | |
| OH 2-014 Scattered | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | |
| OH 2-005 PL Strait | Roof/siding/gutter replacement | 1450 | Lot | \$1,000 | | |
| Scattered | Bath/kitchen renovations | 1460 | Lot | \$1,000 | | |
| OH 2-04 Kirwan | Management Improvements | 1408 | Lot | \$1,000 | | |
| OH 2-04 Kirwan | New maintenance truck | 1475 | Lot | \$1,000 | | |
| OH2-011 Struthers | New office equipment | 1475 | Lot | \$1,000 | | |
| OH 2-04 Kirwan | Operations | 1406 | Lot | \$103,597 | | |

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.

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

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

| | | | |
|--|---|-----------------------------|--|
| Part I: Summary | | FFY of Grant: 2011 | |
| PHA Name: Youngstown Metropolitan Housing Authority | Grant Type and Number Capital Fund Program Grant No: 2010 Replacement Housing Factor Grant No: Date of CFPP: | FFY of Grant Approval: 2010 | |

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 |
| 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) | \$,522,224 | | | |
| 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  | | 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 CFPP Grants for operations.
⁴ RHF funds shall be included here.

Annual Statement / Performance and Evaluation Report

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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

Part I: Summary

PH A Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY
Total Cap Plan All Amps

Grant Type and Number
Capital Fund Program Grant No.: CFFRG
Replacement Housing Factor Grant No.:
Date of CFFP:

FFY of Grant: 2010
FFY of Grant Approval: 2009

Type of Grant

- Original Annual Statement
 Reserved for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending _____
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) 3 | \$0 | \$0 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$354,075 | \$354,075 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$0 | \$0 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$0 | \$0 | | |
| 10 | 1460 Dwelling Structures | \$3,544,445 | \$3,544,445 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$0 | \$0 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

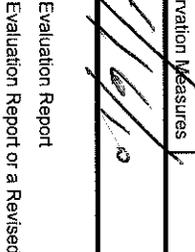
Annual Statement / Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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

Part I: Summary

| | | |
|---|---|---|
| PHA Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan All Amps | Grant Type and Number Capital Fund Program Grant No.: CFRG Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant: Original Annual Statement Reserved for Disasters/Emergencies Revised Annual Statement/Revision Number _____
 Performance and Evaluation Report for Period Ending _____ Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$3,898,520 | \$3,898,520 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$225,000 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$79,000 | \$0 | | |
| Signature of Executive Director and Date | |  | | Signature of Public Housing Director | |
| X | | | | X | |

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

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

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

OMB No. 2577-0226 (Exp. 4/30/2011)

Part I: Summary

| | | |
|--|--|--|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 1 | Grant Type and Number Capital Fund Program Grant No.: CFRG Replacement Housing Factor Grant No.: | FFY of Grant 2010 FFY of Grant Approval: 2009 |
| Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserved for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending _____ <input type="checkbox"/> Revised Annual Statement/Revision Number _____ <input type="checkbox"/> Final Performance and Evaluation Report | | |

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) 3 | \$0 | \$0 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$0 | \$0 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$0 | \$0 | | |
| 10 | 1460 Dwelling Structures | \$22,900 | \$0 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$0 | \$0 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

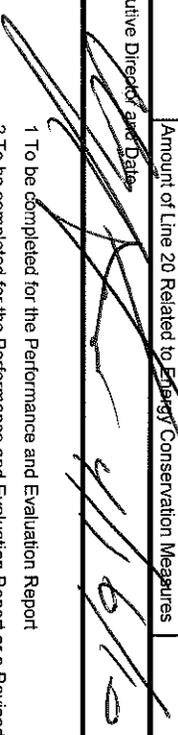
Annual Statement / Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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

Part I: Summary

| | | |
|---|---|--|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 1 | Grant Type and Number Capital Fund Program Grant No.: CFRG Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant 2010 FFY of Grant Approval: 2009 |
|---|---|--|

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$22,900 | \$0 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | |
| Signature of Executive Director and Date  4/16/10 | | Signature of Public Housing Director X | | | |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 2 | Grant Type and Number Capital Fund Program Grant No.: CFRG Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|-----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) 3 | \$0 | \$0 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$0 | \$0 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$0 | \$0 | | |
| 10 | 1460 Dwelling Structures | | | \$313,143 | \$119,178 |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | | | \$0 | \$0 |
| 12 | 1470 Nondwelling Structures | | | \$0 | \$0 |
| 13 | 1475 Nondwelling Equipment | | | \$0 | \$0 |
| 14 | 1485 Demolition | | | \$0 | \$0 |
| 15 | 1492 Moving to Work Demonstration | | | \$0 | \$0 |
| 16 | 1495.1 Relocation Costs | | | \$0 | \$0 |
| 17 | 1499 Development 4 | | | \$0 | \$0 |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No.: CFRG Replacement Housing Factor Grant No: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
| Total Cap Plan AMP 2 | Date of CFFP: | |

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$313,143 | \$119,178 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$44,000 | \$0 | | |
| Signature of Executive Director and Date | |  | | Signature of Public Housing Director | |
| X | | X | | X | |

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

Annual Statement / Performance and Evaluation Report

Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

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

Part I: Summary

| | | |
|---|--|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 3 | Grant Type and Number Capital Fund Program Grant No.: CFFRG Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|--|---|

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|---|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | \$0 | \$0 | | |
| 2 | Operating Expenses (May not exceed 20% of line 2.1) 3 | \$0 | \$0 | | |
| 3 | Management Improvements | \$0 | \$0 | | |
| 4 | Administration (may not exceed 10% of line 2.1) | \$0 | \$0 | | |
| 5 | Audit | \$0 | \$0 | | |
| 6 | Liquidated Damages | \$0 | \$0 | | |
| 7 | Fees and Costs | \$0 | \$0 | | |
| 8 | Site Acquisition | \$0 | \$0 | | |
| 9 | Site Improvement | \$0 | \$0 | | |
| 10 | Dwelling Structures | \$2,936,402 | \$3,146,685 | | |
| 11 | Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | Nondwelling Structures | \$0 | \$0 | | |
| 13 | Nondwelling Equipment | \$0 | \$0 | | |
| 14 | Demolition | \$0 | \$0 | | |
| 15 | Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | Relocation Costs | \$0 | \$0 | | |
| 17 | Development 4 | \$0 | \$0 | | |

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

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

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

Part I: Summary

| | | |
|---|--|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No.: CFRG Replacement Housing Factor Grant No.: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
| Total Cap Plan AMP 3 | Date of CFFP: | |

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$2,936,402 | \$3,146,685 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | |
| Signature of Executive Director and Date | |  | | Signature of Public Housing Director | |
| X | | X | | X | |

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

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

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

Part I: Summary

PH A Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY
Total Cap Plan AMP 4

Grant Type and Number
Capital Fund Program Grant No.: CFRG
Replacement Housing Factor Grant No.:
Date of CFFP:

FFY of Grant: 2010
FFY of Grant Approval: 2009

Type of Grant

- Original Annual Statement Reserved for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending _____ Revised Annual Statement/Revision Number _____
 _____ Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) | \$0 | \$0 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$0 | \$0 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$0 | \$0 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$0 | \$0 | | |
| 10 | 1460 Dwelling Structures | \$225,000 | \$0 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | 1470 Nondwelling Structures | \$0 | \$0 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$0 | \$0 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$0 | \$0 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 4 | Grant Type and Number Capital Fund Program Grant No.: CFFRG Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$225,000 | \$0 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | | | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$225,000 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | |
| Signature of Executive Director and Date  X | | Signature of Public Housing Director X | | | |

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

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

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

Part I: Summary

PH A Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY
 Total Cap Plan AMP 5

Grant Type and Number
 Capital Fund Program Grant No.: CFFRG
 Replacement Housing Factor Grant No.:
 Date of CFFP:

FFY of Grant: 2010
 FFY of Grant Approval: 2009

Type of Grant

- Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|--|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | Operating Expenses (may not exceed 20% of line 21) 3 | \$0 | | \$0 | |
| 3 | Management Improvements | \$0 | | \$0 | |
| 4 | Administration (may not exceed 10% of line 21) | \$0 | | \$0 | |
| 5 | Audit | \$0 | | \$0 | |
| 6 | Liquidated Damages | \$0 | | \$0 | |
| 7 | Fees and Costs | \$0 | | \$0 | |
| 8 | Site Acquisition | \$0 | | \$0 | |
| 9 | Site Improvement | \$0 | | \$0 | |
| 10 | Dwelling Structures | \$47,000 | | \$278,582 | |
| 11 | Dwelling Equipment-Nonexpendable | \$0 | | \$0 | |
| 12 | Nordwelling Structures | \$0 | | \$0 | |
| 13 | Nordwelling Equipment | \$0 | | \$0 | |
| 14 | Demolition | \$0 | | \$0 | |
| 15 | Moving to Work Demonstration | \$0 | | \$0 | |
| 16 | Relocation Costs | \$0 | | \$0 | |
| 17 | Development 4 | \$0 | | \$0 | |

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

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

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

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 5 | Grant Type and Number Capital Fund Program Grant No.: CFFRG Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$0 | \$0 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$47,000 | \$278,582 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$35,000 | \$0 | | |
| Signature of Executive Director and Date | | Signature of Public Housing Director | | | |
| X | | X | | | |

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

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

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

Part I: Summary

| | | |
|---|--|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No.: CFFRG Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
| Total Cap Plan | | |

| Type of Grant | Original Annual Statement Performance and Evaluation Report for Period Ending _____ | Reserved for Disasters/Emergencies | | Revised Annual Statement/Revision Number _____ | | Final Performance and Evaluation Report | |
|---------------|--|------------------------------------|----------------------|--|-----------|---|-----------------------|
| | | Summary by Development Account | Total Estimated Cost | Revised (2) | Obligated | Expended | Total Actual Cost (1) |
| Line No. | | | | | | | |
| 1 | Total Non-CGP Funds | | | | | | |
| 2 | 1406 Operating Expenses(may not exceed 20% of line 21) 3 | \$0 | | \$0 | | | |
| 3 | 1408 Management Improvements | \$0 | | \$0 | | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$354,075 | | \$354,075 | | | |
| 5 | 1411 Audit | \$0 | | \$0 | | | |
| 6 | 1415 Liquidated Damages | \$0 | | \$0 | | | |
| 7 | 1430 Fees and Costs | \$0 | | \$0 | | | |
| 8 | 1440 Site Acquisition | \$0 | | \$0 | | | |
| 9 | 1450 Site Improvement | \$0 | | \$0 | | | |
| 10 | 1460 Dwelling Structures | \$0 | | \$0 | | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | | \$0 | | | |
| 12 | 1470 Nondwelling Structures | \$0 | | \$0 | | | |
| 13 | 1475 Nondwelling Equipment | \$0 | | \$0 | | | |
| 14 | 1485 Demolition | \$0 | | \$0 | | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | | \$0 | | | |
| 16 | 1495.1 Relocation Costs | \$0 | | \$0 | | | |
| 17 | 1499 Development 4 | \$0 | | \$0 | | | |

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

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

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

Part I: Summary

PH A Name
YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY
Total Cap Plan All Amps

Grant Type and Number
Capital Fund Program Grant No.: CFFRG
Replacement Housing Factor Grant No:
Date of CFFP:

FFY of Grant: 2010
FFY of Grant Approval: 2009

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending _____
 Reserved for Disasters/Emergencies
 Revised Annual Statement/Revision Number _____ 2
 Final Performance and Evaluation Report

| Line No. | Summary by Development Account | Total Estimated Cost | | Total Actual Cost (1) | |
|----------|---|----------------------|-------------|-----------------------|----------|
| | | Original | Revised (2) | Obligated | Expended |
| 1 | Total Non-CGP Funds | | | | |
| 2 | 1406 Operating Expenses (may not exceed 20% of line 21) 3 | \$0 | \$0 | | |
| 3 | 1408 Management Improvements | \$0 | \$0 | | |
| 4 | 1410 Administration (may not exceed 10% of line 21) | \$394,600 | \$986,500 | | |
| 5 | 1411 Audit | \$0 | \$0 | | |
| 6 | 1415 Liquidated Damages | \$0 | \$0 | | |
| 7 | 1430 Fees and Costs | \$177,000 | \$407,000 | | |
| 8 | 1440 Site Acquisition | \$0 | \$0 | | |
| 9 | 1450 Site Improvement | \$375,000 | \$375,000 | | |
| 10 | 1460 Dwelling Structures | \$8,347,800 | \$7,525,900 | | |
| 11 | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | |
| 12 | 1470 Nondwelling Structures | \$420,000 | \$420,000 | | |
| 13 | 1475 Nondwelling Equipment | \$0 | \$0 | | |
| 14 | 1485 Demolition | \$0 | \$0 | | |
| 15 | 1492 Moving to Work Demonstration | \$0 | \$0 | | |
| 16 | 1495.1 Relocation Costs | \$90,000 | \$90,000 | | |
| 17 | 1499 Development 4 | \$0 | \$0 | | |

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

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

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

Part I: Summary

| | | |
|---|--|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY | Grant Type and Number Capital Fund Program Grant No.: CFFRG Replacement Housing Factor Grant No: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
| Total Cap Plan All Amps | | Date of CFFP: |

Type of Grant Original Annual Statement Reserved for Disasters/Emergencies Revised Annual Statement/Revision Number 2 Final Performance and Evaluation Report

Performance and Evaluation Report for Period Ending _____

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$60,600 | \$60,600 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$9,865,000 | \$9,865,000 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | |
| Signature of Executive Director and Date | | Signature of Public Housing Director | | | |
| X  | | X  | | | |

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

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

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

Part I: Summary

| | | |
|---|--|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 1 | Grant Type and Number Capital Fund Program Grant No.: CFFRG Replacement Housing Factor Grant No.: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|--|---|

| Line No. | Type of Grant | Summary by Development Account | Total Estimated Cost | | Obligated | Total Actual Cost (1) | Expended |
|----------|---|--|----------------------|-------------|-----------|-----------------------|----------|
| | | | Original | Revised (2) | | | |
| 1 | | Total Non-CGP Funds | \$0 | \$0 | | | |
| 2 | <input type="checkbox"/> Original Annual Statement | 1406 Operating Expenses(may not exceed 20% of line 21) | \$0 | \$0 | | | |
| 3 | <input type="checkbox"/> Performance and Evaluation Report for Period Ending..... | 1408 Management Improvements | \$0 | \$0 | | | |
| 4 | <input type="checkbox"/> Reserved for Disasters/Emergencies | 1410 Administration (may not exceed 10% of line 21) | \$394,600 | \$986,500 | | | |
| 5 | <input type="checkbox"/> Revised Annual Statement/Revision Number..... 2 | 1411 Audit | \$0 | \$0 | | | |
| 6 | <input type="checkbox"/> Final Performance and Evaluation Report | 1415 Liquidated Damages | \$0 | \$0 | | | |
| 7 | | 1430 Fees and Costs | \$177,000 | \$407,000 | | | |
| 8 | | 1440 Site Acquisition | \$0 | \$0 | | | |
| 9 | | 1450 Site Improvement | \$375,000 | \$375,000 | | | |
| 10 | | 1460 Dwelling Structures | \$8,347,800 | \$7,525,900 | | | |
| 11 | | 1465.1 Dwelling Equipment-Nonexpendable | \$0 | \$0 | | | |
| 12 | | 1470 Nondwelling Structures | \$420,000 | \$420,000 | | | |
| 13 | | 1475 Nondwelling Equipment | \$0 | \$0 | | | |
| 14 | | 1485 Demolition | \$0 | \$0 | | | |
| 15 | | 1492 Moving to Work Demonstration | \$0 | \$0 | | | |
| 16 | | 1495.1 Relocation Costs | \$90,000 | \$90,000 | | | |
| 17 | | 1499 Development 4 | \$0 | \$0 | | | |

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

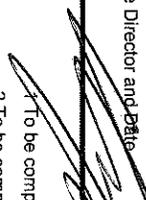
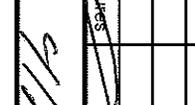
Annual Statement / Performance and Evaluation Report Capital Fund Program, Capital Fund Program Replacement Housing Factor and Capital Fund Financing Program

U.S. Department of Housing
 and Urban Development
 Office of Public and Indian Housing
 OMB No. 2577-0228 (Exp. 4/30/2011)

Part I: Summary

| | | |
|---|---|---|
| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 1 | Grant Type and Number Capital Fund Program Grant No.: CFFRG Replacement Housing Factor Grant No: Date of CFFP: | FFY of Grant: 2010 FFY of Grant Approval: 2009 |
|---|---|---|

Type of Grant: Original Annual Statement Reserved for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending _____ Revised Annual Statement/Revision Number _____ 2
 Final Performance and Evaluation Report

| Line No. | 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 | \$0 | \$0 | | |
| 18b | 9000 Collateralization or Debt Service paid Via System of Direct Payment | \$0 | \$0 | | |
| 19 | 1502 Contingency (may not exceed 8% of line 20) | \$60,600 | \$60,600 | | |
| 20 | Amount of Annual Grant (sums of lines 2-19) | \$9,865,000 | \$9,865,000 | | |
| 21 | Amount of line 20 Related to LBP Activities | \$0 | \$0 | | |
| 22 | Amount of Line 20 Related to Section 504 Compliance | \$0 | \$0 | | |
| 23 | Amount of Line 20 Related to Security - Soft Costs | \$0 | \$0 | | |
| 24 | Amount of Line 20 Related to Security - Hard Costs | \$0 | \$0 | | |
| 25 | Amount of Line 20 Related to Energy Conservation Measures | \$0 | \$0 | | |
| Signature of Executive Director and Title | | Signature of Public Housing Director | | | |
| X  | | X  | | | |

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

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

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

Part II: Supporting Pages

| PH A Name YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY Total Cap Plan AMP 1 | | Grant Type and Number Capital Fund Program Grant No.: CFRG Replacement Housing Factor Grant No: Date of CFFP: | | FFY of Grant: 2010 FFY of Grant Approval: 2009 | | Total Actual Cost | | Status of Work |
|--|---|--|----------|---|-----------|----------------------|---------------------|----------------|
| Development Number Name/PHA - Wide Activities | General Description of Major Work Categories | Development Account No. | Quantity | Total Estimated Cost | | Total Actual Cost | | |
| | | | | Original | Revised 1 | Funds Obligated 2 | Funds Expended 2 | |
| 2-5E Brier Hill | Residential Rehabilitation | 1460 | | 7,300,000 | 6,478,100 | | - | |
| 2-5E Brier Hill | Builder's General Requirements | 1460 | | 266,100 | 266,100 | | | |
| 2-5E Brier Hill | Builder's Overhead | 1460 | | 197,300 | 197,300 | | | |
| 2-5E Brier Hill | Builder's Profit | 1460 | | 584,400 | 584,400 | | | |
| 2-5E Brier Hill | Site Improvements | 1450 | | 375,000 | 375,000 | | | |
| 2-5E Brier Hill | Non-Dwelling Structures | 1470 | | 420,000 | 420,000 | | | |
| 2-5E Brier Hill | Accounting & Cost Certification | 1430 | | 5,000 | 5,000 | | | |
| 2-5E Brier Hill | Environmental Assessment | 1430 | | 59,000 | 59,000 | | | |
| 2-5E Brier Hill | Permits, Construction | 1430 | | 5,500 | 5,500 | | | |
| 2-5E Brier Hill | Marketing & Lease-Up | 1430 | | 7,500 | 7,500 | | | |
| 2-5E Brier Hill | Architect & Engineering Fees | 1430 | | 100,000 | 330,000 | | | |
| 2-5E Brier Hill | Relocation | 1495.1 | | 90,000 | 90,000 | | | |
| 2-5E Brier Hill | Administration | 1410 | | 394,600 | 986,500 | | | |
| 2-5E Brier Hill | Contingency | 1502 | | 60,600 | 60,600 | | | |

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.

Capital Fund Program—Five-Year Action Plan

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

Part I: Summary

| PHA Name/Number Youngstown Metropolitan Housing Authority/OH 2 | | Locality (City/County & State) Youngstown/Mahoning, Ohio | | | <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No: | |
|---|--|---|---------------------------------------|---------------------------------------|--|---------------------------------------|
| A. | Development Number and Name | Work Statement for Year 1 FFY 2010 | Work Statement for Year 2 FFY 2011 | Work Statement for Year 3 FFY 2012 | Work Statement for Year 4 FFY 2013 | Work Statement for Year 5 FFY 2014 |
| B. | Physical Improvements Subtotal | \$34,000.00 | \$34,000.00 | \$1,405,870.00 | \$1,405,870.00 | \$1,405,870.00 |
| C. | Management Improvements | \$5,000.00 | \$5,000.00 | \$15,000.00 | \$15,000.00 | \$15,000.00 |
| D. | PHA-Wide Non-dwelling Structures and Equipment | \$11,000.00 | \$11,000.00 | \$15,000.00 | \$15,000.00 | \$15,000.00 |
| E. | Administration | \$252,222.00 | \$252,222.00 | \$264,900.00 | \$264,900.00 | \$264,900.00 |
| F. | Other | \$114,000.00 | \$114,000.00 | \$298,435.00 | \$298,435.00 | \$298,435.00 |
| G. | Operations | \$504,445.00 | \$504,445.00 | \$529,800.00 | \$529,800.00 | \$529,800.00 |
| H. | Demolition | \$152,000.00 | \$152,000.00 | \$1,000.00 | \$1,000.00 | \$1,000.00 |
| I. | Development | \$1,449,557.00 | \$1,449,557.00 | \$119,000.00 | \$119,000.00 | \$119,000.00 |
| J. | Capital Fund Financing – Debt Service | \$0.00 | \$0.00 | \$0.00 | \$0.00 | \$0.00 |
| K. | Total CFP Funds | \$2,522,224.00 | \$2,522,224.00 | \$2,649,005.00 | \$2,649,005.00 | \$2,649,005.00 |
| L. | Total Non-CFP Funds | | | | | |
| M. | Grand Total | | \$2,522,224.00 | \$2,649,005.00 | \$2,649,005.00 | \$2,649,005.00 |

| Part II: Supporting Pages – Physical Needs Work Statement(s) | | Work Statement for Year 2 | | Work Statement for Year 2 | | |
|--|--|---------------------------|----------------|--|----------|----------------|
| Work Statement for Year 1 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 Appendix | OH2-001 Westlake Terrace Homes | Lot | \$1,450,557.00 | OH2-015 Scattered sites | Lot | \$1,000.00 |
| Development of new site/design fee | Relocation fees | Lot | \$100,000.00 | Siding/Shingle/Gutter replacement | Lot | \$1,000.00 |
| New | office/community/maintenance | Lot | \$1,000.00 | Bath/kitchen renovations | Lot | \$1,000.00 |
| Demolition | Site acquisition | Lot | \$150,000.00 | OH2-018 Scattered sites | Lot | \$1,000.00 |
| Management Improvements | New office equipment | Lot | \$1,000.00 | Siding/Shingle/Gutter replacement | Lot | \$1,000.00 |
| Management Improvements | Operations | Lot | \$96,827.00 | Bath/kitchen renovations | Lot | \$1,000.00 |
| New office equipment | OH2-014 Scattered | Lot | \$1,000.00 | OH2-12 Amedia Plaza Operations | Lot | \$106,644.00 |
| Operations | Siding/Shingle/Gutter replacement | Lot | \$1,000.00 | OH2-008 Norton Manor | Subtotal | \$121,644.00 |
| OH2-014 Scattered | Bath/kitchen renovations | Lot | \$1,000.00 | Parking lot reconditioning | Lot | \$1,000.00 |
| Subtotal | Subtotal | Lot | \$1,804,384.00 | New office equipment | Lot | \$1,000.00 |
| OH2-005e Briar Hill | Management Improvements | Lot | \$1,000.00 | OH2-009 Guiknecht Tower | Lot | \$1,000.00 |
| Management Improvements | New office equipment | Lot | \$1,000.00 | Design fees | Lot | \$1,000.00 |
| New maintenance truck | OH2-005 PL Strait scattered | Lot | \$1,000.00 | Site acquisition | Lot | \$1,000.00 |
| OH2-005 PL Strait scattered | Design fees | Lot | \$1,000.00 | Parking lot reconditioning | Lot | \$1,000.00 |
| Siding/Shingle/Gutter replacement | Bath/kitchen renovations | Lot | \$1,000.00 | Resident Library Renovations | Lot | \$1,000.00 |
| Bath/kitchen renovations | OH2-014 Scattered Site acquisition | Lot | \$1,000.00 | New maintenance truck | Lot | \$1,000.00 |
| Bath/kitchen renovations | Bath/kitchen renovations | Lot | \$1,000.00 | Management Improvements | Lot | \$1,000.00 |
| Siding/Shingle/Gutter replacement | Siding/Shingle/Gutter replacement | Lot | \$1,000.00 | Operations | Lot | \$95,472.00 |
| OH2-012 Amedia brick truck point | Resident community room reno | Lot | \$1,000.00 | Subtotal | Subtotal | \$103,472.00 |
| Resident community room reno | Subtotal of Estimated Cost | Lot | \$ | Subtotal of Estimated Cost | Lot | \$ |

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

| Work Statement for Year 1 FFY | Work Statement for Year 2 FFY 2011 | | | Work Statement for Year 2 FFY 2011 | | |
|-------------------------------|--|----------|----------------|--|----------|----------------|
| | 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 Attachment | OH2-003 Rockford Village Management Improvements | Lot | \$1,000.00 | OH2-004 Kirwan Homes Operations | Lot | \$103,597.00 |
| See Attachment | New maintenance truck | Lot | \$1,000.00 | OH2-006 Yasu Manor Parking lot reconditioning | Lot | \$1,000.00 |
| See Attachment | Operations | Lot | \$101,905.00 | Resident Library renovations | Lot | \$1,000.00 |
| See Attachment | OH2-005 Victory Annex Design fees | Lot | \$1,000.00 | OH2-011 Struthers Manor Design fees | Lot | \$1,000.00 |
| See Attachment | Site acquisition | Lot | \$1,000.00 | Parking lot reconditioning | Lot | \$1,000.00 |
| See Attachment | Storm drain replacement | Lot | \$1,000.00 | Resident Library renovations | Lot | \$1,000.00 |
| See Attachment | Bath/kitchen renovation | Lot | \$1,000.00 | New office equipment | Lot | \$1,000.00 |
| See Attachment | Demolition | Lot | \$1,000.00 | OH2-014 Scattered Siding/Shingle/Gutter replacement | Lot | \$1,000.00 |
| See Attachment | Relocation cost | Lot | \$1,000.00 | Bath/kitchen renovations | Lot | \$1,000.00 |
| See Attachment | New office equipment | Lot | \$1,000.00 | OH2-005 PL Strait Scattered Siding/Shingle/Gutter replacement | Lot | \$1,000.00 |
| See Attachment | OH2-014 Scattered Siding/Shingle/Gutter replacement | Lot | \$1,000.00 | Bath/kitchen renovations | Lot | \$1,000.00 |
| See Attachment | Bath/kitchen renovations | Lot | \$1,000.00 | OH2-016 Scattered Siding/Shingle/Gutter replacement | Lot | \$1,000.00 |
| See Attachment | OH2-016 Scattered Siding/Shingle/Gutter replacement | Lot | \$1,000.00 | Bath/kitchen renovations | Lot | \$120,597.00 |
| See Attachment | Bath/kitchen renovations | Lot | \$1,000.00 | | | |
| See Attachment | Subtotal | | \$118,905.00 | | | |
| See Attachment | OH2-004 Kirwan Homes Design fees | Lot | \$1,000.00 | | | |
| See Attachment | Siding/Shingle/Gutter replacement | Lot | \$1,000.00 | | | |
| See Attachment | Bath/kitchen renovations | Lot | \$1,000.00 | | | |
| See Attachment | Demolition | Lot | \$1,000.00 | | | |
| See Attachment | Relocation | Lot | \$1,000.00 | | | |
| See Attachment | Management Improvements | Lot | \$1,000.00 | | | |
| See Attachment | New maintenance truck | Lot | \$1,000.00 | | | |
| See Attachment | Subtotal of Estimated Cost | | \$ | Subtotal of Estimated Cost | | \$ |

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

| Work Statement for Year 1 FFY | Work Statement for Year 3 FFY 2012 | | | Work Statement for Year: 3 FFY 2012 | | |
|-------------------------------|--|------------------------|-------------------------------------|--|------------------------|--|
| | 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 Appendix Statement | OH2-001 Westlake Terrace New maintenance truck | Lot Subtotal | \$1,000.00 \$1,000.00 | OH2-014 Scattered Site Housing Window upgrades | Lot Subtotal | \$38,450.00 \$38,450.00 |
| | OH2-003 Rockford Village Storm door replacement | Lot Subtotal | \$172,070.00 \$172,070.00 | OH2-015 Scattered Site Housing Interior renovations | Lot Subtotal | \$38,450.00 \$38,450.00 |
| | OH2-004 Kirwan Homes Shingle/siding/gutter replacement | Lot Subtotal | \$175,000.00 \$175,000.00 | OH2-016 Scattered Site Housing Interior renovations | Lot Subtotal | \$38,450.00 \$38,450.00 |
| | OH2-005 PL Strait (2-5f) Interior upgrades | Lot Subtotal | \$310,000.00 \$310,000.00 | OH2-018 Scattered Site Housing Interior renovations | Lot Subtotal | \$38,450.00 \$38,450.00 |
| | OH2-006 Vasu Manor Roof repairs | Lot Subtotal | \$1,000.00 \$1,000.00 | HA Wide | | |
| | OH2-008 Norton Manor Roof repairs | Lot Subtotal | \$249,000.00 \$249,000.00 | Physical Improvement Subtotal Management Improvements | Lot Lot | \$1,405,870.00 \$15,000.00 |
| | OH2-009 Gutknecht Tower Parking lot improvements | Lot Subtotal | \$50,000.00 \$50,000.00 | Non-dwelling structures & equipment Administration | Lot Lot | \$264,900.00 \$298,435.00 |
| | OH2-011 Struthers Manor Interior renovations | Lot Subtotal | \$274,000.00 \$274,000.00 | Other Operations Demolition | Lot Lot Lot | \$529,800.00 \$1,000.00 \$119,000.00 |
| | OH2-012 Amedia Plaza Interior renovations | Lot Subtotal | \$20,000.00 \$20,000.00 | Capital Fund Financing-Debit Service | Lot | \$0.00 |
| | Subtotal of Estimated Cost | | \$ | Subtotal of Estimated Cost | | \$2,649,005.00 |

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

| Work Statement for Year 1 FFY _____ | | Work Statement for Year 5 FFY 2014 | | Work Statement for Year: 5 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 |
| OH2-001 Westlake Terrace New maintenance truck yr 3 | Lot | \$1,000.00 | OH2-014 Scattered Site Housing Interior renovations yr. 2 | Lot | \$116,450.00 |
| | Subtotal | \$1,000.00 | | Subtotal | \$116,450.00 |
| OH2-003 Rockford Village Interior renovations | Lot | \$100,000.00 | OH2-015 Scattered Site Housing Interior renovations yr. 2 | Lot | \$116,450.00 |
| | Subtotal | \$100,000.00 | | Subtotal | \$116,450.00 |
| OH2-004 Kirwan Homes Singles/siding/gutter replace yr. 3 | Lot | \$251,000.00 | OH2-016 Scattered Site Housing Interior renovations yr. 2 | Lot | \$116,450.00 |
| | Subtotal | \$251,000.00 | | Subtotal | \$116,450.00 |
| OH2-005 PL Strait (2-f) Interior upgrades yr. 3 | Lot | \$310,070.00 | OH2-018 Scattered Site Housing Interior renovations yr. 2 | Lot | \$116,450.00 |
| | Subtotal | \$310,070.00 | | Subtotal | \$116,450.00 |
| OH2-006 Vasu Manor New maintenance truck | Lot | \$1,000.00 | HA Wide | | |
| | Subtotal | \$1,000.00 | | | |
| OH2-008 Norton Manor New maintenance truck yr 2 | Lot | \$1,000.00 | Physical Improvement Management Improvements | Lot | \$1,405,870.00 |
| | Subtotal | \$1,000.00 | | | \$15,000.00 |
| OH2-009 Gutkrecht Tower New patio doors yr. 2 | Lot | \$274,000.00 | Non-dwelling structures & equipment Administration | Lot | \$264,900.00 |
| | Subtotal | \$274,000.00 | | | \$298,435.00 |
| OH2-011 Struthers Manor Parking lot upgrades | Lot | \$1,000.00 | Other Operations | Lot | \$529,800.00 |
| | Subtotal | \$1,000.00 | | | \$1,000.00 |
| OH2-012 Amedia Plaza Parking lot upgrades | Lot | \$1,000.00 | Development (new senior building) Capital Fund Financing-Debit Service | Lot | \$119,000.00 |
| | Subtotal | \$1,000.00 | | | \$0.00 |
| Subtotal of Estimated Cost | | \$ | Subtotal of Estimated Cost | | \$2,649,005.00 |

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

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”

| 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 | 8887 | 4 | 3 | 4 | 3 | 4 | 4 |
| Income >30% but <=50% of AMI | 4722 | 4 | 3 | 4 | 3 | 4 | 4 |
| Income >50% but <80% of AMI | 5067 | 3 | 3 | 4 | 2 | 4 | 4 |
| Elderly | 6615 | 3 | 3 | 4 | 3 | 3 | 3 |
| Families with Disabilities | 8281 | 3 | 3 | 4 | 2 | 3 | 3 |
| Race/Ethnicity | 20,647 | 4 | 3 | 4 | 3 | 4 | 4 |
| Race/Ethnicity | 6,720 | 4 | 3 | 4 | 3 | 4 | 4 |
| Race/Ethnicity | 606 | 4 | 3 | 4 | 3 | 4 | 4 |
| Race/Ethnicity | 126 | 4 | 3 | 4 | 3 | 4 | 4 |

Source: Consolidated Plan City of Youngstown

| Housing Needs of Families on the Waiting List | | | |
|---|---|---------------------|-----------------|
| Waiting list type: (select one) | | | |
| <input type="checkbox"/> | Section 8 tenant-based assistance | | |
| <input checked="" type="checkbox"/> | Public Housing | | |
| <input type="checkbox"/> | Combined Section 8 and Public Housing | | |
| <input type="checkbox"/> | Public Housing Site-Based or sub-jurisdictional waiting list (optional) | | |
| If used, identify which development/sub jurisdiction: | | | |
| | # of families | % of total families | Annual Turnover |
| Waiting list total | 152 | | 243 |
| Extremely low income <=30% AMI | 89 | 59% | |
| Very low income (>30% but <=50% AMI) | 53 | 35% | |

| Housing Needs of Families on the Waiting List | | | |
|--|------------|------------|-----------|
| Low income (>50% but <80% AMI) | 10 | 7% | |
| Families with children | 89 | 59% | |
| Elderly families | 35 | 23% | |
| Families with Disabilities | 39 | 26% | |
| Race/ethnicity (Hisp.) | 19 | 13% | |
| Race/ethnicity (Blk) | 112 | 74% | |
| Race/ethnicity (White) | 19 | 13% | |
| Race/ethnicity (Other) | 2 | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| | 152 | | |
| 1BR | 73 | 48% | 89 |
| 2 BR | 44 | 29% | 80 |
| 3 BR | 25 | 16% | 56 |
| 4 BR | 10 | 7% | 18 |
| 5 BR | 0 | 0% | 0 |
| 5+ BR | 0 | 0% | 0 |
| <p>Is the waiting list closed (select one)? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes</p> <p>If yes:</p> <p>How long has it been closed (# of months)?</p> <p>Does the PHA expect to reopen the list in the PHA Plan year? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Does the PHA permit specific categories of families onto the waiting list, even if generally closed? <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | | | |

Housing Needs of Families on the Waiting List

Waiting list type: (select one)

- Section 8 tenant-based assistance
Wait list opened on 01/26/04
- Public Housing
- Combined Section 8 and Public Housing
- Public Housing Site-Based or sub-jurisdictional waiting list (optional)
If used, identify which development/sub jurisdiction:

| | # of families | % of total families | Annual Turnover |
|---|---------------|---------------------|-----------------|
| Waiting list total | | | |
| Extremely low income <=30% AMI | | | |
| Very low income (>30% but <=50% AMI) | | | |
| Low income (>50% but <80% AMI) | | | |
| Families with children | | | |
| Elderly families | | | |
| Families with Disabilities | | | |
| Caucasian | | | |
| African-American | | | |
| Hispanic | | | |
| Other | | | |
| | | | |
| Characteristics by Bedroom Size (Public Housing Only) | | | |
| 1BR | N/A | N/A | N/A |
| 2 BR | N/A | N/A | N/A |
| 3 BR | N/A | N/A | N/A |
| 4 BR | N/A | N/A | N/A |
| 5 BR | N/A | N/A | N/A |
| 5+ BR | N/A | N/A | N/A |

Housing Needs of Families on the Waiting List

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

If yes:

How long has it been closed (# of months)? 12 Months

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

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

**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 ²⁰¹⁰ 5-Year and/or ²⁰¹⁰ Annual PHA Plan for the PHA fiscal year beginning July 1, 2010, 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.

Youngstown Metropolitan Housing Authority

OH002

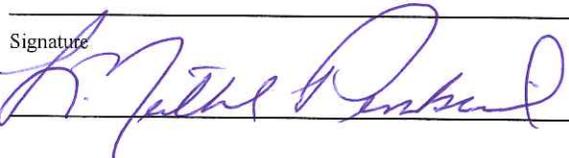
PHA Name

PHA Number/HA Code

✓ 5-Year PHA Plan for Fiscal Years 2010 - 202014

✓ Annual PHA Plan for Fiscal Years 2010 - 2010

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 |
| L. Nathaniel Pinkard | Youngstown Metropolitan Housing Authority Board Chairman |
| Signature | Date |
|  | April 16, 2010 |

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.

Youngstown Metropolitan Housing Authority

OH002

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)

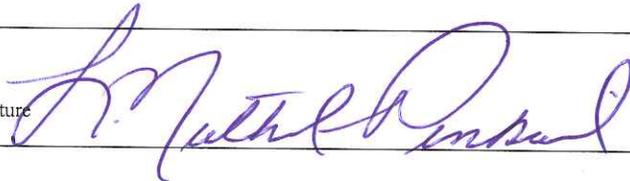
Name of Authorized Official

L. Nathaniel Pinkard

Title

Board Chairman
Youngstown Metropolitan Housing Authority

Signature



Date

04/16/2010



YOUNGSTOWN
METROPOLITAN HOUSING AUTHORITY

YMHA RESOLUTION

RESOLUTION NUMBER: 1490
MEETING DATE: April 15, 2010

RESOLUTION TITLE:

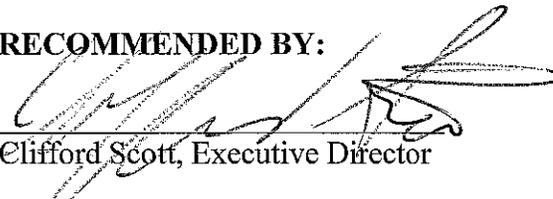
Authorize and approve YMHA to submit the agency's 2010 Annual Plan and 2010-2014 Five-Year Plan to HUD.

RECOMMENDED ACTION:

It is recommended that the Board of Commissioners of the Youngstown Metropolitan Housing Authority authorize and approve the following actions:

Authorize and approve YMHA to submit the agency's 2010 Annual Plan and 2010-2014 Five-Year Plan to HUD.

RECOMMENDED BY:


Clifford Scott, Executive Director

4-15-10
Date

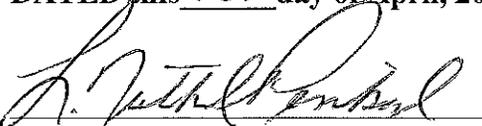
BE IT RESOLVED BY the Board of Commissioners for the Youngstown Metropolitan Housing Authority that the foregoing recommendation is:

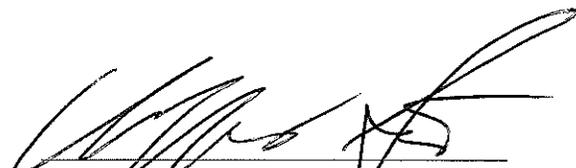
Approved and adopted in its entirety.

Rejected

Approved and adopted with the following changes

DATED this 15th day of April, 2010


Chairman


Secretary

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Youngstown Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

2010-2014 Five Year/2009 Annual Plan Capital Fund

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 Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;

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

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

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

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

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

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

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

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

Name of Authorized Official

Clifford Scott

Title

Executive Director

Signature

Date

X

April 16, 2010

Drug-Free Workplace Sites Capital Funds

1) Amedia Plaza
131 W. Boardman Street
Youngstown, Oh 44502
Mahoning County

2) Westlake Terrace
976 Martin Luther King Blvd.
Youngstown, Oh 44510
Mahoning County

3) Brier Hill
263 DuPont
Youngstown, Oh 544510
Mahoning County

4) Norton Manor
1400 Springdale Ave.
Youngstown, Oh 44505
Mahoning County

5) Gutknecht Tower
110 E. Wood Street
Youngstown, Oh 44503
Mahoning County

6) Rockford Village
1402 Dogwood Lane
Youngstown, Oh 44505
Mahoning County

7) Victory Annex
690 Magnolia Ave.
Youngstown, Oh 44505
Mahoning County

8) Kirwan Homes
101 Jackson St.
Campbell, Oh 44405
Mahoning County

9) Struthers Manor
585 Poland Ave
Struthers, Oh 44471
Mahoning County

10) Vasu Manor
137 Roosevelt Dr.
Campbell, Oh 44405
Mahoning County

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Youngstown Metropolitan Housing Authority

Program/Activity Receiving Federal Grant Funding

Capital Fund
2010-2014 Five Year / 2010 Annual Plan

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

Clifford Scott

Title

Executive Director

Signature

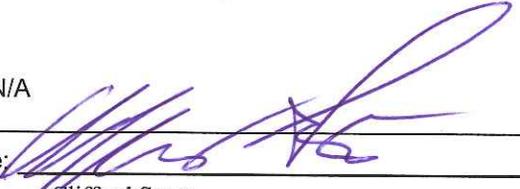
Date (mm/dd/yyyy)

04/16/2010

DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB
0348-0046

| | | |
|--|---|---|
| 1. Type of Federal Action: <input type="checkbox"/> N/A a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance | 2. Status of Federal Action: <input type="checkbox"/> N/A a. bid/offer/application b. initial award c. post-award | 3. Report Type: <input type="checkbox"/> N/A a. initial filing b. material change For Material Change Only: year _____ quarter _____ date of last report _____ |
| 4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: N/A Congressional District, if known: 4c | 5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known: | |
| 6. Federal Department/Agency: N/A | 7. Federal Program Name/Description: N/A CFDA Number, if applicable: _____ | |
| 8. Federal Action Number, if known: N/A | 9. Award Amount, if known: \$ N/A | |
| 10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI): N/A | b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI): N/A | |
| 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:  Print Name: <u>Clifford Scott</u> Title: <u>Executive Director</u> Telephone No.: <u>330-744-2161</u> Date: <u>4/16/2010</u> | |
| Federal Use Only: | | Authorized for Local Reproduction Standard Form LLL (Rev. 7-97) |

**DISCLOSURE OF LOBBYING ACTIVITIES
CONTINUATION SHEET**

Approved by OMB
0348-0046

Reporting Entity: _____ Page _____ of _____

N/A

Challenged Elements

There were no written challenges to the 2010 Annual Plan or 2010 – 2014 Five Year Plan

Public Hearing
Resident Advisory Board Meeting
Minutes
2005-2009 Five Year Plan/ 2009 Annual Plan
April 14, 2010
10:00 a.m.

Commissioner L. Nathaniel Pinkard opened the public hearing/meeting and welcomed those in attendance. Carmelita Douglas, Director of Internal Audit, Beverly Bucci, Director of Asset Management, Lester Walker, Project Manager and Keisha Saxon, Section 8 Coordinator presented the FY2010 Annual and Five Year Plan.

There were residents in attendance from both Public Housing and Section 8 Housing Choice Voucher programs and members of the community at large. The sign sheets are attached. The Public Hearing was advertised in the Vindicator; invitations were also issued via U.S. Mail and fliers distributed throughout the county.

The following were questions discussed during the hearing and YMHA's responses:

Question: Scraping exterior wood work during winter months causes damage to the wood and containing the scrapings when there is snow on the ground is impossible. Can this rule be changed?

Answer: Keisha Saxon will review this.

Question: Landlord asked is a resident permitted under the Homeownership program to purchase the residence they are living in directly from the landlord?

Answer: Yes so long as the resident has successfully completed the home ownership program.

Question: Where would the loans come from and who qualifies?

Answer: Local banks make loans to residents who qualify and who have successfully completed the home ownership program.

Question: Are criminal background checks done on applicants when they apply?

Answer: Yes, criminal background checks are done at the local level.

Question: Why was the denial for criminal convictions reduced from five years to three years?

Answer: The decision to make this change was based on the recognition that some offenders may have completed rehabilitative programs that provide YMHA the necessary assurance that the offender could be a responsible tenant. It should be noted, however, that HUD mandatory disqualifications will be enforced.

Comment: Keisha Saxon asked if anyone had any changes to the draft to please forward to her ASAP. Keisha also noted that she would meet with attending landlords after the meeting to review the existing plan.

Attendees made comments in favor of the plans and expressed their willingness to work with YMHA to assist in implementation. The Resident Advisory Board also voiced their approval. RAB Board President, Mrs. Frances Gray, asked for a motion to approve the submittal of the amended 2005-2009 Five Year Plan, the 2009 Annual Plan, The Section 8 Housing Choice Administration Plan and the Public Housing Admissions and Continued Occupancy Plan. The motions were properly made and seconded and passed unanimously.

Adjournment: 11:48 a.m.

Attachment

YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY

PUBLIC HEARING

WEDNESDAY, APRIL 14, 2010 - 10: 00 a.m.

Please Sign In

Laura Byrd

Retha & Austin

Carmen R. Rivera Nozario

Alma Beatty UASU.

Richard V. Walker AMEDIA PLAZA

John J. Hobbs " "

Willa Lawrence " "

Annie Pearl Williams

Nate Kirkland

Frances Gray Vestry Estate

Hilda M. Morales

Helen A. Jefferson

Brendly Bursi

Alice Freeman-Westlake Terrace

Willie Loftis G&S

Gloria Brauer NORTON

Valerie G. Henderson "

Richard Hawkins / ym/ta

YOUNGSTOWN METROPOLITAN HOUSING AUTHORITY

PUBLIC HEARING

WEDNESDAY, APRIL 14, 2010 - 10: 00 a.m.

Please Sign In

Kathy P Ross

Martha Sarna

Rosemary Gonzalez

Sarah Rivers

Kathy Butcher

Dwayne Griffin

Esther E. Smith

Keisha Saxon

Dimitri Melton

Mohammad Abutain

Sherry DeNar

Michelle Wells

Mark Henry

Beatrice Cunningham

Candice Ray

| Financial Resources: Planned Sources and Uses | | |
|---|----------------------|--|
| Sources | Planned \$ | Planned Uses |
| 1. Federal Grants (FY 2011 grants) | | |
| a) Public Housing Operating Fund | 6,555,666.00 | |
| b) Public Housing Capital Fund | 2,522,224.00 | |
| c) Annual Contributions for Section 8 Tenant Based Assistance | 23,033,160.00 | |
| d) Youthbuild Grant - DOL | 350,000.00 | |
| e) Replacement Housing Factor Funds | 375,000.00 | |
| f) Community Development Block Grant | 50,000.00 | |
| Local Grants | 35,000.00 | |
| 2. Prior Year Federal Grants (unobligated funds only) (list below) | | |
| Youthbuild - DOL | 316,816.00 | Supportive Services |
| Ross - Family Self Sufficiency | 39,149.00 | Supportive Services |
| Ross - Homeownership | 81,023.00 | Supportive Services |
| Replacement Housing Factor Funds - Prior Years | 1,217,213.00 | Replacement Housing |
| Capital Fund Recovery Grant | 3,843,506.00 | Public Housing Capital Improvements |
| Capital Fund Recovery Competitive Grant | 9,865,000.00 | Public Housing Capital Improvements |
| Capital Fund (2010) | 2,522,224.00 | Public Housing Capital Improvements |
| Capital Fund (2009) | 1,780,739.00 | Public Housing Capital Improvements |
| Capital Fund (2008) | 1,188,360.00 | Public Housing Capital Improvements |
| | | |
| Sub-total | 53,775,080.00 | |
| 3. Public Housing Dwelling Rental Income | 2,120,000.00 | Public Housing Operations |
| 4. Other Income (list below) | 307,725.00 | |
| Non-Dwelling Rent 8,200.00 | | Public Housing Operations |
| Excess utilities 82,000.00 | | Public Housing Operations |
| Interest on General Fund Investments 11,000.00 | | Public Housing Operations |
| Other income; legal fees, maintenance 206,525.00 | | Public Housing Operations |
| charges to tenants, late fees, NSF check charges, etc. | | |
| 5. Non-federal sources (list below) | | |
| | | |
| Sub-total | 2,427,725.00 | |
| Total Resources | 56,202,805.00 | |

Youngstown Metropolitan Housing Authority

Admission and Continued Occupancy Policy

INTRODUCTION

The Admissions and Continued Occupancy Policy refers to several *Procedures*. *Procedures* do not require approval of the Board, and provide the staff with practical information about how to implement this policy. Youngstown Metropolitan Housing Authority (YMHA) also includes the following procedures as a part of the policy:

- Opening and Closing the Waiting List
- Updating the Waiting List and Removing Applications
- Taking Applications and Initial Processing
- Unit Offers and Applicant Placement
- Applicant Screening
- Informal Hearings for Rejected Applicants

Revising an ACOP requires approval of the Board of Commissioners, and is included as an attachment to the YMHA Plan.

Approved by Board 04/2010

TABLE OF CONTENTS ADMISSIONS & OCCUPANCY POLICY

I Nondiscrimination and Accessibility 1

 A. Nondiscrimination..... 1

 B. Accessibility and Plain Language 3

II Eligibility for Admission and Processing of Applications 4

 A. Affirmative Marketing 4

 B. Qualification for Admission 4

 C. Waiting List Management..... 5

 D. Processing Applications for Admission..... 6

 E. The Preference System 7

 F. Applicant Selection Criteria..... 11

 G. Occupancy Guidelines 18

III Tenant Selection and Assignment Plan..... 20

 A. Organization of the Waiting List 20

 B. Unit Offers to Applicants 20

 C. Due Process Rights for Applicants 21

 D. Good Cause for Applicant Refusal of Unit Offer 21

 E. Dwelling Units with accessible/adaptable features..... 22

 F. Leasing and Occupancy of Dwelling Units 23

 G. Transfers 23

IV Leasing Policies 23

 A. General Leasing Policy..... 23

 B. Showing Units Prior to Leasing..... 24

 C. Occupancy, Additions to the Household and Visitors..... 24

V Transfer Policy 25

 A. General Transfer Policy..... 25

 B. Types of Transfers 25

 C. Processing Transfers 26

 D. Good Record Requirement for Transfers..... 27

 E. Incentive Transfers..... 28

 F. Cost of Transfers..... 28

VI Eligibility for Continued Occupancy and Annual Reexamination 28

 A. Eligibility for Continued Occupancy 28

 B. Remaining Family Members and Prior Debt 29

 C. Periodic Re-examination..... 29

VII Interim Rent Adjustments: Fixed Rent System30

 A. Rent Adjustments.....30

 B. Effective Date of Adjustments.....32

VIII Lease Termination Procedures.....32

 A. General Policy: Lease Terminations.....32

 B. Notice Requirements.....32

 C. Record Keeping Requirements32

 D. Participant Amounts Owed to YMHA.....33

IX Utilities.....33

 A. Residents with Disabilities.....33

X Flat Rents33

 A. Flat Rents33

 B. Annual Update of Flat Rents.....33

 C. Recertification of Families on Flat Rents34

XI Definitions and Procedures to be used in Determining
Income and Rent34

 A. Annual Income.....34

 B. Items not included in Annual Income.....35

 C. Anticipating Annual Income.....38

 D. Adjusted Income39

 E. Rent Computation40

XII Verification.....41

 A. Methods of Verification and Time Allowed.....42

 B. Release of Information.....44

 C. Computer Matching45

 D. Items to Be Verified.....45

 E. Verification of Income.....46

 F. Income From Assets49

 G. Verification of Assets50

 H. Verification of Allowable Deductions.....51

 I. Verifying Non-Financial Factors53

 J. Verification of Suitability for Admission.....57

XIII Violation Against Women Act (VAWA) Policy.....58

XIV Definitions of Terms Used in This Statement of Policies.....65

**Admissions and Continued Occupancy Policy Governing
HUD-Aided Public Housing Operated by the Youngstown Metropolitan
Housing Authority**

I. Nondiscrimination

A. Compliance with Civil Rights Laws

1. Civil rights laws protect the rights of applicants and residents to equal treatment by the Youngstown Metropolitan Housing Authority in the way it carries out its programs. It is the policy of the Youngstown Metropolitan Housing Authority (YMHA) to comply with all Civil Rights laws, including but not limited to:

- Title VI of the Civil Rights Act of 1964, which forbids discrimination on the basis of race, color, religion, national origin or sex¹;
- Title VIII of the Civil Rights Act of 1968 (as amended by the 1974 HCDA and the Fair Housing Amendments Act of 1988), which extends protection against discrimination based on disability and familial status, and spell out forms of prohibited discrimination²;
- Executive Order 11063,
- Section 504 of the Rehabilitation Act of 1973, which describes specific housing rights of persons with disabilities³;
- The Age Discrimination Act of 1975, which establishes certain rights of the elderly⁴
- Title II of the Americans with Disabilities Act, otherwise Section 504 and the Fair Housing Amendments govern (Title II deals with common areas and public space, not living units.)
- Any applicable State laws or local ordinances, and
- Any legislation protecting the individual rights of tenants, applicants or staff that may subsequently be enacted⁵.

2. The YMHA shall not discriminate because of race, color, national origin, age, sex, religion, familial status, or disability in the leasing, rental, occupancy, use, or other disposition of housing or related facilities, including land that is part of a development under the YMHA's jurisdiction covered by a public housing Annual Contributions Contract with HUD.

3. YMHA shall not, on account of race, color, national origin, age, sex, religion, familial status, or disability:

- (a) Deny anyone the opportunity to apply for housing (when the waiting list is open), nor deny to any qualified applicant the opportunity to lease housing suitable to its needs;
- (b) Provide anyone housing that is different (of lower quality) from that provided others;
- (c) Subject anyone to segregation or disparate treatment;
- (d) Restrict anyone's access to any benefit enjoyed by others in connection with the housing program;

- (e) Treat anyone differently in determining eligibility or other requirements for admission;
- (f) Deny anyone access to the same level of servicesⁱⁱ; or
- (g) Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program.

4. YMHA shall not automatically deny admission to otherwise qualified applicants because of their membership in some group to which negative behavior may be imputed. Instead, each applicant who is a member of a particular group will be treated as an individual based on his or her attributes and behavior⁶.

5. YMHA will correct situations or procedures that create a barrier to equal housing opportunity for all. To permit people with disabilities to take full advantage of the YMHA's housing program and non-housing programs, in accordance with Section 504, and the Fair Housing Amendments Act of 1988, there are requirements, optional actions and prohibitions:

- (a) YMHA **must**, upon request by an applicant or resident with a disability,
 - make structural modifications to its housing and non-housing facilities⁷ and
 - make reasonable accommodations in its procedures or practices⁸ **unless** such structural modifications or reasonable accommodations
 1. would result in an undue financialⁱⁱⁱ and administrative burden on the Authority⁹, or
 2. would result in a fundamental alteration in the nature of the program
- (b) In making structural modifications to "Existing housing programs"¹⁰ or in carrying out "Other Alterations"¹¹ for otherwise qualified persons with disabilities, YMHA **may**, but is not required to:
 - Make each of its existing facilities accessible¹²; or
 - make structural alterations when other methods can be demonstrated to achieve the same effect¹³;
 - Make structural alterations that require the removal or altering of a load-bearing structural member¹⁴;
 - Provide an elevator in any multifamily housing project solely for the purpose of locating accessible units above or below the grade level¹⁵;
- (c) When the YMHA is making "Substantial Alterations"^{iv} to an existing housing facility YMHA **may**, but is not required to:
 - Provide an elevator in any multifamily housing project solely for the purpose of locating accessible units above or below the grade level¹⁶;
 - Make structural alterations that require the removal or altering of a load-bearing structural member¹⁷; or

ⁱⁱ This requirement applies to services provided by YMHA and services provided by others with YMHA's permission on public housing property. Thus, a health screening program offered by the local health department in a public housing community room would have to be fully accessible to persons with disabilities.

ⁱⁱⁱ Considering all the YMHA's sources of revenue, including both operating and capital funds

^{iv} defined in **24 CFR § 8.23** as Comprehensive Modernization or work in developments with 15+ units, work whose value exceeds 75% of the replacement cost of the facility

- Make structural alterations to meet minimum accessibility requirements where it is structurally impracticable^v also¹⁸

The undue burdens test is not applicable to housing undergoing substantial alteration.

6. YMHA will not permit these policies to be subverted to do personal or political favors. YMHA will not offer units in an order different from that prescribed by this policy, since doing so violates the policy, federal law, and the civil rights of the other families on the waiting list¹⁹.

B. Accessibility and Plain Language

1. Facilities and programs used by residents will be accessible to a person in a wheelchair. Application and management offices, hearing rooms, community centers, day care centers, laundry facilities, craft and game rooms, etc. (to the extent that the YMHA has such facilities) will be usable by residents with a full range of disabilities. To the extent that the YMHA offers such facilities, if none is already accessible, some^{vi} will be made so, subject to the undue financial and administrative burden test²⁰.

2. Documents used by applicants and residents will be accessible for those with vision or hearing impairments²¹. Also, all documents will be written simply and clearly to enable applicants with learning or cognitive disabilities to understand as much as possible. Unless prohibited by local law, documents may be translated into languages other than English^{vii}.

3. YMHA may present examples to help applicants and residents understand eligibility, rent computation, applicant screening, reasonable accommodations, and lease compliance. In writing materials for applicants and residents, YMHA staff will be prepared to explain rules and benefits verbally, as often as may be needed, because some disabilities may affect an applicant's ability to read or understand²¹.

4. When YMHA has first contact with all applicants, staff will ask whether they need some form of communication other than plain language paperwork. Alternative forms of communication might include: sign language interpretation; having materials explained orally by staff, either in person or by phone; large type materials; information on tape; having someone (friend, relative or advocate) accompany the applicant to receive, interpret and explain housing materials; permitting applicants to file applications by mail; and permitting alternative sites for application taking²².

5. Some applicants will not be able to read (or to read English), so intake staff must be prepared to read and explain anything that they would normally hand to an applicant to be read or filled out. Applicants who read or understand little English may furnish an interpreter who can explain what is going on. YMHA is not required to pay the costs associated with having a foreign language interpreter (as they are for a sign language interpreters for the hearing impaired²³

^v Structural impracticability is defined as: Changes having little likelihood of being accomplished without removing or altering a load-bearing structural member and/or incurring an increased cost of 50% or more of the value of the element of the building or facility involved.

^{vi} It is not required that all public and common areas be made accessible so long as persons with disabilities have full access to all the types of facilities and activities available to persons without disabilities. Thus, not all laundry facilities need to be accessible so long as there are sufficient accessible laundry facilities for use by persons with disabilities at each development that provides laundry facilities.

^{vii} 24 CFR § 5.505 requires that any notice or document relative to citizen or eligible immigration status, where feasible, be provided to an applicant or tenant in a language that is understood by the individual if the individual is not proficient in English. In general, documents will be translated when there are sufficient numbers of applicants or residents speaking a language to warrant the expense.

because the Fair Housing law makes no such requirement).

6. At a minimum, YMHA will prepare information to be used by applicants and residents in plain-language accessible formats.

II. Eligibility for Admission and Processing of Applications

A. Affirmative Marketing

1. YMHA will conduct affirmative marketing as needed so the waiting list includes a mix of applicants with races, ethnic backgrounds, ages and disabilities proportionate to the mix of those groups in the eligible population of the area. The marketing plan will take into consideration the number and distribution of vacant units, units that can be expected to become vacant because of move-outs, and characteristics of families on the waiting list. YMHA will review these factors regularly to determine the need for and scope of marketing efforts. All marketing efforts will include outreach to those least likely to apply²⁴.

2. Marketing and informational materials will:

- (a) Comply with Fair Housing Act requirements on wording, logo, size of type, etc²⁵;
- (b) Describe the housing units, application process, waiting list and preference structure accurately;
- (c) Use clear and easy to understand terms and more than strictly English-language print media;
- (d) Contact agencies that serve potentially qualified applicants least likely to apply (e.g. the disabled) to ensure that accessible/adaptable units are offered to applicants who need their features;
- (e) Make clear who is eligible: low income individuals and families; working and non-working people; and people with both physical and mental disabilities; and
- (f) Be clear about YMHA's responsibility to provide reasonable accommodations to people with disabilities.

B. Qualification for Admission

1. It is YMHA's policy to admit **only** qualified applicants^{viii}.

2. An applicant is qualified if he or she meets all of the following criteria:

- (a) Is a family, as defined in Section XII of this policy;
- (b) Meets HUD requirements on citizenship or immigration status²⁶;
- (c) Has an Annual Income (as defined in Section XI of this document) at the time of admission that does not exceed the income limits (maximum incomes by family size established by HUD) posted in YMHA offices.

^{viii} The term "qualified" refers to applicants who are eligible and able to meet the applicant selection standards. This term is taken from the 504 regs: **24 CFR § 8.3** Definition of qualified individual with a disability. In order to be eligible, a family must meet four tests: (1) they must meet YMHA's definition of family; (2) have an Annual Income at or below program guidelines; (3) each family member, age 6 or older, must provide a social security number or certify that he/she has no number; and (4) each family member receiving assistance must be a citizen or non-citizen with eligible immigration status per **24 CFR § 5.5**.

- (d) Provides documentation of Social Security numbers for family members age 6 or older, or certifies that they do not have Social Security numbers²⁷; and
- (e) Meets the Applicant Selection Criteria in Section II. F. of these policies²⁸.

C. Waiting List Management

1. It is the policy of YMHA to administer its waiting list as required by HUD's regulations
2. Opening and Closing Waiting Lists
 - (a) For any unit size or type, if the YMHA's waiting list has sufficient applications to fill anticipated vacancies for the coming 12 months, YMHA may elect to: (a) close the waiting list completely; (b) close the list during certain times of the year; or (c) restrict intake by preference, type of project, or by size and type of dwelling²⁹.
 - (b) A decision to close the waiting list will consider the number of applications for each size and type of unit, the number of applicants who qualify for a preference, and the ability of YMHA to house applicants in twelve to eighteen months. Decisions to close waiting lists, restrict intake, or open waiting lists will be publicly announced.
 - (c) When the waiting list is closed, YMHA will not maintain a list of individuals who wish to be notified when the waiting list is re-opened.

3. Determining if the Waiting List may be Closed

YMHA will use its **Procedure on Opening and Closing the Waiting List**^{ix} to determine whether the waiting list(s) should be closed.

4. Updating the Waiting List

- (a) Once each year YMHA will update each waiting list sublist by contacting all applicants in writing^x.

If, after two attempts in writing^{xi}, no response is received, YMHA will withdraw the name of an applicant from the waiting list.

At the time of initial intake, YMHA will advise families that they must notify the YMHA when their circumstances, mailing address or phone numbers change.
- (b) YMHA will remove an applicant's name from the waiting list only in accordance with its **Procedure on Updating the Waiting List and Removing Applications**.

5. Changes in Preference Status While on the Waiting List

- (a) Situations of some families who did not qualify for a local or ranking preference when they applied may change so they are qualified for a preference. The family should contact YMHA so their status may be recertified or reverified. Applicants whose preference status changes while they are on the waiting list retain their original date and time of application, or application number, as applicable.

^{ix} This policy refers to written procedures that cover, in this case, the closing of the waiting list. References to other administrative procedures is made periodically in the text of this policy. These procedures are separate documents that describe the work steps necessary to implement the policy made in this document.

^x Or by the method designated at initial application by applicants with disabilities.

^{xi} Both written communications will be sent by first class mail.

- (b) If YMHA determines that the family does now qualify for a preference, they will be moved up on the waiting list in accordance with their preference(s) and their date and time of application. They will then be informed in writing of how the change in status has affected their place on the waiting list.

D. Processing Applications for Admission

1. YMHA will accept and process applications in accordance with applicable HUD Regulations and YMHA's **Procedure on Taking Applications and Initial Processing**. YMHA will assume that the facts certified to by the applicant in the preliminary application are correct, although all those facts will be verified later in the application process.

2. Interviews and Verification Process

As applicants approach the top of the waiting list, they will be contacted and asked to come to YMHA for an interview to complete their applicant file. Applicants who fail to attend their scheduled interview or who cannot be contacted to schedule an interview will have their applications withdrawn, subject to reasonable accommodations for people with disabilities.

- (a) The following items will be verified according to YMHA's **Procedure on Verification**, to determine qualification for admission to YMHA's housing:
 - (i) Family composition and type (Elderly/Disabled/near elderly /non-elderly)
 - (ii) Annual Income
 - (iii) Assets and Asset Income
 - (iv) Deductions from Income
 - (v) Preferences
 - (vi) Disclosure of Social Security Numbers of all Family Members
 - (vii) Applicant Screening Information
 - (viii) Citizenship or eligible immigration status
 - (ix) Drug Related or Violent Criminal Activity as well as Sex Offender Background Checks.
 - (x) Consent to collect information by YMHA
 - (xi) Prior history with YMHA or other HUD Housing Programs
- (b) Third party written verification including Upfront Income Verification (UIV) is the preferred form of documentation to substantiate applicant or resident claims. If attempts to obtain third party written verification are unsuccessful, YMHA may also use (1) phone verifications with the results recorded in the file, dated, and signed by YMHA staff, (2) review of documents, and, if no other form of verification is available, (3) applicant certification. Applicants must cooperate fully in obtaining or providing the necessary verifications.
- (c) Verification of eligible immigration status shall be carried out pursuant to **24 CFR § 5.5**. Citizens are permitted to certify to their status.
- (d) For employment income, YMHA will utilize EIV plus four current consecutive pay stubs or letter from employer on company letterhead indicating pay rate, hours and contact information.

- (e) Self-certifications or income tax returns signed by the family may be used for the verifying self-employment income, or income from tips and other gratuities.
INSTRUCTION: For some self-employment types, where there is the potential for substantial income, self-certification should be unacceptable.
- (f) If an applicant/resident is operating a licensed day care business, income will be verified along with any other business.
- (g) If the applicant/resident is operating a "cash and carry" operation (which may or may not be licensed), the PHA will require that the applicant/resident complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid and signature of person.
- (h) If the family has filed a tax return, the family will be required to provide it. If child care services were terminated, a third-party verification will be sent to the parent whose child was cared for.

3. Applicants reporting zero income will be asked to complete a family expense form to document how much they spend on: food, transportation, health care, child care, debts, household items, etc. and what the source of income is for these expenses.

4. YMHA's applications for admission to public housing shall indicate for each application the date and time of receipt; applicant's Equal Employment Opportunity Commission (EEOC) information; determination by YMHA as to eligibility of the applicant; when eligible, the unit size(s) for which eligible; preference, if any; and the date, location, identification, and circumstances of each vacancy offered and accepted or rejected³⁰.

E. The Preference System

1. Admission Preferences

An admission preference does not guarantee admission. Preferences establish the order of placement on the waiting list. Every applicant must still meet YMHA's Selection Criteria before being offered a unit.

2. Factors Other than Preferences

Factors other than preferences that affect the selection of applicants from the waiting list³¹ include the date and time of the application.

Before applying its preference system, YMHA will match the characteristics of the available unit to the applicants available on the waiting list. Unit size, accessibility features, or type of project limit the admission of families to households whose characteristics "match" the vacant unit available.

By matching unit and family characteristics, families lower on the waiting list may receive an offer of housing before families with an earlier date and time of application or families with a higher preference (e.g. the next unit available is an accessible unit and the only applicant family needing such features is in the non-preference pool, i.e. having no preference).

Factors other than the preference system that affect applicant selection are described below:

- (a) When selecting a family for a unit with **accessible features**, YMHA will give a preference to families that include persons with disabilities who can benefit from

the unit's features. First preference will be given to existing tenant families seeking a transfer and second preference will be given to applicant families.

If no family needing accessible features can be found for a unit with such features, YMHA will house a family not needing the unit features, but a non-disabled family in an accessible unit will be required to move so that a family needing the unit features can take advantage of the unit.

Preferences will be granted to applicants who are otherwise qualified and who, at the time of the unit offer (prior to execution of a lease), meet the definitions of the preferences described below.

3. Target Income Requirements

There is one local preference to accommodate the income-targeting requirement in effect based on ranges of income. Applicants will be grouped as follows:

- **Tier I:** Families with incomes between 0% and 30% of area median income (this group **must** constitute at least 40% of all admissions in any year);
- **Tier II:** Families with incomes between 31% and 80% of area median income (the target for this group is 60% of all admissions in any year).

4. Ranking Preference

There is one ranking preference used by YMHA in effect with two equal elements that are of equal weight and shall not be aggregated. The ranking preference is the **Upward Mobility/Working Preference** and the **Veterans Preference**.

Upward Mobility/Working shall be defined as:

- Families with an adult member who is and has been continuously working at least 20 hours per week for the past 90 days (or for families in which all adult members are unable to work because of age or disability) or an adult member who is attending an educational program, skills training, or other governmentally sponsored program designed to lead to self-sufficiency on a full-time basis, or a combination of employment and educational programs on a full or part-time basis.

Veteran Preference shall be defined as:

- Families with an adult member who is/was a Veteran or Serviceperson receiving an honorable discharge.

Families that do not qualify for either the ranking or the local preference will be categorized as no-preference families.

Residents deemed eligible when they reach the top of the waiting list for their category will be placed on the bottom of the seniority list and reconsidered when they again reach the top of the seniority list.

Residents who cannot move when they are offered a unit due to illness, as documented by a physician's written statement, will be offered the next available unit of appropriate size when they become capable of moving.

YMHA will waive any application fees with respect to Residents who apply for housing at Arlington Heights Phase I Rental who fall within one of the first two preference groups as outlined above.

For more detailed information regarding eligibility and other requirements for Arlington Heights, please refer the Arlington Heights Phase I and Phase II management plans available at YMHA administrative offices.

5. Method of Applying Preferences

To ensure that YMHA admits the statutorily required 40% of applicants per year with incomes in Tier I and, at the same time, does not create concentrations of families by income at any of its properties, YMHA will rank applicants within income tiers and apply the date and time, since YMHA has no additional preferences. Four out of every ten applicants admitted will be from Tier I. Within the qualifying bedroom sizes, offers will be made by oldest application³².

- (a) YMHA will house applicants from Tiers I and II on the waiting list by selecting the oldest application on file.
- (b) YMHA will also offer units to existing residents on the transfer list. Some types of transfers are processed before new admissions and some types of transfers are processed with new admissions. Transfers do not count toward the 40% Tier I requirement.
- (c) YMHA will not hold units vacant for non-responsive applicants, nor will it relax eligibility or screening criteria to admit otherwise unqualified applicants.

6. Definition of Displacement

YMHA defines Displacement Preference to include applicants who can document that they have been displaced by a natural disaster declared by the President of the United States, displaced, through no fault of their own, by governmental action.

7. Withholding Preferences

YMHA will withhold a preference from an applicant if any member of the applicant family is a person evicted from assisted housing during the past three years because of drug-related or criminal activity that threatens the health, safety or peaceful enjoyment of other residents or YMHA staff³³. YMHA may grant an admissions preference if it is verified that:

- (a) The evicted person has successfully completed a rehabilitation program approved by YMHA;
- (b) The evicted person clearly did not participate in or know about the drug-related criminal activity; or
- (c) The evicted person no longer participates in any drug-related or criminal activity that threatens the health, safety or right to peaceful enjoyment of other tenants or staff of YMHA.

8. Designated Housing

The preference system described above will work in combination with requirements to match the characteristics of the family to the type of unit available, including developments with HUD-approved designated populations. When such matching is required or permitted by current law, YMHA will give preference to the families described below. The ability to provide preferences for some family types will depend on unit size available.

- (a) **Projects designated for the elderly:**^{xii} Elderly families will receive a priority for admission to units or buildings covered by a HUD-approved Designation Plan.
When there are insufficient elderly families on the waiting list, near-elderly families (head or spouse ages 50 to 61) will receive a priority for this type of unit.
- (b) **Projects designated for disabled families:**^{xiii} Disabled families will receive a priority for admission to units or buildings that are covered by a HUD-approved Designation Plan.
- (c) **Elderly/Disabled over Singles:** All elderly or disabled applicants who are single persons shall be admitted before single persons who are not elderly, disabled nor displaced.
- (d) **General Occupancy Projects:** The priority for elderly and disabled families and displaced persons over single persons does not apply at General Occupancy Properties.

9. Administration of the Preferences

- (a) Depending on the time an applicant may have to remain on the waiting list, YMHA will have the applicant certify the preference at the time of application but will verify the preference prior to admission. Verification of preferences is one of the earliest steps in processing waiting list families for admission. Preference verifications shall be no more than 120 days old at the time of certification.
- (b) At the time of the initial application, YMHA will use an application to obtain the family's certification that it qualifies for a preference. Between the initial application and the application interview, the family will be advised to notify PHA of any change that may affect their ability to qualify for a preference.
- (c) Applicants that are otherwise eligible and self-certified as qualifying for a preference will be placed on the waiting list in the appropriate applicant pool.
- (d) Applicants that self-certify to a preference at the time of the initial application and cannot verify current preference status at the time of certification will lose their preference status and their standing on the waiting list.

Families that cannot qualify for any of the preferences will be moved into the No-preference category, and to a lower position on the waiting list based on date and time of application.
- (e) Families that claim a preference at the initial application, but do not qualify for a preference at the time of application interview, will be notified in writing and advised of their right to an informal meeting as described below. If otherwise qualified, the family's application will then be placed on the waiting list in the appropriate No-preference category.

^{xii} This reference is to buildings or portions of buildings designated for the elderly by following HUD's requirements. Designation of housing for the elderly requires the preparation of a designated housing plan. The plan must be presented to HUD for review and approval.

^{xiii} Buildings, floors and units can also be designated for disabled families, also by following the HUD requirements. This entails preparing a designated housing plan noting which buildings (if any) will be set aside for disabled families. HUD approval is required for the plan.

10. Notice and Opportunity for a Meeting³⁴

If an applicant claims but does not qualify for a preference or disputes their position on the waiting list, the applicant can request a meeting:

- (a) YMHA will provide a notice that an applicant does not qualify for a preference containing a brief statement of the reasons for the determination, and that the applicant has may meet with YMHA's designee to review the determination.
- (b) If the applicant requests the meeting, YMHA will designate someone to conduct the meeting. This can be the person who made the initial determination or reviewed the determination of his or her subordinate, or any other person chosen by the YMHA. A written summary of this meeting shall be made and retained in the applicant's file.
- (c) The applicant will be advised that he/she may exercise other rights if the applicant believes that illegal discrimination, based on race, color, national origin, religion, age, disability, or familial status has contributed to the YMHA's decision to deny the preference.

F. Applicant Selection Criteria

1. All applicants shall be screened in accordance with HUD's regulations³⁵ and sound management practices. During screening, YMHA will require applicants to demonstrate ability to comply with essential provisions of the lease as summarized below:

- (a) to pay rent and other charges (e.g. maintenance charges) as required by the lease in a timely manner;
- (b) to care for and avoid damaging the unit and common areas;
- (c) to use facilities and equipment in a reasonable way;
- (d) to create no health, or safety hazards, and to report maintenance needs;
- (e) not to interfere with the rights and peaceful enjoyment of others, and to avoid damaging the property of others;
- (f) not to engage in criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises by other residents or staff; and not to engage in drug-related criminal activity; and
- (g) to comply with necessary and reasonable rules and program requirements of HUD and the YMHA.

2. How YMHA will check ability to comply with essential lease requirements:

- (a) Applicant ability and willingness to comply with the essential lease requirements will be checked and documented in accordance with YMHA's **Procedure on Applicant Screening**. Applicant screening shall assess the conduct of the applicant and other family members listed on the application, in present and prior housing. Any costs incurred to complete the application process and screening will be paid by the YMHA.
- (b) The history of applicant conduct and behavior must demonstrate that the applicant family can reasonably be expected **not to**:
 - (i) Interfere with other residents in such a manner as to diminish their peaceful

- enjoyment of the premises by adversely affecting their health, safety, or welfare³⁶;
- (ii) Adversely affect the physical environment or financial stability of the project³⁷;
- (iii) Violate the terms and conditions of the lease³⁸;
- (iv) Require services from YMHA staff that would alter the fundamental nature of YMHA's program³⁹.
- (c) YMHA will conduct a detailed interview of all applicants using an interview checklist as a part of the screening procedures. The form will ask questions based on the essential elements of tenancy. Answers will be subject to third party verification⁴⁰.
- (d) YMHA will complete a rental history check on all applicants.
- (e) Payment of funds owed to YMHA or any other housing authority is part of the screening evaluation. YMHA will not conduct a full screening process until the balance is paid in full. YMHA will not admit families who owe previous balances. YMHA will reject an applicant for unpaid balances owed YMHA or other federally assisted housing by the applicant for any program that YMHA or HUD operates⁴¹.
- (f) YMHA will complete a criminal background check on all adult applicants or any member for whom criminal records are available. Before the YMHA rejects an applicant on the basis of criminal history, the YMHA must notify the household of the proposed rejection and provide the household member whose criminal history is at issue with a copy of the criminal record and an opportunity to dispute the accuracy and relevance of that record⁴².
- (g) If any screening activity suggests that an applicant household member may be currently engaged in illegal use of drugs, the YMHA shall seek information from a drug abuse treatment facility to determine whether the facility has reasonable cause to believe the household member is currently engaging in illegal drug use.
- (h) YMHA's examination of relevant information respecting past and current habits or practices will include, but is not limited to, an assessment of the applicant's adult family members':
- Past performance in meeting financial obligations, especially rent and utility bills⁴³.
 - Record of disturbance of neighbors (sufficient to warrant a police call) destruction of property, or living or housekeeping habits that may adversely affect the health, safety, or welfare of other tenants or neighbors⁴⁴.
 - History of criminal activity on the part of any applicant family member involving crimes of physical violence to persons or property or other criminal acts including drug-related criminal activity that would adversely affect the health, safety, or welfare of other residents or staff or cause damage to the unit or development⁴⁵.
- YMHA may require an applicant to exclude a household member in order

- to be admitted if that household member has participated in or been culpable for criminal actions that warrant rejection;
- YMHA may, if a statute requires that the YMHA prohibit admission for a period of time after some disqualifying behavior or event, choose to continue that prohibition for a longer period of time.
 - A record of eviction from housing or involuntary termination from residential programs (taking into account date and circumstances).
 - An applicant's ability and willingness to comply with the terms of YMHA's lease⁴⁶.
- (i) The YMHA is **required** to reject the applications of certain applicants for criminal activity or drug abuse by household members:
- The YMHA shall reject the application of any applicant for three years from the date of eviction if any household member has been evicted from any federally assisted housing for drug-related criminal activity. However, the YMHA may admit the household if the YMHA determines that⁴⁷:
 - The evicted household member who engaged in drug-related criminal activity has successfully completed a supervised drug rehabilitation program approved by the YMHA, or
 - The circumstances leading to the eviction no longer exist (for example, the criminal household member has died or is imprisoned).
 - The YMHA is required to reject the application of a household if the YMHA determines that:
 - Any household member is currently engaging in illegal use of a drug^{xiv}; or
 - The YMHA has reasonable cause to believe that a household member's illegal use or pattern of illegal use of a drug may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents; or
 - Any household member has ever been convicted of manufacture or production of methamphetamine on the premises of any federally assisted housing; or
 - Any member of the household is subject to a lifetime registration requirement under a State sex offender registration program; or
 - Any member of the household's abuse or pattern of abuse of alcohol may threaten the health, safety, or right to peaceful enjoyment of the premises by other residents^{xv}.
- (j) YMHA in consideration of the policy on "One Strike-Your Out" shall enforce the additional following conditions on screening and occupancy regarding criminal activity, drug related activity and alcohol abuse.

^{xiv} For purposes of this section a household member is "currently engaged in" the criminal activity if the person has engaged in the behavior recently enough to justify a belief that the behavior is current

^{xv} YMHA must be able to show a relationship between the applicant household member's abuse of alcohol and behavior that threatens the health, safety, or right to peaceful enjoyment of other residents.

- In conformity with the requirements of the Housing Opportunity Extension Act of 1996, which requires immediate eviction from federally funded public housing of those persons who engage in drug use, violent criminal activity, or disruptive alcohol-induced behaviors, YMHA included the following provisions and guiding principles under the “One Strike-You’re Out” Policy.
 - Persons who engage in criminal activity, drug-related criminal activity, or disruptive behaviors related to alcohol abuse, represent a clear and immediate threat to the health, safety, and continued well-being of YMHA residents.
 - The residents of the YMHA have a right to live in an atmosphere of peaceful enjoyment and to be free from fear, intimidation, abuse, or the environment of criminal activity.
 - Because of the extraordinary demand for affordable rental housing, public and assisted housing should be awarded only to responsible individuals who are willing to abide by the reasonable rules and regulations of the YMHA.
 - In an effort to achieve a living environment at all YMHA properties which is conducive to the health, safety and right of peaceful enjoyment of all residents, the Authority’s policies are designed to screen prospective tenants, in an effort to prevent those persons who have a demonstrated propensity for engaging in criminal activity, drug-related criminal activity or alcohol-related disturbances from becoming residents. In addition to this proactive tenant screening process, the Authority’s policy is to evict or terminate the lease of any existing residents who are found to engage in criminal activity, drug-related criminal activity, or alcohol-related disturbances. It is the intent of the Authority to adopt a strict, uniform and fair policy which provides “zero tolerance” for criminal activity, drug-related criminal activity, or alcohol-related disturbances, whether committed by a prospective or current Tenant, household member, guest, or other guest on Authority property under their direct control, supervision or invitation.
 - Persons who have previously committed certain criminal offenses or previously been evicted from assisted housing for illegal drug or criminal activity will be denied consideration for tenancy.
 - Any person who, within three (3) years of the date of application for residency with the Authority, has previously been evicted from any assisted rental housing program because of drug-related criminal activity shall not be eligible for residency with the Authority.
 - The YMHA finds that those persons who have demonstrated a history of criminal activity involving certain crimes of physical violence, certain crimes relating to personal property, certain crimes relating to illegal narcotics activity, and certain other criminal acts, present a significant danger to the current law-abiding residents of the Authority, as such criminal activity represents a clear and immediate

threat to their health, safety and continued well-being. Accordingly, any person who has committed one or more of the following specified criminal offenses, as evidenced by arrest, conviction or preponderance of evidence, and has not thereafter demonstrated complete rehabilitation by remaining conviction-free or arrest-free for a period of at least three (3) years after the date of conviction, arrest, release from imprisonment, or the successful termination of probation, community control or parole, whichever shall occur later, shall be denied consideration for tenancy at any YMHA property. For the purposes of this section, a "conviction" includes either a formal adjudication of guilt or a withholding of adjudication of guilt by a court of competent jurisdiction, whether or not such finding is predicated upon a jury verdict or plea of guilty or nolo contendere. Such violations include but are not limited to:

- Any violation of Chapter 29 Ohio Revised Code (relating to Homicide)
- Any violation of Chapter 29 Ohio Revised Code (relating to Assault or Battery)
- Any violation of Chapter 29 Ohio Revised Code (relating to Sexual Battery)
- Any violation of Chapter 29 Ohio Revised Code (relating to Lewd and Lascivious Behavior)
- Any violation of Chapter 29 Ohio Revised Code (relating to Robbery, Car Jacking and Home Invasion Robbery)
- Any violation of Chapter 29 Ohio Revised Code (relating to Weapons and Explosives)
- Any violation of Chapter 29 Ohio Revised Code (relating to the Possession, Sale or Distribution of Controlled Substances)
- Any violation of Chapter 29 Ohio Revised Code (relating to Kidnapping and False Imprisonment)
- Any violation of Chapter 29 Ohio Revised Code (relating to Burglary and Trespass)
- Any violation of Chapter 29 Ohio Revised Code (relating to Arson and Criminal Mischief)
- Any violation of Chapter 29 Ohio Revised Code (relating to Child Abuse)

- Any violation of Chapter 29 Ohio Revised Code (relating to Threats and Extortion)
- Any violation of Chapter 29 Ohio Revised Code (relating to Disorderly Intoxication)
- Any violation of Chapter 29 Ohio Revised Code (relating to Disorderly Conduct and Breach of Peace)
- Any other violation of any state or federal law which contains as an element of the offense the use of force or violence, the possession of a controlled substance, or the presence of a state of intoxication or inebriation.

These guiding principles and policies are further included in matters related to continued occupancy.

- (n) An applicant's intentional misrepresentation of information related to eligibility, preference for admission, housing history, allowances, family composition or rent will result in rejection. Unintentional mistakes that do not confer any advantage to the applicant will not be considered misrepresentations.
- (o) Applicants must be able to demonstrate the ability and willingness to comply with the terms of YMHA's lease, either alone or with assistance that they can demonstrate they will have at the time of admission.^{xvi} Availability of assistance is subject to verification by YMHA⁴⁸.

3. Screening applicants who claim mitigating circumstances

- (a) If negative information is received about an applicant, YMHA shall consider the time, nature, and extent of the applicant's conduct and to factors that might indicate a reasonable probability of favorable future conduct. To be considered, mitigating circumstances must be verifiable⁴⁹.
- (b) Mitigating circumstances^{xvii} are facts relating to the applicant's negative rental history or behavior, that, when verified, indicate: (1) the reason for the unsuitable rental history and/or behavior; and (2) that the reason for the unsuitable rental history and behavior is no longer in effect or is under control, **AND** applicant's prospect for lease compliance is an acceptable one, justifying admission. Mitigating circumstances would overcome or outweigh information already gathered in the screening process.
- (c) If the applicant asserts that mitigating circumstances relate to a change in

^{xvi} Applicants whose landlord, financial, criminal and other references demonstrate that they are already willing and able to comply with lease terms in their existing housing will be considered to have met this criterion, whether or not they are disabled. Applicants whose housing situations make it difficult for YMHA to determine whether or not they are able and willing to comply with lease terms (e.g. because they are homeless, are living with friends or relatives, or have other non-traditional housing circumstances) will have to demonstrate ability and willingness to comply with lease terms whether or not they are disabled.

^{xvii} The discussion of mitigating circumstance in this paragraph is applicable to all applicants. YMHA is required by regulation to consider mitigating circumstance, see 24 CFR § 960.205 (d) (1).

disability, medical condition or treatment, YMHA shall refer such information to persons qualified to evaluate the evidence and verify the mitigating circumstance. YMHA shall also have the right to request further information to verify the mitigating circumstance, even if such information is of a medically confidential nature. Such inquiries will be limited to the information necessary to verify the mitigating circumstances or, in the case of a person with disabilities, to verify a reasonable accommodation.

- (d) Examples of mitigating circumstances might include⁵⁰:
- (i) Evidence of successful rehabilitation;
 - (ii) Evidence of the applicant family's participation in social service or other appropriate counseling service; or
 - (iii) Evidence of successful and sustained modification of previous disqualifying behavior.
- (e) Consideration of mitigating circumstances does not guarantee that applicant will qualify for admission. YMHA will consider such circumstances in light of:
- (i) the applicant's ability to verify the mitigating circumstances and prospects for improved future behavior;
 - (ii) the applicant's overall performance with respect to all the screening requirements; and
 - (iii) the nature and seriousness of any criminal activity, especially drug related criminal activity that appears in the applicant's record.

4. Consideration of Circumstances (24CFR 960.203 (c) (3) and (d))

HUD authorizes the PHA to consider all relevant circumstances when deciding whether to deny admission based on a family's past history except in the situations for which denial of admission is mandated (see Section F2i)

In the event the PHA receives unfavorable information with respect to an applicant, consideration must be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent with its policies, YMHA can now give consideration to factors which might indicate a reasonable probability of favorable future conduct.

YMHA will consider the following factors prior to making its decision:

- The seriousness of the case, especially with respect to how it would affect other residents
- The effects that denial of admission may have on other members of the family who were not involved in the action or failure
- The extent of participation or culpability of individual family members, including whether the culpable family member is a minor or a person with disabilities.
- The length of time since the violation occurred, the family's recent history and the likelihood of favorable conduct in the future.
- Evidence of the applicant family's participation in or willingness to participate in social service or other appropriate counseling service programs. In the case of drug or alcohol

abuse, whether the culpable household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program or has otherwise been rehabilitated successfully.

YMHA will require the applicant to submit evidence of the household member’s current participation in successful completion of a supervised drug or alcohol rehabilitation program, or evidence of otherwise having been rehabilitated successfully.

5. Qualified and Unqualified Applicants

- (a) Verified information will be analyzed and a determination made with respect to:
 - (i) Eligibility of the applicant as a family ⁵¹;
 - (ii) Eligibility of the applicant with respect to income limits for admission ⁵²;
 - (iii) Eligibility of the applicant with respect to citizenship or eligible immigration status ⁵³;
 - (iv) Unit size required for and selected by the family;
 - (v) Preference category (if any) to which the family is entitled ⁵⁴; and
 - (vi) Qualification of the applicant with respect to the Selection Criteria ⁵⁵.
- (b) Qualified families will be notified by YMHA of the approximate date of admission insofar as that date can be determined ⁵⁶, however the date stated by YMHA is an estimate and does not guarantee that applicants can expect to be housed by that date.
- (c) Unqualified applicants will be promptly notified by a Notice of Rejection from YMHA, stating the basis for such determination and offering an opportunity for informal hearing (see **Procedure for Informal Hearing for Rejected Applicants**). Informal hearings for applicants are different from the resident grievance process. Applicants are not entitled to use of the resident grievance process ⁵⁷.
- (d) Applicants known to have a disability that are eligible but fail to meet the Selection Criteria, will be offered an opportunity for a second meeting to determine whether mitigating circumstances or reasonable accommodations will make it possible for them to be housed in accordance with the Screening Procedures.

G. Occupancy Guidelines

1. Units shall be occupied by families of the appropriate size. This policy maintains the usefulness of the units, while preserving them from excessive wear and tear and under-utilization.

Minimum and Maximum-Number-of-Persons-Per Unit Standard

| <u>Number of Bedrooms</u> | <u>Min Persons/Unit</u> <u>(Largest Unit Size)</u> | <u>Max Persons/Unit</u> <u>(Smallest Unit Size)</u> |
|---------------------------|---|--|
| 0BR | 1 | 1 |
| 1BR | 1 | 2 |
| 2BR | 2 | 4 |

YMHA's Public Housing ACOP

| | | |
|-----|---|----|
| 3BR | 3 | 6 |
| 4BR | 4 | 8 |
| 5BR | 5 | 11 |

The following principles govern the size of unit for which a family will qualify. Generally, two people are expected to share each bedroom, except that units will be so assigned that:

- (a) It will not be necessary for persons of different generations or opposite sex, other than husband and wife, to occupy the same bedroom, although they may do so at the request of the family.
- (b) Exceptions to the largest permissible unit size may be made in case of reasonable accommodations for a person with disabilities.
- (c) Two children of the opposite sex will not be required to share a bedroom, although they may do so at the request of the family.
- (d) An unborn child will not be counted as a person in determining unit size. A single pregnant woman may be assigned to a one-bedroom unit.
- (e) YMHA will count a child who is temporarily away from the home because the child has been placed in foster care, kinship care, or is away at school.
- (f) A single head of household parent shall not be required to share a bedroom with his/her child, although they may do so at the request of the family.
- (g) A live-in attendant may be assigned a bedroom. Single elderly or disabled residents with live-in attendants will be assigned a two-bedroom unit.
- (h) Efficiency apartments will be occupied first by persons who prefer efficiencies to 1 BR units.

2. A general policy of two persons per bedroom will be the standard for the smallest unit a family may be offered. Individual housing units with very small or very large bedrooms or other specific situations that inhibit or encourage lower or higher levels of occupancy may be permitted to establish lower or higher occupancy levels so long as the occupancy levels will not discriminate on the basis of familial status.

3. The largest unit size that a family may be offered would provide no more than one bedroom per family member, taking into account family size and composition.

4. When a family applies for housing and when the waiting list is updated, some families will qualify for more than one unit size. These applicants will choose the waiting sublist where they wish to receive a unit offer. Based on the family's choice, they will be placed on the appropriate waiting sublist by unit size.

5. If a family opts for a smaller unit size than would normally be assigned under the largest unit size standard (because, for example, the list is moving faster), the family will be required to sign a statement agreeing to occupy the unit assigned at their request until their family size or circumstances change.

6. When a family is actually offered a unit, if they no longer qualify for the unit size where they were sublisted, they will be moved to the appropriate sublist, retaining their preferences and date and time of application. This may mean that they may have to wait longer for a unit offer.

7. The YMHA shall change the family's sublist at any time while the family is on the waiting

list at the family's request.

III. Tenant Selection and Assignment Plan

A. Organization of the Waiting List

1. Community-wide Waiting List

It is YMHA's policy that each applicant shall be assigned his/her appropriate place on a single community-wide waiting list in sequence based upon:

- type and size of unit needed and selected by the family (e.g. general occupancy building, accessible or non-accessible unit, number of bedrooms);
- date and time the application is received.

YMHA will maintain its waiting list in the form that records the type and size of unit needed and the date and time of application. .

B. Unit Offers to Applicants

1. To assure equal opportunity and nondiscrimination on grounds of race, color, sex, religion, national origin, disability or familial status, the following system will be used to make unit offers.

- The first qualified applicant in sequence on the waiting list is made an offer of up to three units of appropriate size and type.
- The applicant must accept the vacancy offered or be dropped from the waiting list unless they present a hardship information.
- Applicants who are removed from the waiting list because they refuse unit offers without good cause may not reapply for housing for 6 months.

2. YMHA will first match the unit available to the highest-ranking applicant for a unit of that size, type and special features (if any), taking into account any designated housing (if applicable). If two applicants need the same type and size of unit and have the same status, the applicant with the earlier date and time of application or lower application number will receive the earliest offer.

3. In the selection of a family for a unit with accessible features, YMHA will give preference to families that include a person with disabilities who can benefit from the unit features.

4. The applicant must accept the vacancy offered within 3 working days of the date the offer is communicated (by phone, mail, or the method of communication designated by an applicant with disabilities) or be removed from the waiting list. All offers made over the phone will be confirmed by letter.

5. If more than one unit of the appropriate size and type is available, the first unit to be offered will be the unit that is or will be ready for move-in first. "Ready for move-in" means the unit has no Uniform Property Condition Standard (UPCS) deficiencies and is ready for Occupancy. If two units are ready for move-in on the same day, the first unit to be offered will be the unit that became vacant first.

C. Due Process Rights for Applicants

To ensure vacant units are filled in a timely manner, YMHA needs a waiting list that is accurate. While each applicant must keep YMHA apprised of changes in address, phone number, income or other circumstances, no applicant shall be removed from the waiting list except when one of the following situations occurs:

1. The applicant receives and accepts an offer of housing;
2. The applicant requests that his/her name be removed from the waiting list;
3. The applicant is rejected, either because he/she is ineligible for public housing at the time of certification, or because he/she fails to meet the applicant selection criteria^{xviii}; or
4. The application is withdrawn because the YMHA attempted to contact the applicant and was unable to do so. In attempting to contact to contact an applicant, the following methods shall be undertaken before an application may be withdrawn:
 - The applicant will be sent a letter by first class mail to the applicant's last known address, asking the applicant to contact YMHA^{xix} either by returning the update postcard or in person, bringing proof of identity;
 - When five working days have elapsed from the date when the YMHA mails the letter, if there is no response from the applicant, the applicant will be sent the same letter again by mail;
 - If an applicant contacts YMHA as required within any of the deadlines stated above, he/she shall be reinstated at the former waiting list position.
 - When YMHA is unable to contact an applicant by first class mail to schedule a meeting, or interview or to make an offer, YMHA shall suspend processing of that application until the applicant is either withdrawn (no contact by the applicant) or reinstated (contact by the applicant within the stated deadlines). While an application is suspended, applicants next in sequence will be processed.
5. Persons who fail to respond to YMHA attempts to contact them because of verified situations related to a disability shall be entitled to reasonable accommodation. In such circumstances YMHA shall reinstate these individuals to their former waiting list positions.
6. Families whose applications are withdrawn or rejected must reapply for housing when the waiting list is open. Families whose applications were withdrawn may not reapply for 6 months.

D. Good Cause for Applicant Refusal of Unit Offer

If an applicant is willing to accept the unit offered but is unable to move at the time of the offer and presents clear evidence ("good cause") that acceptance of the offer of a suitable vacancy will result in undue hardship not related to considerations of race, color, sex, religion or national

^{xviii} All rejected applicants are entitled to a complete explanation of the reason for their rejection and an informal hearing at which they may present reasons why they should not be rejected.

^{xix} Except that YMHA shall contact persons with disabilities according to the methods such individuals have previously designated. Such methods of contact could include verbal or in-person contact or contacting relatives, friends or advocates rather than the person with disabilities.

origin, the applicant will not be dropped to the bottom of the list.

1. Examples of “good cause” for refusal of an offer of housing are:

- The unit is not ready for move-in at the time of the offer of housing. “Ready for move-in” means the unit has no UPCS deficiencies and is broom clean. If an applicant refuses a unit because it is not ready for move-in, the applicant will be offered the next unit that **is** ready for move-in;
- Inaccessibility to source of employment, education, or job training, children’s day care, or educational program for children with disabilities^{xx}, so that accepting the unit offer would require the adult household member to quit a job, drop out of an educational institution or job training program, or take a child out of day care or an educational program for children with disabilities;
- The family demonstrates that accepting the offer will place a family member’s life, health or safety in jeopardy. The family must provide specific and compelling documentation such as restraining orders, other court orders, or risk assessments from a law enforcement agency. Reasons offered must be specific to the family. Refusals due to location alone do not qualify for this good cause exemption;
- A health professional verifies temporary hospitalization or recovery from illness of the principal household member, other household members (each as listed on final application) or live-in aide necessary to the care of the principal household member;
- The unit has lead paint and the family has children under the age of six;
- The unit is inappropriate for the applicant’s disabilities, or the family does not need the accessible features in the unit offered and does not want to be subject to a 30 day notice to move; or

2. If good cause is verified, the refusal of the offer shall not require that the applicant be dropped to the bottom of the waiting list or otherwise affect the family’s position on the waiting list.

3. YMHA will maintain a record of units offered, including location, date, and circumstances of each offer, and each acceptance or refusal, including the reason for the refusal.

E. Dwelling Units with accessible/adaptable features

1. Before offering a vacant accessible unit to a non-disabled applicant, YMHA will offer such units:

- First, to a current public housing resident having a disability that requires the special features of the vacant unit.
- Second, to an eligible qualified applicant on the waiting list having a disability that requires the special features of the vacant unit.

2. When offering an accessible/adaptable unit to a non-disabled applicant, YMHA will require the applicant to agree to move to an available non-accessible unit within 30 days when a current resident or an applicant with a disability needs the unit. This requirement is also reflected in the lease signed with the applicant.

^{xx} If the applicant has a child participating in such a program.

F. Leasing and Occupancy of Dwelling Units

Applications for admission and transfer will be processed centrally. Initial intake, waiting list management, screening, and assigning of housing (including transfers) will be made from the central office. Offers may be made in person, in writing or by phone from the central office or the development.

G. Transfers

YMHA has five possible types of transfers: Emergency, and Administrative - Category 1, Category 2 and Category 3 and Incentive. The definition of each transfer is found in the Transfer section.

1. Emergency and Category 1 and 2 administrative transfers will take priority over admissions. Category 3 administrative transfers will be processed at the rate of necessary to complete the transfer but not impose an administrative or maintenance burden to the agency. The specific definitions of each type of transfer are covered in Section V, Transfers, below.
2. Tenants on the transfer list for a non-mandatory transfer may refuse transfer offers for the "good cause" reasons cited in Section C above without losing their position on the transfer list.
3. Tenants who refuse a transfer offer without good cause may be removed from the transfer list, and tenants whose transfers are mandatory are subject to lease termination.
4. Tenants may use the YMHA Grievance Procedure if they are refused the right to transfer or if YMHA is requiring them to transfer and they do not want to do so.

IV. Leasing Policies

A. General Leasing Policy

1. All units must be occupied pursuant to a lease that complies with HUD's regulations⁵⁸.
2. The lease shall be signed by the head, spouse, and all other adult members of the household and by the Executive Director or other authorized representative of YMHA, prior to actual admission.⁵⁹
3. If a resident transfers from one YMHA unit to another, a new lease will be executed for the dwelling into which the family moves⁶⁰.
4. If at any time during the life of the lease agreement, a change in the resident's status results in the need for changing or amending any provision of the lease, either:
 - (a) A new lease agreement will be executed, or
 - (b) A Notice of Rent Adjustment will be executed, or
 - (c) An appropriate rider will be prepared and made a part of the existing lease.

All copies of such riders or insertions are to be dated and signed by the Resident and by the Executive Director or other authorized representative of YMHA⁶¹.

5. Residents must advise YMHA if they will be absent from the unit for more than 7 days. Residents shall notify the manager, secure the unit and provide a means for YMHA to contact

the resident in an emergency. Failure to advise YMHA of an extended absence is grounds for termination of the lease.

B. Showing Units Prior to Leasing

1. When offering units, YMHA will provide the applicant with a brief property description and other information to help orient the applicant to the neighborhood and location in the property. If the offer of a unit is preliminarily accepted by the applicant, YMHA will contact the applicant to set up a date to show the unit.
2. Once the unit is shown and the applicant accepts the unit, YMHA will execute a lease. If the applicant refuses the unit, a signed reason for refusal should be obtained from the applicant. The form is then evaluated by YMHA for a "good cause" determination.
3. No lease will have an effective date before the unit is ready for occupancy⁶².

C. Occupancy, Additions to the Household and Visitors

1. Only those persons listed on the most recent certification form and lease shall be permitted to occupy a dwelling unit⁶³.
 - Except for natural births to or adoptions by family members, or court awarded custody, any family seeking to add a new member must request approval in writing before the new member moves in.
 - Also included in requested approval would be situations in which a person (often a relative) comes to the unit as a visitor but stayed on in the unit because the tenant needed support, for example, after a medical procedure⁶⁴.
 - All persons listed on the most recent certification form and the lease must use the dwelling unit as their sole residence.
2. When a resident requests approval to add a new person to the lease, YMHA will conduct pre-admission screening of any proposed new adult member to determine whether the YMHA will grant such approval.

Children under the age below which Juvenile Justice records are made available, or added through a formal custody award or kinship care arrangement are still require the pre-admission screening process.

3. Examples of situations where the addition of a family or household **member is subject to screening** are:
 - Resident plans to be married and requests to add the new spouse to the lease;
 - Resident desires to add a new family member to the lease, requests a live-in aide, or take in a foster child(ren) over the age for which juvenile justice records are available;
 - A unit is occupied by a remaining family member(s) under age 18 (who is not an emancipated minor) and an adult, not a part of the original household, requests permission to take over as the head of the household; and
4. Residents who fail to notify YMHA of additions to the household or who permit persons to join the household without undergoing screening are violating of the lease. Persons added without YMHA approval will be considered unauthorized occupants and the entire household will be subject to eviction⁶⁵.

5. Roomers and lodgers shall not be permitted to move in with any family. Violation of this provision is ground for termination of the lease⁶⁶.

6. Residents will not be given permission to allow a former resident of YMHA who has been evicted to occupy the unit for any period of time. Violation of this requirement is ground for termination of the lease.

7. Family members over age 17 or emancipated minors who move from the dwelling unit to establish new households shall be removed from the lease⁶⁷.

- The resident shall report the move-out within 30 calendar days of its occurrence.
- These individuals may not be readmitted to the unit and must apply as a new applicant household for placement on the waiting list.
- Medical hardship or other extenuating circumstances shall be considered by YMHA in making determinations under this area.

V. Transfer Policy

A. General Transfer Policy

1. Transfers will be made without regard to race, color, national origin, sex, religion, or familial status. Residents can be transferred to accommodate a disability⁶⁸.

2. Residents will not be transferred to a dwelling unit of equal size except to alleviate hardship of the resident or other undesirable conditions as determined by the Executive Director or designee.

3. Residents will receive one offer of a transfer. Refusal of that offer without good cause will result in lease termination for mandatory transfers or the removal of the household from the transfer list for voluntary transfers.

B. Types of Transfers

1. The order in which families are transferred shall be subject to the hierarchy by category set forth below.

- (a) Emergency Transfers are **mandatory** when YMHA determines that conditions pose an immediate threat to resident life, health or safety. Emergency transfers may be made to: permit repair of unit defects hazardous to life, health, or safety; alleviate verified disability problems of a life threatening nature; or protect members of the household from attack by the criminal element in a particular property or neighborhood^{xxi}.

These transfers shall take priority over new admissions.

- (b) Category 1 Administrative transfers include **mandatory** transfers to: remove residents who are witnesses to crimes and may face reprisals; provide housing options to residents who are victims of hate crimes or extreme harassment; alleviate verified medical problems of a serious (but not life-threatening) nature; permit modernization or demolition of units; or permit a family that requires a unit with accessible features to occupy such a unit.

^{xxi} based on threat assessment by a law enforcement agency

These transfers shall take priority over new admissions.

Requests for these transfers will be made to the YMHA with necessary documentation to substantiate the need for such transfers. Transfers may also be initiated by YMHA (e.g. moving a person with mobility problems to a unit with accessible features).

- (c) Category 2 Administrative transfers correct serious occupancy standards problems.

These transfers will take priority over new admissions.

Category 2 transfers will only be made if the family size is so small that it includes fewer persons than the number of bedrooms, or so large that the household members over age 4 would equal more than two persons per bedroom.

These transfers are mandatory.

If a family's size is between the smallest and largest size permissible for the unit, the family may request a transfer, but it shall be considered a Category 3 transfer.

- (d) Category 3 Administrative transfers may be made to: avoid concentration of the most economically and socially deprived families, correct occupancy standards^{xxii}, or address situations that interfere with peaceful enjoyment of the premises.

These transfers will not take priority over new admissions. They will be processed at the rate of not to impose an administrative or maintenance burden on YMHA.

- (e) Incentive Transfers: Incentive Transfers are offered to residents without regard to their race, color, religion, sex, disability, or familial status, who have good rental histories and want to move to units other than those they currently occupy. These transfers are further described in Section E below.

These transfers will take priority over new admissions and new admissions will not be offered scattered site units, unless no eligible resident can be found for a scattered site unit. YMHA will house a family from the wait list to take advantage of the available unit.

2. Whenever feasible, transfers will be made within a resident's area.

C. Processing Transfers

1. A centralized transfer waiting list will be administered by YMHA's Occupancy Division. Managers are responsible for submitting requests for transfer including necessary documentation, to the central transfer administrator. Managers will then be notified by the Occupancy Division on the status of the transfer.

2. Transfers will be sorted into their appropriate categories by YMHA. Admissions will be made in the following order:

- First: Emergency transfers, then
- Category 1 Administrative Transfers,

^{xxii} Voluntary if the family is between the minimum and maximum occupancy standard but the family requests a transfer, e.g. to permit older children of opposite sexes to have separate bedrooms

- Category 2 Administrative Transfers,
- Category 3 Administrative Transfers

Within each category, transfer applications will be sorted by the date the completed file (including any verification needed) is received by YMHA.

3. Category 2 transfers to correct occupancy standards may be recommended at time of re-examination or interim redetermination.
4. Residents in a Category 2 over/under housed status will be advised in their 30 day "Notice of Result of Reexamination" that a transfer is recommended and that the family has been placed on the transfer list.
5. When a head of a household, originally housed in a bedroom by him/herself, has or adopts a child, the family will not be approved for a Category 2 transfer until the child is two (2) years of age. Exceptions: spouse or partner returns to the unit, marriage takes place, or family decides to remain in the unit and the unit is large enough (using the smallest-unit standard) to accommodate the number of persons now in the household.
6. Split-family transfers will be processed as Category 2 administrative transfers.
 - Families that split into 2 "new" households may be transferred to two different units or
 - A portion of the "old" household may be transferred to a single unit depending on family circumstances and unit availability.
 - Such transfers will be made in a manner that minimizes the impact on vacant units.
7. The ratio of transfer to admission shall be determined based on the need and vacancies of the YMHA.

D. Good Record Requirement for Transfers

1. In general, and in all cases of all resident-requested transfers, residents will be considered for transfers only if the head of household and any other family members for the past two years:
 - have not engaged in criminal activity that threatens the health and safety of residents and staff;
 - do not owe back rent or other charges, or evidence a pattern of late payment;
 - meet reasonable housekeeping standards and have no housekeeping lease violations; and
 - can get utilities turned on in the name of the head of household (applicable only to those select properties with tenant-paid utilities).
2. Exceptions to the good record requirements may be made for emergency transfers or when it is to YMHA's advantage^{xxiii} to make the transfer. The exception to the good record requirement will be made by the YMHA's Occupancy Manager taking into account the recommendation of the Manager.

Absent a determination of exception, the following policy applies to transfers:

- If back rent is owed, the resident will not be transferred until a payment plan is established or, if prior payment plans have failed, back rent is paid in full.

^{xxiii} e.g. a single person is living alone in a three bedroom unit and does not want to move

- A resident with housekeeping standards violations will not be transferred until he/she passes a follow-up housekeeping inspection.

E. Incentive Transfers

1. Incentive transfers are offered to residents without regard to their race, color, national origin, religion, sex, disability, or familial status, who have good rental histories and want to move to units other than those they currently occupy.

- a. Incentive Transfers- YMHA will occupy recently modernized and scattered site units through incentive transfers, No applicants shall be admitted directly to scattered site units. Depending on YMHA's vacant status, modernized units will be filled with incentive transfers, new applicants, or a combination of both. YMHA reserves the right to fill modernization units in a manner that has the least impact on vacant units.
- b. Resident request for incentive transfers should be made to the Housing Manager. Managers may also recommend a resident for an incentive transfer. In order to be considered for an incentive transfer the following conditions must be met:
 - i. Residency in a YMHA development for at least three years.
 - ii. In compliance with an existing repayment agreement.
 - iii. No history of disturbances that resulted in lease violations or violence toward staff or neighbors as indicated by notices of lease violations in the applicant's file.
 - iv. Good housekeeping record.

2. Incentive Transfers are Category 2 administrative transfers. Scattered site incentive transfers will take precedence over new admissions, and modernization incentive transfers may take precedence over new admissions.

3. No exceptions will be granted for the good record requirement for incentive transfers.

F. Cost of Transfers

1. Residents shall bear the cost of transfers to correct occupancy standards, resident requested transfers, incentive transfers and voluntary transfers. Transfers requested or required by YMHA will be paid for or made by YMHA.

VI. Eligibility for Continued Occupancy, Annual Reexaminations, and Remaining Family Members

A. Eligibility for Continued Occupancy

Residents who meet the following criteria will be eligible for continued occupancy:

1. Qualify as a family as defined in Section XII of this policy^{xxiv}.
2. Are in full compliance with the resident obligations and responsibilities as described in the dwelling lease.
3. Whose family members, age 6 and older, each have Social Security numbers or have certifications on file indicating they have no Social Security number.
4. Who meet HUD standards on citizenship or immigration status or are paying a pro-rated rent⁶⁹.
5. Who are in compliance with the YMHA's community service requirements^{xxv}.

B. Remaining Family Members and Prior Debt

1. Remaining family members age 18 years or older will be held responsible for arrearages incurred by the former head or spouse. YMHA will not hold remaining family members (other than the head or spouse) responsible for any portion of the arrearage incurred before the remaining member attained age 18.
2. Remaining family members under age 18 shall not be held responsible for the rent arrearages incurred by the former head of household.

C. Periodic Reexamination

1. Regular reexaminations: YMHA shall, at least once a year, re-examine the family composition and incomes of all resident families except for families that are paying flat rent and elect to pay flat rent. Flat rent families shall have their incomes reexamined every year⁷⁰. Flat rent families will have the family composition and community service requirements reexamined annually. **All YMHA Annual recertifications are processed to be in compliance with a twelve month effective period.**
 2. Special Reexaminations: When it is not possible to estimate family income accurately, a temporary determination will be made with respect to income and a special reexamination will be scheduled every 90 days until a reasonably accurate estimate of income can be made.
 3. Special reexaminations shall be conducted when there is a change in the head of household that requires a remaining family member to take on the responsibilities of a leaseholder.
 4. Special Reexamination Following Income Disallowance: When a family qualifies for an earned income disallowance, a special reexamination will occur at the end of the initial 12 month disallowance period and at the end of the phase-in period.
 5. Zero Income Families: Unless the family has income that is excluded for rent computation, families reporting zero income will have their circumstances examined every 30 days until they have a stable income. Monetary or non-monetary contributions from persons not residing in the dwelling unit for any purpose other than the payment or reimbursement of medical expenses shall be considered income.
6. Reexamination Procedures
- (a) At the time of reexamination, all adult members of the household will be required to sign an application for continued occupancy and other forms required by HUD.

^{xxiv} For purpose of continued occupancy, remaining family members qualify as a family so long as at least one of them is of legal age to execute a lease. Remaining family members can also include court recognized emancipated minors under age 18

^{xxv} applicable to certain adults who are neither elderly, disabled, working nor participating in qualifying educational or job training programs

- (b) Income, allowances, Social Security numbers, and such other data as is deemed necessary will be verified, and all verified information will be filed in the resident's folder.
- (c) A UIV report will be run on each family at recertification to help detect any unreported income, family members not reported on the lease, etc.⁷¹.
- (d) Verified information will be analyzed and a determination made with respect to:
 - (i) Eligibility of the resident as a family or as the remaining member of a family;
 - (ii) Unit size required for the family (using the Occupancy Guidelines);
 - (iii) Rent the family should pay; and
 - (iv) Community Service requirements.
- (e) Residents with a history of employment whose reexamination occurs when they are not employed will have income anticipated based on past and anticipated employment. Residents with seasonal or part-time employment of a cyclical nature will be asked for third party documentation of their employment including start and ending dates.
- (f) Income shall be computed in accordance with the definitions and procedures set forth in Federal regulations and this policy⁷².
- (g) Families failing to respond to the initial reexamination appointment will be issued a final appointment within the same month. Failure to respond to the final request will result in the family being sent a notice of lease violation and for termination of the lease⁷³.

7. Action Following Reexamination

- (a) If there is any change in rent, a Notice of Rent Adjustment will be issued and attached as an addendum to the Lease.⁷⁴
- (b) If any change in the unit size is required, the resident will be placed on a transfer list in accordance with the transfer criteria described above in this policy and moved to an appropriate unit when one becomes available⁷⁵.

VII. Interim Rent Adjustments: Fixed Rent System

A. Rent Adjustments

1. Residents are required to report **all changes in family composition or status** to YMHA within 10 calendar days of the occurrence. Failure to report within the 10 calendar days may result in a retroactive rent increase, but not a retroactive credit or rent reduction. In order to qualify for rent reductions, residents must report income decreases promptly. **Residents are not required to report interim increases in income unless they have been granted interim rent reductions.**

2. YMHA wishes to encourage families to improve their economic circumstances, so most changes in family income between reexaminations will not result in a rent change. YMHA will process interim changes in rent in accordance with the chart below:

| <u>INCOME CHANGE</u> | <u>YMHA ACTION</u> |
|---|--|
| (a) Decrease in income for any reason, <u>except</u> for decrease that lasts less than 30 days ^{xxvi} . Increase in income following YMHA granting of interim rent decrease. Decreases in income resulting from welfare fraud or from TANF reductions for failure to comply with self-sufficiency program rules are not eligible for rent reduction. | <ul style="list-style-type: none"> • YMHA will process an interim reduction in rent if the income decrease will last more than 30 days. YMHA will process an interim increase for income increases that follow interim rent reductions. |
| (b) Increase in earned income from the employment of a current household member. | <ul style="list-style-type: none"> • YMHA will either defer the increase to the next regular reexamination or, if the individual is eligible for an earned income disallowance, will apply the disallowance. |
| (c) Increase in unearned income | <ul style="list-style-type: none"> • YMHA will defer the increase to the next regular reexamination. |
| (d) Increase in income because a person with income (from any source) joins the household. | <ul style="list-style-type: none"> • YMHA will process an interim increase in rent. |
| (e) Non-reported income change or misrepresenting the facts upon which the rent is based, so that the rent the resident is paying is less than the rent that he/she should have been charged | <ul style="list-style-type: none"> • YMHA will process an interim in rent if it is found that the resident at annual or interim re-examination misrepresented his/her household income. Any increase in rent will be retroactive to the first of the month following the month in which the misrepresentation occurred. |

3. Complete verification of the circumstances applicable to rent adjustments must be documented and approved by the Executive Director or his/her designee⁷⁶.

4. YMHA will process interim adjustments in rent as follows:

- (a) When a decrease in income is reported, and the Authority receives confirmation that the decrease will last less than 30 days, an interim adjustment will not be processed.
- (b) Residents reporting decreases in income that are expected to last more than 30 days will have an interim adjustment processed.

5. Residents granted a reduction in rent under these provisions would be required to report for special reexaminations at intervals determined by the YMHA. Reporting is required until income increases or it is time for the next regularly scheduled reexamination, whichever occurs first.

^{xxvi} Decreases in income resulting from welfare fraud or from welfare cuts for failure to comply with economic self sufficiency requirements are not eligible for rent reductions.

B. Effective Date of Adjustments

Residents will be notified in writing of any rent adjustment including the effective date of the adjustment.

1. Rent decreases go into effect the first of the month following receipt of all verification.
2. Rent increases (except those due to misrepresentation) require 30 days notice and become effective the first of the second month.

VIII. Lease Termination Procedures

A. General Policy: Lease Termination

No resident's lease shall be terminated except in compliance with HUD regulations and the lease terms⁷⁷.

Failure to report accurate information is also grounds for initiating eviction proceedings in accordance with YMHA's lease.

B. Notice Requirements

A. No resident shall be given a Notice of Lease Termination without being told by YMHA in writing the reason for the termination.

- The resident must also be informed of his/her right to request a hearing in accordance with the Grievance Procedure, and be given the opportunity to make such a reply as he/she may wish.
 - Lease terminations for certain actions are not eligible for the Grievance Procedure, specifically: any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises of other residents or YMHA employees; and any drug-related criminal activity or other specific exclusions permitted by the federal government⁷⁸.
 - The notice of termination shall comply with statutory and regulatory requirements.
2. Notices of lease termination may be served personally, posted on the apartment door or as allowed within state statutes.

C. Record Keeping Requirements

A written record of every termination and/or eviction may be maintained by YMHA, and if so, shall contain the following information:

- Name of resident, number and identification of unit occupied;
- Date of the Notice of Lease Termination and any other state or local notices required, which may be on the same form and run concurrently;
- Specific reason(s) for the Notice(s), with section of the lease violated, and other facts pertinent to the issuing of the Notice(s) described in detail;
- Date and method of notifying resident; and
- Summaries of any conferences held with resident including dates, names of conference participants and conclusions.

D. Participant Amounts Owed to YMHA

If assistance is terminated and a balance is still owed to YMHA, the balance amount will be reported to HUD's Debts Owed to PHA's module.

IX. Utilities

In all YMHA developments, YMHA pays the cost of a portion of the utilities directly to the supplier. The portion YMHA pays is determined by YMHA based upon its Utility Allowance Schedule. Any utility usage above that portion paid by YMHA will be considered an excess utility charge. Residents are responsible for paying all excess utility charges and may be terminated for their failure to do so.

A. Residents with Disabilities

Residents with disabilities may be entitled to higher than normal utility allowances or may not be charged for the use of certain resident-supplied appliances if there is a verified need for special equipment because of the disability.

X. Flat Rents

A. Flat Rents

Flat rents are market-based rents. They vary by unit size and type and also by development location. Once each year, at the annual recertification, all residents are offered the choice of paying an income-based rent or the Flat rent. Flat rents represent the actual market value of YMHA's housing units. YMHA will take the following information into account in developing its Flat rent Schedule:

- Rents of non-assisted rental units in the immediate neighborhood
- Size of YMHA's units compared to non-assisted rental units from the neighborhood
- Age, type of unit and condition of YMHA's units compared to non-assisted rental units from the neighborhood
- Land use in the surrounding neighborhood
- Amenities (childcare, laundry facilities, playgrounds, community rooms, social services, education/job training programs, etc.) at YMHA's properties and in the surrounding neighborhood
- Crime in YMHA's developments and the surrounding neighborhood
- Quality of local schools serving each YMHA development
- Availability of public transportation at each YMHA development
- Availability of accessible units for persons with mobility impairments.

B. Annual Update of Flat Rents

YMHA shall review the Flat Rent structure annually and adjust the rents as needed. When a resident chooses Flat rent, his/her rent shall be adjusted only at the next regular reexamination/ recertification rather than at the point the Flat rent may change.

C. Recertification of Families on Flat Rents

Families paying flat rents are required to recertify income annually and they are still required to participate in an Annual Reexamination in order to ensure that unit size is still appropriate and Community Service requirements (if applicable) are met.

XI. Definitions and Procedures to be used in Determining Income and Rent

A. Annual Income⁷⁹

Annual income is the anticipated total income from all sources, including net income derived from assets, received by the family head and spouse (even if temporarily absent) and by each additional family member including all net income from assets for the 12-month period following the effective date of initial determination or reexamination of income, exclusive of income that is temporary, non-recurring, or sporadic as defined below, or is specifically excluded from income by other federal statute. Annual income includes but is not limited to:

1. The full amount, before any payroll deductions, of wages and salaries, overtime pay, commissions, fees, tips and bonuses, and other compensation for personal services;
2. The net income from operation of a business or profession, including any withdrawal of cash or assets from the operation of the business. Expenditures for business expansion or amortization of capital indebtedness shall not be used as deductions in determining the net income from a business. An allowance for the straight-line depreciation of assets used in a business or profession may be deducted as provided in IRS regulations. Withdrawals of cash or assets will not be considered income when used to reimburse the family for cash or assets invested in the business;
3. Interest, dividends, and other net income of any kind from real or personal property. Expenditures for amortization of capital indebtedness shall not be used as deductions in determining net income. An allowance for the straight-line depreciation of real or personal property is permitted. Withdrawals of cash or assets will not be considered income when used to reimburse the family for cash or assets invested in the property;

If the Family has Net Family Assets in excess of \$5,000, Annual Income shall include the greater of the actual income derived from all Net Family Assets or a percentage of the value of such Assets based on the current passbook savings rate as determined by HUD;

4. The full amount of periodic payments received from social security, annuities, insurance policies, retirement funds, pensions, disability or death benefits, and other similar types of periodic receipts [See B. 14. below for treatment of delayed or deferred periodic payment of social security or supplemental security income benefits.];
5. Payments in lieu of earnings, such as unemployment and disability compensation, worker's compensation, and severance pay (But see paragraph B. 3. below concerning treatment of lump-sum additions as Family assets.);
6. All welfare assistance payments (Temporary Assistance to Needy Families, General Assistance) received by or on behalf of any family member; including the amount of imputed welfare income;

7. Periodic and determinable allowances, such as alimony and child support payments, and regular cash and non-cash contributions or gifts received from agencies or persons not residing in the dwelling made to or on behalf of family members. Regular alimony and child support payments are counted as income for calculation of total tenant payment. YMHA will use the amount awarded by the court unless the family verifies that they are not receiving the full amount awarded. Verification from the agency responsible for enforcement or collection is acceptable. "Regular" payments is defined as receiving payments for at least three consecutive months at the time of verification; and
8. All regular pay, special pay, and allowances of a family member in the Armed Forces. (See below concerning pay for exposure to hostile fire.)

B. Items not included in Annual Income⁸⁰

Annual Income does not include the following:

1. Income from the employment of children (including foster children) under the age of 18 years;
2. Payments received for the care of foster children or foster adults (usually individuals with disabilities, unrelated to the resident family, who are unable to live alone);
3. Lump sum additions to family assets, such as inheritances, insurance payments (including payments under health and accident insurance, and worker's compensation), capital gains, one-time lottery winnings, and settlement for personal property losses (but see paragraphs 4 and 5 above if the payments are or will be periodic in nature);

[See paragraph 14. below for treatment of delayed or deferred periodic payments of social security or supplemental security income benefits.]

4. Amounts received by the family that are specifically for, or in reimbursement of, the cost of medical expenses for any family member;
5. Income of a live-in aide provided the person meets the definition of a live-in aide (See Section 12 of these policies);
6. The full amount of student financial assistance paid directly to the student or the educational institution;
7. The special pay to a family member serving in the Armed Forces who is exposed to hostile fire;
8. Certain amounts received that are related to participation in the following programs:
 - (a) Amounts received under HUD funded training programs (e.g. Step-up program: excludes stipends, wages, transportation payments, child care vouchers, etc. for the duration of the training);
 - (b) Amounts received by a person with disabilities that are disregarded for a limited time for purposes of Supplemental Security Income and benefits that are set aside for use under a Plan to Attain Self-Sufficiency (PASS);
 - (c) Amounts received by a participant in other publicly assisted programs that are specifically for, or in reimbursement of, out-of-pocket expenses incurred (special equipment, clothing, transportation, child care, etc.) to allow participation in a specific program;
 - (d) A resident services stipend. A resident services stipend is a modest amount

(not to exceed \$200/month) received by a public housing resident for performing a service for the YMHA, on a part-time basis, that enhances the quality of life in public housing. Such services may include but are not limited to, fire patrol, hall monitoring, lawn maintenance, and resident initiatives coordination. No resident may receive more than one such stipend during the same period of time; and

- (e) Incremental earnings and/or benefits resulting to any family member from participation in qualifying state or local employment training program (including training programs not affiliated with the local government), and training of family members as resident management staff. Amounts excluded by this provision must be received under employment training programs with clearly defined goals and objectives, and are excluded only for a limited period as determined in advance by the YMHA;

9. Temporary, non-recurring, or sporadic income (including gifts);

10. Reparation payments paid by foreign governments pursuant to claims filed under the laws of that government by persons who were persecuted during the Nazi era;

11. Earnings in excess of \$480 for each full-time student 18 years old or older (excluding the head of the household and spouse);

12. Adoption assistance payments in excess of \$480 per adopted child;

13. The incremental earnings and benefits to any resident 1) whose annual income increases due to employment of a family member who was unemployed for one or more years previous to employment; or 2) whose annual income increases as the result of increased earnings by a family member during participation in any economic self sufficiency or other job training program; or 3) whose annual income increases due to new employment or increased earnings of a family member during or within six months of receiving state-funded assistance, benefits or services, **will not be increased during the exclusion period**. For purposes of this paragraph, the following definitions apply:

- (a) State-funded assistance, benefits or services means any state program for temporary assistance for needy families funded under Part A of Title IV of the Social Security Act, as determined by the YMHA in consultation with the local agencies administering temporary assistance for needy families (TANF) and Welfare-to-Work programs. The TANF program is not limited to monthly income maintenance, but also includes such benefits and services as one-time payments, wage subsidies and transportation assistance – provided that the total amount over a six-month period is at least \$500. If the TANF cash assistance payment is received in the last six-months, the amount can be less than \$500 and the individual member receiving the payment will meet the qualifying criteria.
- (b) During the 12-month period beginning when the member first qualifies for a disallowance, the YMHA must exclude from Annual Income any increase in income as a result of employment. For the 12 months following the exclusion period, 50% of the income increase shall be excluded.
- (c) Regardless of how long it takes a resident to work for 12 months (to

qualify for the first exclusion) or the second 12 months (to qualify for the second exclusion), the maximum period for the disallowance (exclusion) is 48 months.

- (d) The disallowance of increased income under this section is only applicable to current residents and will not apply to applicants who have begun working prior to admission (unless their earnings are less than would be earned working ten hours per week at minimum wage, under which they qualify as unemployed).

14. Deferred periodic payments of supplemental security income and social security benefits that are received in a lump sum payment;

15. Amounts received by the family in the form of refunds or rebates under state or local law for property taxes paid on the dwelling unit;

16. Amounts paid by a State agency to a family with a developmentally disabled family member living at home to offset the cost of services and equipment needed to keep the developmentally disabled family member at home;

17. Amounts specifically excluded by any other Federal Statute from consideration as income for purposes of determining eligibility or benefits under a category of assistance programs that includes assistance under the United States Housing Act of 1937. (A notice will be published by HUD in the Federal Register identifying the benefits that qualify for this exclusion. Updates will be published and distributed when necessary.)

The following is a list of benefits excluded by other Federal Statute:

- The value of the allotment provided to an eligible household for coupons under the Food Stamp Act of 1977 [7 USC 2017 (h)];
- Payments to volunteers under the Domestic Volunteer Service Act of 1973 [42 USC 5044 (g), 5088];

Examples of programs under this Act include but are not limited to:

- The Retired Senior Volunteer Program (RSVP), Foster Grandparent Program (FGP), Senior Companion Program (SCP), and the Older American Committee Service Program;
- National Volunteer Antipoverty Programs such as VISTA, Peace Corps, Service Learning Program, and Special Volunteer Programs;
- Small Business Administration Programs such as the National Volunteer Program to Assist Small Business and Promote Volunteer Service to Persons with Business Experience, Service Corps of Retired Executives (SCORE), and Active Corps of Executives (ACE).
- Payments received under the Alaska Native Claims Settlement Act [43 USC.1626 (a)];
- Income derived from certain submarginal land of the United States that is held in trust for certain Indian tribes [(25 USC. 459e)];
- Payments or allowances made under the Department of Health and Human Services' Low-Income Home Energy Assistance Program [42 USC 8624 (f)];
- Payments received under programs funded in whole or in part under the Job

Training Partnership Act [29 USC 1552 (b)] ;

- Income derived from the disposition of funds of the Grand River Band of Ottawa Indians [Pub. L. 94-540, 90 Stat 2503-04];
- The first \$2000 of per capita shares received from judgment funds awarded by the Indian Claims Commission or the Court of Claims (25 USC 1407-08), or from funds held in trust for an Indian Tribe by the Secretary of Interior [25 USC 117b, 1407]; and
- Amounts of scholarships funded under Title IV of the Higher Education Act of 1965 including awards under the Federal work-study program or under the Bureau of Indian Affairs student assistance programs [20 USC 1087 uu].
 - Examples of Title IV programs include but are not limited to: Basic Educational Opportunity Grants (Pell Grants), Supplemental Opportunity Grants, State Student Incentive Grants, College Work Study, and Byrd Scholarships.
- Payments received from programs funded under Title V of the Older Americans Act of 1965 [42 USC 3056 (f)]:
 - Examples of programs under this act include but are not limited to: Senior Community Services Employment Program (CSEP), National Caucus Center on the Black Aged, National Urban League, Association National Pro Personas Mayores, National Council on Aging, American Association of Retired Persons, National Council on Senior Citizens, and Green Thumb.
- Payments received after January 1, 1989 from the Agent Orange Settlement Fund or any other fund established in the In Re Agent Orange product liability litigation;
- Payments received under the Maine Indian Claims Settlement Act of 1980 (Pub. L. 96-420, 94 Stat. 1785);
- The value of any child care provided or arranged (or any amount received as payment for such care or reimbursement for costs incurred for such care) under the Child Care and Development Block Grant Act of 1990 (42 USC 9858q);
- Earned income tax credit refund payments received on or after January 1, 1991 (26 USC 32 (j)).
- Payments by the Indian Claims Commission to the Confederated Tribes and Bands of Yakima Indian Nation or the Apache Tribe of Mescalero Reservation;
- Allowances, earnings and payments to AmeriCorps participants under the National and Community Service Act of 1990;
- The Medicare transitional assistance subsidy of \$600 and any drug discount related to the Medicare assistance subsidy effective June 1, 2004.

C. Anticipating Annual Income⁸¹

If it is not feasible to anticipate income for a 12-month period, the Authority may use the annualized income anticipated for a shorter period, subject to an Interim Adjustment at the end of

the shorter period. (This method would be used for teachers who are only paid for 9 months, or for tenants receiving unemployment compensation.)

D. Adjusted Income⁸²

Adjusted Income (the income upon which rent is based) means Annual Income less the following deductions and exemptions:

For All Families

1. **Child Care Expenses** — A deduction of amounts anticipated to be paid by the family for the care of children under 13 years of age for the period for which Annual Income is computed, BUT ONLY when such care is necessary to enable a family member to be gainfully employed, to seek employment or to further his/her education. Amounts deducted must be unreimbursed expenses and shall not exceed: (a) the amount of income earned by the family member released to work; or (b) an amount determined to be reasonable by YMHA when the expense is incurred to permit education or to seek employment.

2. **Dependent Deduction** — An exemption of \$480 for each member of the family residing in the household (other than the head of household, or spouse, Live-in Aide, foster adult or foster child) who is under eighteen years of age or who is eighteen years of age or older and disabled, or a full-time student.

3. **Work-related Disability Expenses** — A deduction of unreimbursed amounts paid for attendant care or auxiliary apparatus expenses for family members with disabilities where such expenses are necessary to permit a family member(s), including the disabled member, to be employed. In no event may the amount of the deduction exceed the employment income earned by the family member(s) freed to work.

Equipment and auxiliary apparatus may include but are not limited to: wheelchairs, lifts, reading devices for the visually impaired, and equipment added to cars and vans to permit their use by the disabled family member. Also included would be the annualized cost differential between a car and the cost of a van required by the family member with disabilities.

- a. For non-elderly families and elderly or disabled families without medical expenses: the amount of the deduction equals the cost of all unreimbursed expenses for work-related disability expense less three percent of Annual Income, provided the amount so calculated does not exceed the employment income earned.
- b. For elderly or disabled families with medical expenses: the amount of the deduction equals the cost of all unreimbursed expenses for work-related disability expense less three percent of Annual Income (provided the amount so calculated does not exceed the employment income earned) PLUS medical expenses as defined below.

For elderly and disabled families only:

4. **Medical Expense Deduction** — A deduction of unreimbursed Medical Expenses, including insurance premiums, anticipated for the period for which Annual Income is computed. YMHA shall use the allowable expenses as determined by the IRS for deductions.

Generally, medical expenses include but are not limited to: services of physicians and other health care professionals, services of health care facilities, health insurance premiums (including

the cost of Medicare), prescription and non-prescription medicines, transportation to and from treatment, dental expenses, eyeglasses, hearing aids and batteries, attendant care (unrelated to employment of family members), and payments on accumulated medical bills. In cases where the in family is eligible for the Medicare Prescription Drug Discount Card and Transitional Assistance, include as a deduction the Medicare assistance provided for the cost of drugs pursuant to prescription drug discount cards, negotiated drug price, or transitional assistance payments. To be considered by YMHA for the purpose of determining a deduction from income, the expenses claimed must be verifiable.

- a. For elderly or disabled families without work-related disability expenses: The amount of the deduction shall equal total medical expenses less three percent of annual income.
- b. For elderly or disabled families with both work-related disability expenses and medical expenses: the amount of the deduction is calculated as described in paragraph 3 (b) above.

5. **Elderly/Disabled Household Exemption** — An exemption of \$400 per household. See Definitions in the next section.

6. **Optional Deductions/Exemptions:** YMHA does not include any optional deductions. Any such deduction would be noted here.

E. Rent Computation

1. The first step in computing rent is to determine each family's Total Tenant Payment. Then, if the family is occupying a unit that has tenant-paid utilities, the Utility Allowance is subtracted from the Total Tenant Payment. The result of this computation, if a positive number, is the Tenant Rent. If the Total Tenant Payment less the Utility Allowance is a negative number, the result is the utility reimbursement, which may be paid to the tenant or, directly to the utility company by the YMHA.

2. **Total Tenant Payment is the highest of:**

- **30% of adjusted monthly income;** or
- **10% of monthly income;** or,
- **Minimum Rent (which is \$50)**

3. Tenant rent is computed by subtracting the utility allowance for tenant-supplied utilities (if applicable) from the Total Tenant Payment. In developments where the YMHA pays all utility bills directly to the utility supplier, Tenant Rent equals Total Tenant Payment.

4. The **Minimum Rent** shall be **\$50** per month, but a hardship exemption shall be granted to residents who can document that they are unable to pay the \$50 because of a long-term hardship (over 90 days). Examples under which residents would qualify for the hardship exemption to the minimum rent would be limited to the following:

- The family has lost eligibility for or is applying for an eligibility determination for a Federal, State or local assistance program;
- The family would be evicted as result of the imposition of the minimum rent requirements;

- The income of the family has decreased because of changed circumstances, including loss of employment; or
- A death in the family has occurred.

When a family request a hardship exemption, YMHA will suspend the minimum rent requirement beginning the month after the family's request for a hardship exemption until YMHA determines there is a qualifying financial hardship and whether the hardship is temporary or long term. YMHA will notify the family if they qualify for the exemption within 15 days of the written request. If there is no qualifying hardship, YMHA will reinstate the minimum rent, including any rent owed from the beginning of the suspension. The family must pay any rent owed.

If YMHA determines that a qualifying financial hardship is temporary, YMHA will not impose the minimum rent during the 90-day period beginning the month following the date of the family's request for a hardship exemption. At the end of the 90-day suspension period, YMHA will reinstate the minimum rent from the beginning of the suspension. The family will be offered a reasonable repayment agreement for the amount of back rent owed by the family.

If YMHA determines that a qualifying financial hardship is long term, YMHA will exempt the family from the minimum rent requirements so long as such hardship continues. Such exemption shall continue from the beginning of the month following the family's request for a hardship exemption until the end of the qualifying financial hardship.

Finally, the regulations, at 24 CFR 5.630 (b) (2) (iii) (C), underscores that the exemption only applies to the minimum rent component of the TTP calculation, and not to other components (such as the 30% or 10%). It states:

"The financial hardship exemption only applies to payment of the minimum rent (as determined pursuant to Sec. 5.628(a)(4) and Sec. 5.630, and not to the other elements used to calculate the total tenant payment (as determined pursuant to Sec. 5.628 (a)(1), (a)(2) and (a)(3))."

5. At initial certification and at each subsequent annual reexamination the resident shall be offered a choice of paying either the income-based rent or the Flat Rent applicable to the unit they will be occupying.

XII. Verification

[24 CFR, Part 5, Subpart B; 24 CFR 960.259, PIH 2004-01]

Introduction

HUD regulations and supplemental notices require that the factors of eligibility, income, assets, deductions, and Total Tenant Payment be verified by the YMHA to ensure program integrity. Applicants and program tenants must furnish proof of their statements whenever required by the YMHA, and the information they provide must be true and complete. The YMHA's verification procedures are designed to meet HUD's requirements and to maintain program integrity. This

Chapter explains the YMHA's procedures and standards for verification of preferences, Social Security numbers, citizenship status, income, assets, allowable deductions, family status, disability, criminal status on all adults, and when there are changes in family members. The YMHA will ensure that proper authorization for release of information is always obtained from the family before making verification inquiries. This chapter includes the process on management of the records and processing of the document after its intended purpose has been fulfilled.

A. Methods of Verification and Time Allowed

The YMHA will verify information through the five methods of verification acceptable to HUD **in the following order:**

1. **Upfront Income Verification (UIV):** The verification of income before or during a family reexamination, through an independent source that systematically and uniformly maintains income information in computerized form for a large number of individuals.
2. **Third-Party Written:** The YMHA's second choice to supplement the UIV is a written third party verification to substantiate claims made by an applicant or resident.
3. **Third-Party Oral:** The YMHA may also use telephone verifications.
4. **Review of Documents:** The YMHA will review documents, when relevant, to substantiate the claim of an applicant or resident.
5. **Notarized Statement:** A notarized statement will be accepted **only when extensive attempts have been made to obtain all of the first four methods above and no other form of verification is available.**

If third party verification is not received directly from the source, YMHA staff will document the file as to why third party verification was impossible to obtain and another method was used (such as reviewing documents families provide.)

The YMHA will not delay the processing of an application beyond two weeks because a third party information provider does not return the verification in a timely manner.

For applicants, verifications may not be more than **120 days** old at the time of a unit offer. For tenants, they are valid for **120 days** from date of receipt. All documents supplied should be dated within the last 60 days of the interview.

Regardless of these timeframes, Criminal History Reports will be useable as a valid verification for no longer than **120** calendar days.

Upfront Income Verification (UIV)

To prevent fraud and abuse in HUD programs, YMHA will attempt to gather as much information as possible through the UIV System. The UIV is information that will be obtained through computer matching. The laws allow HUD to require applicants and participants to sign a consent form that allows HUD to request the following:

- Current or previous wages and salaries from employers

- Wage information and unemployment compensation from the State agency charged with administration of the State unemployment law
- Income information from the Commissioner of Social Security and Secretary of the Treasury

Types of Information that may be verified using UIV includes:

- Gross Wages and Salaries
- Unemployment Compensation
- Welfare Benefits
- Social Security Benefits
 - Social Security
 - SSI
 - Black Lung
 - Dual benefits

YMHA may obtain UIV through the following methods:

- Computer matching agreements with a federal, state, or local government agency, or private agency;
- Use of the Tenant Assessment Subsystem (TASS);
- Submit direct requests for information verifications to a federal, state, or local government agencies or a private agency.

The YMHA must have a valid HUD Form 9886 signed by all household members who are 18 years of age or older in the tenant file.

Third-Party Written Verification

Third-party verification is used to verify information directly with the source. Third-party verification means documentation received from a source other than the family members. Third-party written verification forms will be mailed **by the manager** directly to the third party source (employer, landlord, welfare agency, etc.) and returned via first class mail. The family will be required to sign an authorization for the information source to release the specified information.

Verifications received electronically directly from the source are considered third party written verifications.

The YMHA **will not** accept verifications hand-carried or mailed by the family as third party documents unless the information cannot be obtained through UIV and then only with the exception of computerized printouts from the following agencies:

- Social Security Administration
- Veterans Administration
- Welfare Assistance
- Unemployment Compensation Board

City or County Courts

Pharmacies for prescription drugs

Child Support

Third-Party Oral Verification

Oral third-party verification will be used when written third-party verification is delayed or not possible. When third-party oral verification is used, staff will be required to complete a Certification of Document Viewed or Person Contacted form, noting with whom they spoke, the date of the conversation, and the facts provided. If oral third party verification is not available, the YMHA will compare the information to any documents provided by the Family. If provided by telephone, the YMHA must originate the call.

Review of Documents

In the event that UIV, third-party written, or oral verification is unavailable, or the information has not been verified by the third party within two weeks, the YMHA will utilize documents provided by the family as the primary source if the documents provide complete and accurate information.

All such documents, excluding government checks, will be photocopied and retained in the applicant file. In cases where documents are viewed which cannot be photocopied, staff viewing the document(s) will complete a Certification of Document Viewed or Person Contacted form.

The YMHA will accept faxed documents.

The YMHA will accept photocopies.

If third-party verification is received after documents have been accepted as provisional verification, and there is a discrepancy, the YMHA will still try and utilize the UIV or third party verification instead of the provisional documents.

As additional documentation of earned income, the family will be required to submit a copy of the most recent year's tax return and copies of all W-2 forms for the previous tax year for each family member who had income.

Self-certification/Self-declaration

When verification cannot be made by third-party verification or review of documents, families will be required to submit self-certification.

Self-certification means affidavit/certification/statement under oath.

B. Release of Information

The family will be required to sign specific authorization forms when information is needed that is not covered by the HUD form 9886, Authorization for Release of Information.

Each member requested to consent to the release of information will be provided with a copy of the appropriate forms for their review and signature.

Family refusal to cooperate with the HUD prescribed verification system will result in denial of admission or termination of tenancy because it is a family obligation under tenancy to supply any information requested by the YMHA or HUD.

C. Computer Matching

For some time, HUD has conducted a computer matching initiative to independently verify resident income. HUD can access income information and compare it to information submitted by YMHA on the 50058 form. HUD can disclose wage, unemployment, welfare, Social Security and other information to YMHA, but is precluded by law from disclosing Federal tax return data to YMHA.

If HUD receives information from Federal tax return data indicating a discrepancy in the income reported by the family, HUD will notify the family of the discrepancy. The family is **required** to disclose this information to the YMHA (24 CFR 5.240). HUD's letter to the family will also notify the family that HUD has notified the YMHA in writing that the family has been advised to contact the YMHA. HUD will send the YMHA a list of families who have received "income discrepancy" letters.

When the YMHA receives notice from HUD that a family has been sent an "income discrepancy" letter, the YMHA will send a written notice to the family, advising the family to contact the YMHA in person within 10 working days to bring in the letter from HUD and to disclose the contents of the family's notice from HUD.

When the family furnishes the copy of the HUD notice to the YMHA, the YMHA will verify the information contained in the notice using the verification procedures contained in this Chapter of the Admissions and Continued Occupancy Policy. Based on the verified information, the total tenant payment and tenant rent will be adjusted and the YMHA will take other actions, as appropriate. Other actions may include any or all of the following:

- The family may be required to repay retroactive rent in a lump sum.
- The family maybe allowed to enter into a repayment agreement to repay retroactive rent.
- The lease may be terminated and the family may be evicted.
- The family may be prosecuted.

D. Items to be Verified

All income not specifically excluded by the regulations.

Zero-income status of household or observed income or expenses beyond the reported means of the family.

Zero income applicants and residents will be required to complete a family expense form at each certification or recertification interview.

Full-time student status for any full-time student who are 18 or over.

Dependent status.

Current assets including assets disposed of for less than fair market value in preceding two years.

Child care expense where it allows an adult family member to be employed, seek employment, or to further his/her education.

Total unreimbursed medical expenses of all family members in households whose head, spouse, or co-head is elderly or disabled.

Disability assistance expenses to include only those unreimbursed costs associated with attendant care or auxiliary apparatus that allow an adult family member to be employed.

Legal Identity

U.S. citizenship/eligible immigrant status.

Social Security Numbers for all family members 6 years of age or older, or certification that they do not have a Social Security number.

Marital status when needed for head or spouse definition.

Disability status for determination of allowances or deductions.

Criminal status on all adult members of the household and live-in aides

E. Verification of Income

This section defines the methods the YMHA will use to verify various types of income. Whenever "in this order" is used in this chapter, the YMHA will request and utilize verifications, if available, in the order specified.

Employment Income

Verification forms request the employer to specify the:

Dates of employment

Amount and frequency of pay

Date of the last pay increase

Likelihood of change of employment status and effective date of any known salary increase during the next 12 months

Year to date earnings

Estimated income from overtime, tips, bonuses, or commission pay expected during next 12 months

Acceptable methods of verification include, **in this order**:

1. Upfront Income Verification – HUD's prescribed EIV System.
2. Employment verification form completed by the employer.
3. Consecutive check stubs or earning statement for at least two months, that indicate the employee's pay, frequency of pay or year to date earning.
4. W-2 forms plus income tax return forms.
5. Income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities.

Social Security, Pensions, Supplementary Security Income (SSI), Disability Income

Acceptable methods of verification after the UIV system include, **in this order**:

1. Benefit verification form completed by agency providing the benefits
2. Computer report electronically obtained or in hard copy faxed by the agency.
3. Award or benefit notification letters prepared by the providing agency.

Unemployment Compensation

Acceptable methods of verification after the UIV system include, **in this order**:

1. Computer report electronically obtained or in hard copy, stating payment dates and amounts
2. Verification form completed by the unemployment compensation agency and faxed to YMHA.
3. Benefit letter.

Welfare Payments or General Assistance

Acceptable methods of verification after the UIV system include, **in this order**:

1. YMHA verification form completed by payment provider.
2. Written statement from payment provider indicating the amount of grant/payment, start date of payments, and anticipated changes in payment in the next 12 months.

3. Computer-generated Notice of Action provided by the participant (complete letter).

Alimony or Child Support Payments

Acceptable methods of verification after UIV include, **in this order**:

1. Copy of a separation or settlement agreement or a divorce decree stating amount and type of support and payment schedules.
2. Copy of payment history (computer print-out) from the central collection authority of Children and Family Services. The payment history will be placed in the family's file.
3. A notarized letter from the person paying the support.
4. Family's self-certification of amount received and of the likelihood of support payments being received in the future, or that support payments are not being received.
5. If payments are irregular, the family must provide:

A copy of the separation or settlement agreement or a divorce decree stating the amount and type of support and payment schedules.

A statement from the agency responsible for enforcing payments to show that the family has filed for enforcement.

A notarized affidavit from the family indicating the amount(s) received.

Net Income from a Business

In order to verify the net income from a business, the YMHA will view IRS and financial documents from prior years and use this information to anticipate the income for the next 12 months.

Acceptable methods of verification after the PHA mails or faxes verification forms directly to the sources identified by the family to obtain the information, **in this order**, include:

1. IRS Form 1040, including:
 - Schedule C (Small Business)
 - Schedule E (Rental Property Income)
 - Schedule F (Farm Income)

If accelerated depreciation was used on the tax return or financial statement, an accountant's calculation of depreciation expense, computed using straight-line depreciation rules.

2. Audited or unaudited financial statement(s) of the business.
3. Credit report or loan application.

4. Documents such as manifests, appointment books, cash books, bank statements, and receipts will be used as a guide for the prior six months (or lesser period if not in business for six months) to project income for the next 12 months. The family will be advised to maintain these documents in the future if they are not available.*
5. Family's [self-certification/notarized statement] as to net income realized from the business during previous years.

*The YMHA may request the documentation identified in #4 above, regardless of the verification used.

Recurring Gifts

The family must furnish a notarized statement that contains the following information:

- The person who provides the gifts
- The value of the gifts
- The regularity (dates) of the gifts
- The purpose of the gifts

Zero Income Status/Unverifiable Income

The family will be required to sign a notarized statement that the family receives no income from any of the sources listed in the statement or from any other source. The YMHA will provide a form listing common sources of income and the required statement. The YMHA may check records of other departments in the jurisdiction (such as credit checks/government utilities) that have information about income sources of customers.

Full-Time Student Status

Verification of full time student status includes:

- Written verification from the registrar's office or other school official.
- School records indicating enrollment for sufficient number of credits to be considered a full-time student by the educational institution.

F. Income from Assets

Acceptable methods of verification include and shall be accepted in the same order as income.

Savings Account Interest Income and Dividends

Will be verified by:

1. Account statements, passbooks, certificates of deposit, or YMHA verification forms completed by the financial institution.

2. Broker's statements showing value of stocks or bonds and the earnings credited the family. Earnings can be obtained from current newspaper quotations or oral broker's verification.
3. IRS Form 1099 from the financial institution, provided that the YMHA must adjust the information to project earnings expected for the next 12 months.

Interest Income from Mortgages or Similar Arrangements

1. A letter from an accountant, attorney, real estate broker, the buyer, or a financial institution stating interest due for next 12 months. (A copy of the check paid by the buyer to the family is not sufficient unless a breakdown of interest and principal is shown.)
2. Amortization schedule showing interest for the 12 months following the effective date of the certification or recertification.

Net Rental Income from Property Owned by Family

1. IRS Form 1040 with Schedule E (Rental Income).
2. Copies of latest rent receipts, leases, or other documentation of rent amounts.
3. Documentation of allowable operating expenses of the property: tax statements, insurance invoices, bills for reasonable maintenance and utilities, and bank statements or amortization schedules showing monthly interest expense.
4. Lessee's written statement verifying rent payments to the family and family's Notarized Statement as to net income realized.

G. Verification of Assets

Family Assets

The YMHA will require the necessary information to determine the current net cash value, (the net amount the family would receive if the asset were converted to cash).

Verification forms, letters, or documents from a financial institution or broker.

Passbooks, checking account statements, certificates of deposit, bonds, or financial statements completed by a financial institution or broker.

Quotes from a stock broker or realty agent as to net amount family would receive if they liquidated securities or real estate.

Real estate tax statements if the approximate current market value can be deduced from assessment.

Financial statements for business assets.

Copies of closing documents showing the selling price and the distribution of the sales proceeds.

Appraisals of personal property held as an investment.

Family's Notarized Statement describing assets or cash held at the family's home or in safe deposit boxes.

Assets Disposed of for Less than Fair Market Value (FMV) during two years preceding effective date of certification or recertification.

For all Certifications and Recertifications, the YMHA will obtain the Family's certification as to whether any member has disposed of assets for less than fair market value during the two years preceding the effective date of the certification or recertification.

If the family certifies that they have disposed of assets for less than fair market value, verification [or certification] is required that shows: (a) all assets disposed of for less than FMV, (b) the date they were disposed of, (c) the amount the family received, and (d) the market value of the assets at the time of disposition. Third party verification will be obtained wherever possible.

H. Verification of Allowable Deductions from Income

Child Care Expenses

Written verification from the person who receives the payments is required. If the child care provider is an individual, she/he must provide a statement of the amount they are charging the family for their services.

Child Care Verifications must specify:

- the child care provider's name;
- the child care provider's address;
- the child care provider's telephone number;
- the child care provider's Social Security Number;
- the names of the children cared for;
- the number of hours per day the child care occurs;
- the rate of payment;
- the typical yearly amount paid, including school and vacation periods; and,
- the family's certification as to whether any of those payments have been or will be paid or reimbursed by outside sources

Medical and Handicapped Assistance Expenses

Families who claim medical expenses or expenses to assist a person(s) with disability will be required to submit a certification as to whether or not any expense payments have been, or will be, reimbursed by an outside source. All expense claims will be verified by one or more of the methods listed below:

Written verification by a doctor, hospital or clinic personnel, dentist, pharmacist, , of (a) the anticipated medical costs to be incurred by the family and regular payments due on medical bills; and (b) extent to which those expenses will be reimbursed by insurance or a government agency.

Written confirmation by the insurance company or employer of health insurance premiums to be paid by the family.

Written confirmation from the Social Security Administration's of Medicare premiums to be paid by the family over the next 12 months. A computer printout will be accepted.

For attendant care:

A reliable, knowledgeable professional's certification that the assistance of an attendant is necessary as a medical expense and a projection of the number of hours the care is needed for calculation purposes.

Attendant's written confirmation of hours of care provided and amount and frequency of payments received from the family or agency (or copies of canceled checks the family used to make those payments) or stubs from the agency providing the services.

Receipts, canceled checks, or pay stubs that verify medical costs and insurance expenses likely to be incurred in the next 12 months.

Copies of payment agreements or most recent invoice that verify payments made on outstanding medical bills that will continue over all or part of the next 12 months.

Receipts or other record of medical expenses incurred during the past 12 months that can be used to anticipate future medical expenses. YMHA may use this approach for "general medical expenses" such as non-prescription drugs and regular visits to doctors or dentists, but not for one-time, nonrecurring expenses from the previous year.

The YMHA will use mileage at the YMHA's rate, or cab, bus fare, or other public transportation cost for verification of the cost of transportation directly related to medical treatment.

Assistance to Persons with Disabilities

In All Cases:

Written certification from a reliable, knowledgeable professional that the person with disabilities requires the services of an attendant and/or the use of auxiliary apparatus to permit him/her to be employed or to function sufficiently independently to enable another family member to be employed.

Family's certification as to whether they receive reimbursement for any of the expenses of disability assistance and the amount of any reimbursement received.

Attendant Care:

Attendant's written certification of amount received from the family, frequency of receipt, and hours of care provided.

Certification of family and attendant and/or copies of canceled checks family used to make payments.

Auxiliary Apparatus:

Receipts for purchases or proof of monthly payments and maintenance expenses for auxiliary apparatus.

In the case where the person with disabilities is employed, a statement from the employer that the auxiliary apparatus is necessary for employment.

I. Verifying Non-Financial Factors

Verification of Legal Identity

In order to prevent program abuse, the YMHA will require applicants to furnish verification of legal identity for all family members.

The documents listed below will be considered acceptable verification of legal identity for adults. Illegible documents or documents that appear to have been altered will not be accepted. If a document submitted by a family is questionable, more than one of these documents may be required.

Certificate of Birth, birth card, or naturalization papers

Church issued baptismal certificate

Current, valid Driver's license

U.S. military discharge (DD 214)

U. S. military I. D.

U.S. passport

Voter's registration

Company/agency Identification Card

Department of Motor Vehicles Identification Card

Documents considered acceptable for the verification of legal identity for minors may be one or more of the following:

Certificate of Birth or birth card

Adoption papers

Custody agreement

Health and Human Services ID

School records

Verification of Marital Status

Verification of divorce status will be a certified copy of the divorce decree, signed by a Court Officer.

Verification of a separation may be a copy of court-ordered maintenance or other records.

Verification of marriage status is a marriage certificate.

Familial Relationships

Certification will normally be considered sufficient verification of family relationships. In cases where reasonable doubt exists, the family may be asked to provide verification.

The following verifications will be required if certification is insufficient:

Verification of relationship:

Official identification showing name

Birth Certificates

Baptismal certificates

Verification of guardianship is:

Court-ordered assignment

Affidavit of parent

Verification from social services agency

School records

Split Households: Domestic Violence

Verification of domestic violence when assessing applicant split households includes:

- Shelter for battered persons
- Police reports
- District Attorney's office

Verification of Permanent Absence of Adult Member

If an adult member who was formerly a member of the household is reported permanently absent by the family, the YMHA will consider any of the following as verification:

- Husband or wife institutes divorce action.
- Husband or wife institutes legal separation.
- Order of protection/restraining order obtained by one family member against another.
- Proof of another home address, such as utility bills, canceled checks for rent, driver's license, or lease or rental agreement. At least three (3) different forms of documentation must be submitted. A written statement from another agency such as social services that the adult family member is no longer living at that location may be used as one form of documentation.
- If the adult family member is incarcerated, a document from the Court or prison should be obtained stating how long they will be incarcerated.

Verification of Change in Family Composition

The YMHA may verify changes in family composition (either reported or unreported) through letters, telephone calls, utility records, inspections, landlords, neighbors, credit data, school or DMV records, and other sources.

Verification of Disability

Verification of disability must be receipt of SSI or SSA disability payments under Section 223 of the Social Security Act or 102(7) of the Developmental Disabilities Assistance and Bill of Rights Act (42 U.S.C. 6001(7) or verified by appropriate diagnostician such as physician, psychiatrist, psychologist, therapist, rehabilitation specialist, or licensed social worker, using the HUD language as the verification format.

Verification of Citizenship/Eligible Immigrant Status

To be eligible for assistance, individuals must be U.S. citizens or eligible immigrants. Individuals who are neither may elect not to contend their status. Eligible immigrants must fall into one of the categories specified by the regulations and must have their status verified by Immigration and Naturalization Service (INS). Each family member must declare their status once. Assistance cannot be delayed, denied, or terminated while verification of status is pending except that assistance to applicants may be delayed while the YMHA hearing is pending.

Citizens or Nationals of the United States are required to sign a declaration under penalty of perjury.

Eligible Immigrants who were tenants and 62 or over on June 19, 1995, are required to sign a declaration of eligible immigration status and provide proof of age.

Noncitizens with eligible immigration status must sign a declaration of status and verification consent form and provide their original immigration documents which are copied front and back and returned to the family. The YMHA verifies the status through the INS SAVE system. If this primary verification fails to verify status, the YMHA must request within ten days that the INS conduct a manual search.

Family members who do not claim to be citizens or eligible immigrants must be listed on a statement of non-contending family members signed by the head of household or spouse.

Noncitizen students on student visas are ineligible members even though they are in the country lawfully. They must provide their student visa but their status will not be verified and they do not sign a declaration but are listed on the statement of non-contending members.

Failure to Provide. If an applicant or tenant family member fails to sign required declarations and consent forms or provide documents, as required, they must be listed as an ineligible member. If the entire family fails to provide and sign as required, the family may be denied or terminated for failure to provide required information.

Time of Verification. For applicants, verification of U.S. citizenship/eligible immigrant status occurs at the same time as verification of other factors of eligibility for final eligibility determination. For tenant families, it is done at the first regular recertification after June 19, 1995. For family members added after other members have been verified, the verification occurs at the first recertification after the new member moves in. Once verification has been completed for any covered program, it need not be repeated except that, in the case of port-in families, if the initial YMHA does not supply the documents, the YMHA must conduct the determination.

Extensions of Time to Provide Documents. The YMHA will not grant an extension for families to submit evidence of eligible immigrant status.

Acceptable Documents of Eligible Immigration. The regulations stipulate that only the following documents are acceptable unless changes are published in the Federal Register.

Resident Alien Card (I-551)

Alien Registration Receipt Card (I-151)

Arrival-Departure Record (I-94)

Temporary Resident Card (I-688)

Employment Authorization Card (I-688B)

Receipt issued by the INS for issuance of replacement of any of the above documents that shows individual's entitlement has been verified

A birth certificate is not acceptable verification of status. All documents in connection with U.S. citizenship/eligible immigrant status must be maintained as a permanent part of the file.

The YMHA will verify the eligibility of a family member at any time such eligibility is in question, without regard to the position of the family on the waiting list.

Verification of Social Security Numbers

Social security numbers must be provided as a condition of eligibility for all family members six and over if they have been issued a number. Verification of Social Security numbers will be done through a Social Security Card issued by the Social Security Administration.

New family members ages six and older will be required to produce their Social Security Card at the time the change in family composition is reported to the YMHA.

If an applicant or tenant is able to disclose the Social Security Number but cannot meet the documentation requirements, the applicant or tenant must sign a certification to that effect provided by the YMHA. The applicant is not determined eligible until verification of the Social Security number or certification that they do not have a Social Security number is provided. If they fail to provide this documentation, the family's tenancy will be terminated.

If the family member states they have not been issued a number, the family member will be required to sign a certification to this effect.

Medical Need for Larger Unit

A written certification that a larger unit is necessary must be obtained from a reliable, knowledgeable medical professional.

J. Verification of Suitability For Admission

Sources to be used to determine suitability include but are not limited to:

- Criminal History Reports
- Current and prior landlord references
- Physicians, social workers, and other health professionals
- YMHA and Other PHAs and federally subsidized rental housing agencies and properties (to whom the family may owe debt)

Ability to meet financial obligations under the lease

All applicants will be subject to the following procedures to ensure their ability to meet financial obligations under the lease:

All applicants will be interviewed and asked questions about the basic elements of tenancy.

The YMHA will access a Credit Report on all Zero Income Residents.

The YMHA will determine if applicants owe any monies to from previous tenancy or participation in any HUD housing program.

The YMHA will independently verify the rent-paying history of all applicants for the previous three (3) years directly with the landlord(s).

Drug-related or violent criminal activity

The YMHA will complete a criminal background check of all applicants, including other adult members in the household, or any member for which criminal records are available.

Housekeeping

The YMHA will obtain references from prior landlords for the previous three (3) years to determine acceptable housekeeping standards.

XIII. VIOLENCE AGAINST WOMEN ACT (VAWA) POLICY

I. Purpose and Applicability

The purpose of this policy (herein called "Policy") is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth YMHA's policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by YMHA of all federally subsidized public housing and Section 8 Housing Choice Voucher rental assistance under the United States Housing Act of 1937 (42 U.S.C. §1437 *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

II. Goals and Objectives

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by YMHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between YMHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by YMHA; and

- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by YMHA.

III. Other YMHA Policies and Procedures

This Policy shall be referenced in and attached to YMHA's Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of YMHA's Admissions and Continued Occupancy Policy and Section 8 Housing Choice Voucher Administrative Plan. YMHA's annual public housing agency plan shall also contain information concerning YMHA's activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of YMHA, the provisions of this Policy shall prevail.

IV. Definitions

As used in this Policy:

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

B. *Dating Violence* – means violence committed by a person—

- (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (B) where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - (i) The length of the relationship.
 - (ii) The type of relationship.
 - (iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

- (i) that person;
- (ii) a member of the immediate family of that person; or
- (iii) the spouse or intimate partner of that person;

D. *Immediate Family Member* - means, with respect to a person –

- (A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or
- (B) any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

V. Admissions and Screening

A. *Non-Denial of Assistance*. YMHA will not deny admission to public housing or to the Section 8 Housing Choice Voucher rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

VI. Termination of Tenancy or Assistance

A. *VAWA Protections*. Under VAWA, public housing residents and persons assisted under the Section 8 Housing Choice Voucher rental assistance program have the following specific protections, which will be observed by YMHA:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.

2. In addition to the foregoing, tenancy or assistance will not be terminated by YMHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

(a) Nothing contained in this paragraph shall limit any otherwise available authority of YMHA’ or a Section 8 Housing Choice Voucher owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant’s household. However, in taking any such action, neither YMHA nor a Section 8 Housing Choice Voucher manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.

(b) Nothing contained in this paragraph shall be construed to limit the authority of YMHA or a Section 8 Housing Choice Voucher owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or YMHA, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, YMHA or a Section 8 Housing Choice Voucher owner or manager, as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by YMHA. Leases used for all public housing operated by YMHA and, at the option of Section 8 Housing Choice Voucher owners or managers, leases for dwelling units occupied by families assisted with Section 8 Housing Choice Voucher rental assistance administered by YMHA, shall contain provisions setting forth the substance of this paragraph.

VII. Verification of Domestic Violence, Dating Violence or Stalking

A. *Requirement for Verification.* The law allows, but does not require, YMHA or a Section 8 Housing Choice Voucher owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., YMHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by YMHA. Section 8 Housing Choice Voucher owners or managers receiving rental assistance administered by YMHA may elect to require verification, or not to require it as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD-approved form* - by providing to YMHA or to the requesting Section 8 Housing Choice Voucher owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. *Other documentation* - by providing to YMHA or to the requesting Section 8 Housing Choice Voucher owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.

3. *Police or court record* – by providing to YMHA or to the requesting Section 8 Housing Choice Voucher owner or manager a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. *Time allowed to provide verification/failure to provide.* An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by YMHA, or a Section 8 Housing Choice Voucher owner or manager to provide verification, must provide such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

C. *Waiver of verification requirement.* The Executive Director of YMHA or his/her designee, or a Section 8 owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

VIII. Confidentiality

A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to YMHA or to a Section 8 Housing Choice Voucher owner or manager in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing, or
2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 Housing Choice Voucher assistance, as permitted in VAWA, or
3. otherwise required by applicable law.

B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 Housing Choice Voucher rental assistance program administered by YMHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

VIII. Transfer to New Residence

A. *Application for transfer.* In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, YMHA will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or Section 8 Housing Choice Voucher tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will

be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

- B. *Action on applications.* YMHA will act upon such an application promptly.
- C. *No right to transfer.* YMHA will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of Section 8 Housing Choice Voucher assistance as provided in paragraph IX. E. below the decision to grant or refuse to grant a transfer shall lie within the sole discretion of YMHA, and this policy does not create any right on the part of any applicant to be granted a transfer.
- D. *Family rent obligations.* If a family occupying YMHA public housing moves before the expiration of the lease term in order to protect the health or safety of a household member, the family will remain liable for the rent during the remainder of the lease term unless released by YMHA. In cases where YMHA determines that the family's decision to move was reasonable under the circumstances, YMHA may wholly or partially waive rent payments and any rent owed shall be reduced by the amount of rent collected for the remaining lease term from a tenant subsequently occupying the unit.
- E. *Portability.* Notwithstanding the foregoing, a Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 Housing Choice Voucher Program and has moved from the unit in order to protect a health and safety of an individual member of the household who is or has been the victim of domestic violence, dating violence, or stalking, and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

X. Court Orders/Family Break-up

A. *Court orders.* It is YMHA's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by YMHA and their property. This includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of victims and addressing the distribution of personal property among household members in cases where a family breaks up.

B. *Family break-up.* Other YMHA policies regarding family break-up are contained in YMHA's Public Housing Admissions and Continuing Occupancy Plan (ACOP) and its Section 8 Housing Choice Voucher Administrative Plan.

XI. Relationships with Service Providers

It is the policy of YMHA to cooperate with organizations and entities, both private and governmental that provide shelter and/or services to victims of domestic violence. If YMHA staff becomes aware that an individual assisted by YMHA is a victim of domestic violence, dating violence or stalking, YMHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring YMHA either to maintain a relationship with any particular provider of shelter or

services to victims of domestic violence or to make a referral in any particular case. YMHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which YMHA has referral or other cooperative relationships.

XII. Notification

YMHA shall provide written notification to applicants, tenants, and Section 8 Housing Choice Voucher owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

XIII. Relationship with Other Applicable Laws

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

XIV. Amendment

This policy may be amended from time to time by YMHA as approved by the YMHA Board of Commissioners.

XIII. Definitions of Terms Used in This Statement of Policies

1. Accessible dwelling units—when used with respect to the design, construction or alteration of an individual dwelling unit, means that the unit is located on an accessible route and when designed, constructed, altered, or adapted can be approached, entered, and used by individuals with physical disabilities. A unit that is on an accessible route and is adaptable and otherwise in compliance with the standards set forth in the Uniform Federal Accessibility Standards is “accessible” within the meaning of this paragraph. When an individual dwelling unit in an existing facility is being modified for use by a specific individual, the unit will not be deemed accessible, even though it meets the standards that address the impairment of that individual, unless it also meets the UFAS standards⁸³.
1. Accessible Facility - means all or any portion of a facility *other than an individual dwelling unit* used by individuals with physical disabilities⁸⁴.
2. Accessible Route - For persons with mobility impairment, a continuous unobstructed path that complies with space and reaches requirements of the Uniform Federal Accessibility Standards. For persons with hearing or vision impairments, the route need not comply with requirements specific to mobility⁸⁵.
3. Adaptability - Ability to change certain elements in a dwelling unit to accommodate the needs of disabled and non-disabled persons; or ability to meet the needs of persons with different types & degrees of disability⁸⁶.
4. Adult: A Person who is 18 years of age or older, or who has been convicted of a crime as an adult under any Federal, State or tribal law.
5. Alteration - any change in a facility or its permanent fixtures or equipment. It does not include: normal maintenance or repairs, reroofing, interior decoration or changes to mechanical systems⁸⁷.
6. Applicant - a person or a family that has applied for admission to housing.
7. Area of Operation - The jurisdiction of the YMHA as described in applicable State law and the YMHA's Articles of Incorporation.
8. Assets - Assets means “cash (including checking accounts), stocks, bonds, savings, equity in real property, or the cash value of life insurance policies. Assets do not include the value of personal property such as furniture, automobiles and household effects or the value of business assets.” IMPORTANT: See the definition of Net Family Assets, for assets used to compute annual income⁸⁸.
9. Auxiliary Aids - means services or devices that enable persons with impaired sensory, manual, or speaking skills to have an equal opportunity to participate in and enjoy the benefits of programs or activities⁸⁹.
10. Care attendant - a person who regularly visits the unit of a YMHA resident to provide supportive or medical services. Care attendants are not live-in aides, since they have their own place of residence (and if requested by YMHA must demonstrate separate residence) and do not live in the public housing unit.
11. Co-head of household - One of the two people in a household where two persons are held responsible and accountable for the family, and where each co-head contributes to the rent.

12. Covered Person – For the purposes of screening and terminating tenancy for criminal activity, a tenant, any member of the tenant's household, a guest, or another person under the tenant's control.
13. Dependent - A member of the household, other than head, spouse, sole member, foster child, or Live-in Aide, who is under 18 years of age, or 18 years of age or older and disabled, or a full-time student, and qualifies for a \$480 deduction when computing income-based rent⁹⁰.
14. Designated Family - means the category of family for whom YMHA elects (subject to HUD approval) to designate a project (e.g. elderly family in a project designated for elderly families) in accordance with the 1992 Housing Act.
15. Designated housing (or designated project) - a project(s), or portion of a project(s) designated for elderly only or for disabled families only in accordance with HUD requirements.
16. Disabled Family - A family whose head, spouse or sole member is a person with disabilities. (Person with disabilities is defined later in this section.) The term includes two or more persons with disabilities living together, and one or more such persons living with one or more persons including live-in aides determined to be essential to the care and well-being of the person or persons with disabilities. A disabled family may include persons with disabilities who are elderly⁹¹.
17. Displaced Person - A person displaced by government action or a person whose dwelling has been extensively damaged or destroyed as a result of a disaster declared or otherwise recognized pursuant to Federal disaster relief laws. This definition is used for eligibility determinations only. It should not be confused with the former Federal preference for involuntary displacement⁹².
18. Divestiture Income - Imputed income from assets, including business assets, disposed of by applicant or resident in the last two years at less than fair market value
19. Drug – A controlled substance as defined in the Controlled Substances Act⁹³.
20. Drug-related Criminal Activity – The illegal manufacture, sale, distribution, or use of a drug, or the possession of a drug with intent to manufacture, sell distribute or use the drug⁹⁴.
21. Elderly Family - A family whose head or spouse (or sole member) is at least 62 years of age. It may include two or more elderly persons living together, and one or more such persons living with one or more persons, including live-in aides, determined to be essential to the care and well-being of the elderly person or persons. An elderly family may include elderly persons with disabilities and other family members who are not elderly⁹⁵.
22. Elderly Person - A person who is at least 62 years of age.
23. Extremely Low Income Family – A Family who's Annual Income is equal to or less than 30% of Area Median Income, as published by HUD.
24. Family –
 - Two or more persons (with or without children) regularly living together, related by blood, marriage, adoption, guardianship or operation of law who will live together in YMHA housing; OR
 - Two or more persons who are not so related, but are regularly living together or intend to regularly live together, can verify shared income or resources, and who will live together in YMHA housing.

The term family also includes the following terms defined in this Section:

- Elderly family
- Near elderly family
- Disabled family
- Displaced person
- Single person
- Remaining member of a tenant family,

Other persons, including members temporarily absent (e.g. a child temporarily placed in foster care or a student temporarily away at college), may be considered a part of the applicant family's household if they are living or will live regularly with the family⁹⁶.

- Live-in Aides may also be considered part of the applicant family's household. However, live-in aides are not *family* members and have no rights of tenancy or continued occupancy.
- Foster Care Arrangements include situations in which the family is caring for a foster adult, child or children in their home who have been placed there by a public child placement agency, or a foster adult or adults placed in the home by a public adult placement agency.
- For purposes of continued occupancy: the term family also includes the remaining member of a resident family with the capacity to execute a lease.

25. Full-Time Student - A person who is carrying a subject load that is considered full-time for day students under the standards and practices of the educational institution attended. Educational institution shall include but not be limited to: college, university, secondary school, vocational school or trade school⁹⁷.

26. Guest – For the purposes of determining whether an individual's criminal activity is the responsibility of the tenant, a guest is a person temporarily staying in the unit with the consent of a tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant. The requirements of the lease apply to a guest as so defined.

27. Head of the Household - The family member (identified by the family) who is held responsible and accountable for the family.

28. Household – The family, YMHA-approved foster child or children and a YMHA-approved Live-in Aide

29. Individual with Disabilities, Section 504 definition⁹⁸

Section 504 definitions of Individual with Disabilities and Qualified Individual with Disabilities are not the definitions used to determine program eligibility. Instead, use the definition of person with disabilities as defined later in this section. Note: the Section 504, Fair Housing, and Americans with Disabilities Act (ADA) definitions are similar. ADA uses the term "individual with a disability". Individual with disabilities means any person who has:

- (a) A physical, mental or emotional impairment that:
- substantially limits one or more major life activities;
 - has a record of such an impairment;
 - or is regarded as having such an impairment.
- (b) For purposes of housing programs, the term does not include any individual who is an alcoholic or drug abuser whose current use of alcohol or drugs prevents the individual from participating in the program or activity in question, or whose participation, by reason of such current alcohol or drug abuse, would constitute a direct threat to property or the safety of others.

- (c) Definitional elements:

“physical or mental impairment” means any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the following body systems: Neurological; musculoskeletal; special sense organs; respiratory, including speech organs; cardiovascular; reproductive; digestive; genito-urinary; hemic and lymphatic; skin; and endocrine; or

Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness, and specific learning disabilities. The term “physical or mental impairment” includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning and working.

“Has a record of such an impairment” means has a history of, or has been misclassified as having, a mental or physical impairment that substantially limits one or more major life activities.

“Is regarded as having an impairment” means has a physical or mental impairment that does not substantially limit one or more major life activities but that is treated by a recipient as constituting such a limitation; or

Has a physical or mental impairment that substantially limits one or more major life activities only as result of the attitudes of others toward such impairment; or

Has none of the impairments defined in this section but is treated by a recipient as having such an impairment.

NOTE: A person would be covered under the first item if YMHA refused to serve the person because of a perceived impairment and thus “treats” the person in accordance with this perception. The last two items cover persons who are denied the services or benefits of YMHA’s housing program because of myths, fears, and stereotypes associated with the disability or perceived disability.

The 504 definition of individual with disabilities is a civil rights definition. To be considered for admission to public housing a person must meet the program definition of

person with disabilities found in this section.

30. Kinship care - an arrangement in which a relative or non-relative becomes the primary caregiver for a child or children but is not the biological parent of the child or children. The primary caregiver need not have legal custody of such child or children to be a kinship caregiver under this definition. (Definition provided by the Kinship Care Project, National Association for Public Interest Law)
31. Live-in Aide - A person who resides with an elderly person(s), near elderly person(s) or person(s) with disabilities and who: (a) is determined by YMHA to be essential to the care and well being of the person(s); (b) is not obligated to support the family member; and (c) would not be living in the unit except to provide the necessary supportive services⁹⁹.

YMHA policy on Live-in Aides stipulates that:

- (a) Before a Live-in Aide may be moved into a unit, a third-party verification must be supplied that establishes the need for such care and the fact that the live-in aide is qualified to provide such care;
- (b) Move-in of a Live-in Aide must not result in overcrowding of the existing unit according to the maximum-number-of-persons-per-unit standard (although, a reasonable accommodation for a resident with a disability may be to move the family to a larger unit);
- © Live-in Aides have no right to the unit as a remaining member of a resident family;
- (d) Relatives who satisfy the definitions and stipulations above may qualify as Live-in Aides, but only if they sign a statement prior to moving in relinquishing all rights to the unit as the remaining member of a resident family.
- (e) A Live-in aide is a single person.
- (f) A Live-in Aide will be required to meet YMHA's screening requirements with respect to past behavior especially:

A record of disturbance of neighbors, destruction of property, or living or housekeeping habits at present or prior residences that may adversely affect the health, safety, or welfare of other tenants or neighbors;

Criminal activity such as crimes of physical violence to persons or property and other criminal acts including drug-related criminal activity that would adversely affect the health, safety, or welfare of other residents or staff or cause damage to the unit or the development; and

A record of eviction from housing or termination from residential programs.

32. Low-Income Household - A family whose annual income does not exceed 80 percent of the median income for the area as determined by HUD with adjustments for smaller and larger families¹⁰⁰
34. Medical Expense Allowance - For purposes of calculating adjusted income for elderly or disabled families only, medical expenses mean the medical expense in excess of 3% of Annual Income, where these expenses are not compensated for or covered by insurance¹⁰¹.
35. Minor - A minor is a person less than 18 years of age. An unborn child will not be considered as a minor. (See definition of dependent.) Some minors are permitted to execute

contracts, provided a court declares them “emancipated”.

36. Mixed Population Project - means a public housing project for elderly and disabled families. The YMHA is not required to designate this type of project under the Extension Act. (PIH Notice 97-12)
37. Multifamily housing project - For purposes of Section 504, means a project containing five or more dwelling units¹⁰².
38. Near-elderly family - means a family whose head, spouse, or sole member is a near-elderly person (at least 50 but less than 62 years of age), who may be a person with a disability. The term includes two or more near-elderly persons living together, and one or more such persons living with one or more persons who are determined to be essential to the care or well-being of the near-elderly person or persons. A near-elderly family may include other family members who are not near-elderly¹⁰³.
39. Near-elderly person - means a person who is at least 50 years of age but below 62, who may be a person with a disability
40. Net Family Assets - The net cash value, after deducting reasonable costs that would be incurred in disposing of¹⁰⁴:
 - (a) Real property (land, houses, mobile homes)
 - (b) Savings (CDs, IRA or KEOGH accounts, checking and savings accounts, precious metals)
 - (c) Cash value of whole life insurance policies
 - (d) Stocks and bonds (mutual funds, corporate bonds, savings bonds)
 - (e) Other forms of capital investments (business equipment)

Net cash value is determined by subtracting the reasonable costs likely to be incurred in selling or disposing of an asset from the market value of the asset. Examples of such costs are: brokerage or legal fees, settlement costs for real property, or penalties for withdrawing saving funds before maturity.

Net Family assets also include the amount in excess of any consideration received for assets disposed of by an applicant or resident for less than fair market value during the two years preceding the date of the initial certification or reexamination. This does not apply to assets transferred as the result of a foreclosure or bankruptcy sale.

In the case of a disposition as part of a separation or divorce settlement, the disposition will not be considered to be less than fair market value if the applicant or resident receives important considerations not measurable in dollar terms.

41. Other person under the tenant's control – The person, although not staying as a guest in the unit is or was at the time of the activity in question, on the premises because of an invitation from the tenant or other member of the household who has express or implied authority to so consent on behalf of the tenant. Absent evidence to the contrary, a person temporarily and infrequently on the premises solely for legitimate commercial purposes is not under the tenant's control (e.g. the Pizza Delivery person).

42. Person with disabilities^{xxvii} means a person^{xxviii} who¹⁰⁵ —
- (a) Has a disability as defined in Section 223 of the Social Security Act¹⁰⁶; or,
 - (b) Has a physical, mental or emotional impairment that:
 - Is expected to be of long continued and indefinite duration;
 - Substantially impedes his/her ability to live independently; and,
 - Is of such nature that such disability could be improved by more suitable housing conditions; or,
 - (c) Has a developmental disability as defined in Section 102 (5) (b) of the Developmental Disabilities Assistance and Bill of Rights Act¹⁰⁷
43. Portion of project - includes, one or more buildings in a multi-building project; one or more floors of a project or projects; a certain number of dwelling units in a project or projects.
44. Project, Section 504 - means the whole of one or more residential structures & appurtenant structures, equipment, roads, walks, & parking lots that are covered by a single contract for Federal financial assistance or application for assistance, or are treated as a whole for processing purposes, whether or not located on a common site.
45. Premises – The building or complex or development in which the public housing dwelling is located, including common areas and grounds.
46. Qualified Individual with disabilities, Section 504¹⁰⁸ - means an individual with disabilities who meets the essential eligibility requirements and who can achieve the purpose of the program or activity without modifications in the program or activity that the YMHA can demonstrate would result in a fundamental alteration in its nature.
- (a) Essential eligibility requirements include: ...stated eligibility requirements such as income as well as other explicit or implicit requirements inherent in the nature of the program or activity, such as requirements that an occupant of multifamily housing be capable of meeting the recipient's selection criteria and be capable of complying with all obligations of occupancy with or without supportive services provided by persons other than the YMHA.
 - (b) For example, a chronically mentally ill person whose particular condition poses a significant risk of substantial interference with the safety or enjoyment of others or with his or her own health or safety in the absence of necessary supportive services may be "qualified" for occupancy in a project where such supportive services are provided by the YMHA as a part of the assisted program. The person may not be 'qualified' for a project lacking such services.
47. Single Person - A person who is not an elderly person, a person with disabilities, a displaced person, or the remaining member of a resident family.
48. Spouse - Spouse means the husband or wife of the head of the household.
49. Tenant Rent¹⁰⁹ - The amount payable monthly by the Family as rent to YMHA. When all

^{xxvii} NOTE: this is the program definition for public housing. The 504 definition does not supersede this definition for eligibility or admission. [24 CFR 8.4 (c) (2)]

^{xxviii} A person with disabilities may be a child.

utilities (except telephone) and other essential housing services are supplied by the Authority; Tenant Rent equals Total Tenant Payment. Where some or all utilities (except telephone) and other essential housing services are not supplied by the YMHA and the cost thereof is not included in the amount paid as rent, Tenant Rent equals Total Tenant Payment less the Utility Allowance

50. Total Tenant Payment (TTP) - The TTP, or income-based rent, is calculated using the following formula:

The greatest of 30% of the monthly Adjusted Income (as defined in these policies) or 10% of the monthly Annual Income (as defined in these policies), or the Welfare Rent if applicable, but never less than the Minimum Rent. If the Resident pays for the utilities directly to the utility supplier, the amount of the Utility Allowance is deducted from the TTP¹¹⁰. See the definition for Tenant Rent.

51. Uniform Federal Accessibility Standards - Standards for the design, construction, and alteration of publicly owned residential structures to insure that physically disabled persons will have ready access to and use of such structures. The standards are set forth in **Appendix A to 24 CFR Part 40**. See cross reference to UFAS in 504 regulations, 24 CFR § 8.32 (a).

52. Utilities - Utilities means water, electricity, gas, other heating, refrigeration and cooking fuels, trash collection, and sewerage services. Telephone service is not included as a utility¹¹¹.

53. Upward Mobility Preference: An admissions preference granted when:

(a) A family can verify employment of an adult member:

(i) Employment at the time of the offer —Applicant family must have at least one adult family member employed at the time of YMHA's offer of housing. Employment must be for the 90-day period immediately prior to the offer of housing and provide a minimum of 20 hours of work per week for the family member claiming the preference.

(ii) Employment periods may be interrupted, but to claim the preference, a family must have an employed family member as described above.

(iii) A family member that leaves a job will be asked to document the reasons for the termination. Someone who quits work after receiving benefit of the preference (as opposed to layoff, or taking a new job) will be considered to have misrepresented the facts to YMHA and will have their assistance terminated.

(iv) The amount earned shall not be a factor in granting this local preference. This local preference shall also be available to a family if the head, spouse, or sole member is 62 or older, or is receiving social security disability, or SSI disability benefits, or any other payments based on the individual's inability to work¹¹².

(b) A family can verify participation in a job-training program or graduation from such a program, including programs of job training, skills training or education accepted or mandated by the TANF.

54. Utility Reimbursement - Funds that are reimbursed to the resident or the utility company on the resident's behalf if the utility allowance exceeds the Total Tenant Payment.

55. Very Low-Income Family - Very low-income family means a family whose Annual Income does not exceed 50 percent of the median Annual Income for the area, with adjustments for smaller and larger families, as determined by the Secretary of Housing and Urban

Development ¹¹³

- 56 Violent Criminal Activity – Any criminal activity that has as one of its elements the use, attempted use, or threatened use of physical force substantial enough to cause, or be reasonably likely to cause serious bodily injury or property damage.

Citations

-
- ¹ 24 CFR Part 1
 - ² 24 CFR Part 100
 - ³ 24 CFR Part 8
 - ⁴ 24 CFR Part 146
 - ⁵ 24 CFR § 960.103
 - ⁶ 24 CFR § 960.205
 - ⁷ 24 CFR §§ 8.21, 8.23, 8.24, and 8.25
 - ⁸ 24 CFR § 100.204
 - ⁹ 24 CFR § 8.24(a)(2)
 - ¹⁰ 24 CFR § 8.24
 - ¹¹ 24 CFR § 8.23(b)
 - ¹² 24 CFR § 8.24 (a) (1)
 - ¹³ 24 CFR § 8.24 (b)
 - ¹⁴ 24 CFR § 8.32 (c)
 - ¹⁵ 24 CFR § 8.26
 - ¹⁶ 24 CFR § 8.26
 - ¹⁷ 24 CFR § 8.32 (c)
 - ¹⁸ .24 CFR § 8.32 (c) and § 40, Uniform Federal Accessibility Standards, 3.5 and 4.1.6(3)
 - ¹⁹ 24 CFR § 906. 204 (a)
 - ²⁰ 24 CFR § 8.20 and 8.21
 - ²¹ 24 CFR § 8.6
 - ²¹ 24 CFR § 8.6
 - ²² 24 CFR § 8.6
 - ²³ 24 CFR § 8.6
 - ²⁴ 24CFR§960.103(b)
 - ²⁵ 24 CFR §109.30(a)
 - ²⁶ 24 CFR § 5.5 Subpart E
 - ²⁷ 24 CFR § 5.216
 - ²⁸ 24 CFR § 960.205
 - ²⁹ 24 CFR 960.206
 - ³⁰ 24 CFR § 85.42
 - ³¹ 24 CFR § 960.206 (c)
 - ³² 24 CFR § 960.206(e)
 - ³³ 24 CFR § 5.410 (a) (3)
 - ³⁴ 24 CFR § 960.206(a)(4)
 - ³⁵ 24 CFR § 960
 - ³⁶ 24 CFR § 960.205 (b)
 - ³⁷ 24 CFR § 960.205 (b)
 - ³⁸ 24 CFR § 8.3 Definition: Qualified individual with disabilities
 - ³⁹ 24 CFR § 8.3 Definition: Qualified individual with disabilities
 - ⁴⁰ 24 CFR §960.203
 - ⁴¹ 24 CFR § 960.203 (b)(1)
 - ⁴² 24 CFR § 960.204(4)(c))
 - ⁴³ 24 CFR § 960.203 (c)(1)
 - ⁴⁴ 24 CFR § 960.203 (c)(2)
 - ⁴⁵ 24 CFR § 960.203 (c)(3)
 - ⁴⁶ 24 CFR § 8.2 Definition: Qualified Individual with Disabilities
 - ⁴⁷ 24 CFR § 960.204(a)
 - ⁴⁸ 24 CFR § 8.2 Definition: Qualified Individual with Disabilities
 - ⁴⁹ 24 CFR §960.205(d)
 - ⁵⁰ 24 CFR § 960.205 (d)
 - ⁵¹ 24 CFR § 5.403

- 52 24 CFR § 5.603
- 53 24 CFR § 5.5
- 54 24 CFR § 5.4
- 55 24 CFR § 960.203
- 56 24 CFR § 960.208(b)
- 57 24 CFR § 960.208(a)
- 58 24 CFR § 966
- 59 24 CFR § 966.4 (p)
- 60 24 CFR § 966.4 (c)(3)
- 61 24 CFR § 966.4 (o)
- 62 24 CFR § 966.4 (i)
- 63 24 CFR §§ 960.205 (b) and 966.4(a)(1)(v)
- 64 24 CFR § 966.4 (f)(3) & (c)(2)
- 65 24 CFR § 966.4 (f)(3)
- 66 24 CFR § 966.4 (f)(2)
- 67 24 CFR § 966.4 (f)(3)
- 68 24 CFR § 100.5
- 69 24 CFR § 5.5
- 70 24 CFR § 960.257
- 71 24 CFR § 960.259(c)
- 72 24 CFR § 5
- 73 24 CFR § 966.4 (c)(2)
- 74 24 CFR § 966.4 (c) & (o)
- 75 24 CFR § 966.4 (c)(3)
- 76 24 CFR § 960.259 (c)
- 77 24 CFR § 966.4 (l)(2)
- 78 24 CFR § 966.4 (l)(3)
- 79 24 CFR 5.609
- 80 24 CFR § 5.609
- 81 24 CFR § 5.609(d)
- 82 24 CFR § 5.611
- 83 24 CFR § 8.32 & § 40
- 84 24 CFR § 8.21
- 85 24 CFR § 8.3 & § 40.3.5
- 86 24 CFR § 8.3 & § 40.3.5
- 87 24 CFR § 8.3 & § 8.23 (b)
- 88 24 CFR § 5.603
- 89 24 CFR § 8.3
- 90 24 CFR § 5.603
- 91 24 CFR § 5.403
- 92 (42 USC 1437a(b)(3))
- 93 24 CFR § 5.100
- 94 24 CFR § 5.100
- 95 24 CFR § 5.403
- 96 24 CFR §§ 5 and 960
- 97 24 CFR 5.603
- 98 24 CFR § 8.3
- 99 24 CFR 5.403
- 100 42 USC 1437a(b)
- 101 24 CFR § 5.603
- 102 24 CFR § 8.3
- 103 24 CFR § 5.403
- 104 24 CFR § 5.603
- 105 42 USC 1437a(b)(3)
- 106 42 USC 423
- 107 42 USC 6001 (5).

-
- ¹⁰⁸ 24 CFR § 8.3
 - ¹⁰⁹ 24 CFR § 5.603.
 - ¹¹⁰ 24 CFR §5.613
 - ¹¹¹ 24 CFR § 965.473
 - ¹¹² 24 CFR 960.206 (b) (2)
 - ¹¹³ 42 USC 1437a(b).

Youngstown Metropolitan Housing Authority
Administrative Plan for the
Housing Choice Voucher Program
Homeownership Program
Project Based Voucher Program and Shelter Plus Care
Program
2010

Youngstown Metropolitan Housing Authority
131 West Boardman Street
Youngstown, Ohio 44503

Table of Contents

| | |
|--|-----------|
| Section 1. Introduction | 1 |
| Section II. Applications and Waiting List Management | 1 |
| A. Purpose..... | 1 |
| B. Opening the Waiting List | 1 |
| C. Processing Preliminary Applications | 2 |
| D. Maintaining the Waiting List | 3 |
| Section III. Eligibility and Verification of Family Circumstances | 4 |
| A. Applicant Selection | 4 |
| B. Eligibility Interview | 5 |
| C. Conducting the Eligibility Interview | 6 |
| D. Income Targeting | 7 |
| E. Denial of Assistance | 8 |
| F. Informal Reviews..... | 9 |
| Section IV. Issuing Vouchers | 10 |
| A. Subsidy Standards | 10 |
| B. Briefings..... | 11 |
| C. Term of the Voucher..... | 13 |
| D. Assistance to Families Subjected to Illegal Discrimination | 14 |
| Section V. Leasing Units..... | 14 |
| A. Owner Requests for Information | 14 |
| B. Request for Tenancy Approval | 14 |
| C. Housing Types | 16 |
| D. Housing Choice Voucher Program Rents | 16 |
| E. Affordability | 18 |
| F. Denial of Owner Participation | 18 |
| G. Initial Inspections..... | 19 |
| H. Housing Assistance Payment Contracts..... | 20 |
| Section VI. Factors Related to Total Tenant Payment, Family Share Determination & Occupancy | 21 |
| A. Annual Income..... | 21 |
| B. Excluded Income | 23 |
| C. Adjusted Income/Mandatory Deductions | 24 |
| D. Earned Income Disallowance | 24 |
| E. Verification of Income | 26 |
| F. Minimum Rent | 28 |

| | |
|---|-----------|
| Section VII. Annual Functions | 29 |
| A. Recertification of Family Eligibility | 29 |
| B. Interim Reporting..... | 30 |
| C. Annual Inspection of Units | 31 |
| D. Special Complaint Inspections..... | 32 |
| E. Additional Acceptability Criteria and Exceptions to Housing Quality Standards..... | 32 |
| F. Rent Increases | 34 |
| Section VIII. Changes in Family Size, Family Separations, Absences & Moves | 35 |
| A. Changes in Family Size | 35 |
| B. Family Separations..... | 35 |
| C. Family Absences from the Assisted Unit..... | 36 |
| D. Family Moves with Continued Assistance | 40 |
| E. Portability..... | 41 |
| Section IX. Evictions..... | 42 |
| Section X. Terminations and Informal Hearings..... | 43 |
| A. Terminations | 43 |
| B. Informal Hearings | 44 |
| Section XI. Amounts Owed to YMHA | 45 |
| A. Repayment Agreements..... | 45 |
| B. Owner Amounts Owed to YMHA | 46 |
| Section XII. Program Management | 47 |
| A. Late Payments | 47 |
| B. Leasing Units | 47 |
| C. Revising Utility Allowance Schedules | 47 |
| D. Revising Voucher Payment Standards..... | 48 |
| E. Program Utilization..... | 48 |
| F. Quality Control Inspections | 48 |
| G. Administrative Fee Reserve..... | 48 |
| Section XIII. Family Self-Sufficiency Program..... | 49 |
| Section XIV. Project-Based Assistance and Special Program | 50 |
| A. Moderate Rehabilitation Single Room Occupancy (SRO) | 50 |
| B. Project Based Voucher Program..... | 50 |
| Section XV. Homeownership Program..... | 53 |
| Section XVI. Expanding Housing Opportunities..... | 60 |
| Section XVI. Violence Against Women Act (VAWA) | 65 |

Section I. Introduction

This administrative plan has been prepared by the Youngstown Metropolitan Housing Authority (YMHA) in conformance with the requirements of 24 CFR 982.54.

The plan sets forth YMHA's policies for the administration of the program in accordance with the requirements of the U.S. Department of Housing and Urban Development (HUD). Those requirements are incorporated by reference as follows:

- 24 CFR 5 Definition of Income, Income Limits, Rent and Reexamination of Family Income for the Section 8 Housing Assistance Payments Programs and Related Programs; Restrictions on Assistance to Non-Citizens; One-Strike Screening and Eviction for Drug Abuse
- 24 CFR 882 Section 8 Moderate Rehabilitation Programs
- 24 CFR 984 Section 8 and Public Housing Family Self-Sufficiency Program
- 24 CFR 983 Project Based Voucher Assistance

The plan is presented in the sequence in which events usually occur in the Section 8 Process. It is intended only, however, to establish local policies for administration of the program and should not be considered an exhaustive treatment of the procedures by which these policies are implemented.

Section II. Applications and Waiting List Management

A. Purpose

YMHA's Waiting List for the Tenant-Based Housing Choice Voucher Program will remain closed until such time as YMHA determines the number of applicants remaining on the list is insufficient to provide all the applicants needed for the next 12 months. The number determined to be needed will be based on the number of vouchers available or expected to become available over the next twelve months, the experience of the YMHA regarding the number of applicants who are expected to successfully complete the process of establishing their eligibility and the number of eligible applicants who are expected to successfully lease units under the Tenant-Based Housing Choice Voucher Program.

B. Opening the Waiting List

1. At such time as YMHA determines that the Waiting List will be open for applications, public notice of the opening will be made in the local newspapers and through other media as determined necessary to reach potentially eligible households not otherwise likely to apply.

2. The public notice will state the locations, dates and times at which preliminary applications can be obtained. The notice will further state that completed applications can be returned to YMHA by U.S. mail and must be postmarked no later than the date specified or can be delivered in person at a location identified by YMHA. Completed applications delivered in person will be date and time stamped and must be presented to YMHA no later than the date specified.
3. The notice will advise prospective applicants that applications will be selected for processing on the basis of a lottery and that all applications postmarked prior to the closing date will have an equal chance of being selected.
4. Additional time will be given as an accommodation for submission of an application after the closing deadline. This accommodation is to allow persons with a disability the opportunity to submit an application in extenuating circumstances. Applicants placed on the Waiting List will be notified by mail.
5. YMHA will offer to place applicants on other open Waiting Lists, if the other program includes units suitable for the applicant.

C. Processing Preliminary Applications

1. Processing of the applications submitted will not begin until ten days after the closing date for applications. The method of selection for the waiting list must leave a clear audit trail that can be used to verify that applicants have been selected according to the administrative plan and procedures. YMHA will conduct a lottery to determine placement of some or all of the pre-applicants on the waiting list. The date of the lottery will be published in the same notice announcing the opening of the waiting list. The lottery will be open to the public. However, those who have completed a preliminary application need not be present at the drawing to be assigned a number for placement on the waiting list.
2. The number of applications drawn will not exceed the number of applicants likely to be offered vouchers over the next 24 months. Applicants whose applications are not drawn will be notified in writing that they have not been selected and must apply again when the Waiting List is reopened.
3. Applicants whose applications have been drawn will be placed on the waiting list in order of the lottery number.
4. All applicants placed on the waiting list will be notified, in writing, of the lottery number assigned to their application. The notice will further advise applicants that it is their responsibility to notify YMHA, in writing, if their address changes. If any notice, request for additional information or appointment

letter to the applicant is returned as undeliverable, the applicant will be dropped from the waiting list.

D. Maintaining the Waiting List

1. YMHA uses one Waiting List for admission to its tenant-based voucher program. Except for Special Admissions, applicants will be selected from the YMHA tenant-based Waiting List in accordance with policies and income targeting requirements defined in this Administrative Plan.
2. In accordance with the Quality Housing and Work Responsibility Act of 1998 and HUD requirements, each fiscal year YMHA will reserve a minimum of 75% of its New Admissions for families whose income does not exceed 30 percent of the area median income. HUD refers to these families as “extremely low income families”. Where necessary to meet this requirement, YMHA may skip applicants on the Waiting List until the first extremely low income family is reached.
3. When HUD awards special funding for certain family types, families who qualify are placed on the regular Waiting List. When a specific type of funding becomes available, the Waiting List is search for the first available family meeting the targeted funding criteria. YMHA has no “targeted” programs at this time.
4. The waiting list will be purged annually by a mailing to all applicants. The mailing will ask for confirmation of continued interest. If an applicant does not respond, in writing, within ten days of the date of the notice, the applicant's name will be removed from the waiting list. An extension to respond will be granted if requested and needed as a reasonable accommodation for a person with a disability. If an applicant does not respond to YMHA's request for information or updates because of a family member's disability, YMHA will reinstate the applicant in the family's former position on the waiting list. If an applicant is removed from the waiting list for failure to respond, they may not be entitled to reinstatement unless the Section 8 Coordinator determines there were circumstances beyond the applicant's control. Decisions will be rendered on a case by case basis.
5. In the event that an applicant on the Waiting List should become deceased, the position on the Wait List will be lost and will not be transferred to another family member.

Section III. Eligibility and Verification of Family Circumstances

A. Applicant Selection

YMHA accepts applications only from families whose head is at least 18 years of age or an emancipated minor under State law. Eligibility factors will be verified prior to voucher issuance. The following factors determine eligibility:

- Family composition
- Income Limits
- Disclosure of social security numbers
- Citizenship or non-citizen with eligible immigration status
- Consent to collect information by YMHA
- Prior history with YMHA or other HUD housing programs
- Drug related or violent criminal activity as well as sex offender background checks.

The applicant must qualify as a family. A family may be a single person or a group of persons. A family includes:

- A family with or without a child or children
- Two or more persons who intend to share residency whose income and resources are available to meet the family's needs
- Two or more elderly or disabled persons living together
- One or more elderly, near elderly or disabled persons living with one or more live-in aides

Head of Household

The Head of Household is the adult member of the household who is designated by the family as head, is wholly or partly responsible for paying the rent and has the legal capacity to enter into a lease under State/Local law. Spouse means the husband or wife of the head. A co-head is an individual in the household who is equally responsible for the lease with the Head of Household. A family may not include a spouse and a co-head. A co-head never qualifies as a dependent. A family may not designate an elderly family member as head of household solely to qualify the family as an Elderly household.

Live-In Aide

A family may include a live-aide. A live-in aide may be allowable if it's determined by YMHA to be essential to the care and well being of an elderly, handicapped or disabled family member; is not obligated for the support of the elderly, handicapped or disabled member; would not be living in the unit except to provide care of the elderly, handicapped or disabled family member; and, their income will not be counted for purposes of determining eligibility or rent contribution.

A live-in aide with a child is not qualified as a live-in aide since the child is not needed to attend the elderly, handicapped or disabled individual. Live-in aides cannot be the remaining members of the family's family if the person they are attending is no longer a participant in the Housing Choice Voucher Program. YMHA will send a third-party

verification to a reliable medical source familiar with the family to determine if a live-in aide is essential.

Family Splits on the Waiting List

When a family on the Waiting List splits into two otherwise eligible families due to divorce or legal separation and the new families both claim the same placement on the Waiting List, YMHA will make a decision based on the following factors:

- Court determination
- Head of Household
- Which family member retains the children or any disabled or elderly member
- Incidence of domestic violence
- Recommendations of social service agencies or other qualified professionals

Children who are subject to a joint custody agreement but live with the parent who is receiving or will receive assistance at least 51% of the time will be considered members of the household. Fifty-one percent of the time is defined as 183 days of the year; those days do not have to run consecutively. When both parents are on the Waiting List and both are trying to claim the child, the parent whose address is listed in the school records will be allowed to claim the school-age child as a dependent. If the children are not of school-age, tax records will be reviewed to determine who claimed the child(ren).

B. Eligibility Interview

1. Applicants on the Waiting List will be notified by mail of an appointment date and time when their position on the list has been reached. An applicant who fails to attend the first appointment will be afforded a second and final opportunity to complete the necessary application. Failure to attend a second appointment will render the application ineligible. Applicants will have the opportunity to request an Informal Review.
2. All adult family members are required to attend the interview and complete the necessary forms and certifications required by HUD and YMHA. Reasonable accommodation will be made for persons with a disability. A designee will be allowed to participate in the interview process, but only with the permission of the person with a disability. Applicants with disabilities may request that the interview be conducted in their home or at some other convenient location if the nature of their disability is such that they cannot reasonably be expected to come to YMHA's office.
3. YMHA conducts the initial interview to discuss family circumstances in greater detail, to clarify information that has been provided by the family and to ensure that the information is complete. Information about the program, verification process and other needs of the family are discussed. The family is also advised of any other services YMHA provides.

4. Applicants must provide birth certificates, disclose social security numbers and provide legal identification. Originals must be provided of birth certificates and social security numbers. Any other documents provided by the family must be dated within sixty days of the appointment.
5. Information provided by the applicant will be verified in accordance with federal requirements. If additional information or documents are required, the family will be given fourteen days to provide the requested information. If the information is not provided in the time period (subject to a reasonable accommodation) YMHA will mail the family a notification of denial of assistance. The family will be given an opportunity for an Informal Review.
6. Written notification of eligibility will be mailed to the applicant by first class mail or distributed to the applicant in the manner requested as a reasonable accommodation.

C. Conducting the Eligibility Interview

Applicants must complete a full application form. The application must be signed by all adult members of the household. Applicants must provide originals of birth certificates and disclose social security numbers for all members of the household.

Mandatory Disclosure of Social Security Numbers

All applicants and participants (including each member of the household) are required to disclose his/her assigned Social Security Number. Acceptable evidence of the SSN consists of:

- An original SSN card issued by the Social Security Administration
- An original SSA-issued document, which contains the name and SSN of the individual; or
- An original document issued by a federal, state or local government agency, which contains the name and SSN of the individual.

YMHA may reject documentation of the SSN provided by the applicant or participant for only the following reasons:

- The document is not an original document; or
- The original document has been altered, mutilated or not legible; or
- The document appears to be a forged document (i.e. does not appear to be authentic)

YMHA will explain to the applicant or participant family why the document(s) are not acceptable and request the family to obtain acceptable documentation of the SSN and submit it to YMHA. Individuals without an assigned Social Security Number must make such declaration in writing and under penalties of perjury to YMHA. The declaration will be maintained in the applicant or participant file.

Family Composition

Applicants will be required to provide third-party documentation of the family composition. YMHA considers that the following qualify as a “family”:

- Two or more person living together, related by blood, marriage or operation of law;
- Two or more unrelated persons showing evidence of a relationship that has existed over time, shows assets are available for the use of the family;
- An elderly, disabled or handicapped person;
- A person displaced by governmental action;
- The remaining eligible member of an assisted family

Third – Party Verification and Consent Forms

Applicants will be required to provide third-party verification of their income in the form of computerized awards letters for income received from government sources such as Temporary Assistance to Needy Families (TANF), court-awarded child support, Social Security, Supplemental Security Income, Unemployment compensation and any other income received on a regular basis. Applicants must also provide pay stubs and/or letter from employer on company letterhead detailing employment income. Any release forms must be signed by all adult family members.

Applicants who wish to receive deductions for medical, child care and/or disability expenses will be required to provide third-party verification of expenses. YMHA will also request release forms and verify by third-party means.

Applicants may claim as dependents children under the age of 18 and full-time students 18 – 21 attending traditional education institutions, as well as those enrolled in full-time vocational training. YMHA will verify full-time student status by third-party.

In an effort to prevent future drug related and other criminal activity, as well as other patterns of behavior that pose a threat to the health, safety or right to peaceful enjoyment of the premises by other residents, YMHA will endeavor to screen all members of the applicant family who are 18 years of age or older as thoroughly and fairly as possible for drug related and violent criminal behavior. YMHA will conduct a criminal history check on each member of an applicant household 18 years of age or older. Applicants will be required to sign consent forms for the criminal history check. Any applicant who refuses to sign a consent form will be denied admission to the Housing Choice Voucher Program.

D. Income Targeting

1. Notwithstanding any of the above, YMHA is required to ensure that at least 75% of the applicants admitted to the Section 8 Housing Choice Voucher Program during each fiscal year are Extremely Low-Income (ELI)

households with incomes below 30% of the median income for the Youngstown Metropolitan Area.

2. This targeting requirement does not apply to low-income households that are continuously assisted under the 1937 Act or the low-income or moderate-income households that are displaced from eligible low-income housing as a result of the prepayment of a mortgage or voluntary termination of an insurance contract.
3. YMHA will monitor the number of Extremely Low-Income Households, and the number of Low- and Very-Low-Income Households admitted monthly and will make any necessary adjustments to the selection process described above to ensure that this targeting requirement is met.

E. Denial of Assistance

If a family is determined by YMHA to be ineligible based on the information provided and verifications received, YMHA will notify the family in writing (in an accessible format upon request as a reasonable accommodation), state the reason(s), and inform the applicant of their right to request an informal review. Persons with disabilities may request to have an advocate attend the informal review as an accommodation.

YMHA will determine the following applicants ineligible for participation in the Housing Choice Voucher Program:

- Any applicant and/or household member who has committed violent or drug-related criminal activity within three years of the proposed admission. YMHA will make its decision regarding the admission of the applicant based on the preponderance of evidence that a member of the household has engaged in such activity, regardless of whether the member has been arrested or convicted.
- Any applicant who previously participated in the Housing Choice Voucher Program and was terminated due to violations of their obligations as participants in the program or evicted from their unit within the past 3 years.
- Any applicant who has been evicted from federally assisted housing within the last three years.
- If a member of the family has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program at any time.
- Any applicant or household member who currently owes rent or other amounts to YMHA or to another PHA in connection with Section 8 or public housing assistance under the 1937 Act.

- Any applicant or family member was involved with the manufacturing or production of methamphetamine on the premises of any federally assisted housing at any time.
- YMHA will deny the eligibility of an applicant (including each member of the household required to disclose his/her SSN) does not disclose a SSN and/or provide documentation of such SSN.
- Any applicant or family member who fails to sign consent forms necessary to determine eligibility or continued participation.
- In the event the PHA receives unfavorable information with respect to an applicant, consideration must be given to the time, nature, and extent of the applicant's conduct (including the seriousness of the offense). In a manner consistent with its policies, PHAs may give consideration to factors which might indicate a reasonable probability of favorable future conduct.
 - The seriousness of the case, especially with respect to how it would affect other residents
 - The effects that denial of admission may have on other members of the family who were not involved in the action or failure.
 - The extent of participation or culpability of individual family members, including whether the culpable family member is a minor or a person with disabilities.
 - The length of time since the violation occurred, the family's recent history and the likelihood of favorable conduct in the future.
 - Evidence of the applicant family's participation in or willingness to participate in social service or other appropriate counseling service programs. In the case of drug or alcohol abuse, whether the culpable household member is participating in or has successfully completed a supervised drug or alcohol rehabilitation program or has otherwise been rehabilitated successfully.

The PHA will require the applicant to submit evidence of the household member's current participation in successful completion of a supervised drug or alcohol rehabilitation program, or evidence of otherwise having been rehabilitated successfully.

- YMHA will not provide housing assistance to an applicant household unless at least one member of the household has established eligible citizenship status. A "mixed" family is one that includes at least one U.S. citizen or eligible immigrant and any number of ineligible members. Assistance to households with one or more members who do not have eligible citizenship status will be pro-rated based on the number of persons in the household for whom eligibility has been established. Prorated assistance is calculated by determining the amount of assistance payable if all family members were eligible and multiplying by the

percent of the family members who are actually eligible. Calculations are performed on the HUD-Form 50058.

- For citizens, YMHA will accept as evidence of eligible citizenship status a signed declaration of citizenship for each household member. For non-citizens 62 years of age and older, YMHA will accept a signed declaration of eligible immigration status and proof of age. For other non-citizens, YMHA requires a signed declaration of eligible immigration status, one of the Immigration and Naturalization Service documents referred to in 24 CFR 5.506 and a signed verification consent form.

F. Informal Reviews

1. When an applicant for the Housing Choice Voucher Program is determined ineligible for assistance, YMHA will notify the applicant in writing. The notice will state the reason for YMHA's decision, and that the applicant may request an informal review, in writing, within 14 days of the date of the notice.
2. When an applicant requests an informal review, YMHA will schedule the review within 21 days and notify the applicant of the time and place that the review will be held. The review will be conducted by a person designated by the Executive Director. The applicant may present his/her case orally or in writing, and may provide additional information to support his/her claim. Within 14 days of the review, YMHA will notify the applicant in writing of its final decision, including a brief statement of the reasons for the final decision.

Section IV. Issuing Vouchers

A. Subsidy Standards

1. Eligible families will be issued vouchers based on YMHA's subsidy standards as follows:
 - a. A single person, a couple or two adults will receive a one-bedroom voucher.
 - b. A family with children will receive a voucher that will allow one bedroom for the parent or parents and one for every two children. Separate bedrooms should be allocated for persons of the opposite sex (other than adults who have a spousal relationship and children 4 years of age and younger). Children under age eighteen of the same gender within five years of each share a room. YMHA will not require more than two persons to share a bedroom.

- c. Persons of different generations and unrelated adults should be allocated a separate bedroom.
 - d. An additional bedroom will be allowed for a live-in aide approved by YMHA to live in the unit to care for a family member who is elderly or disabled. No additional bedrooms are provided for the attendant's family.
 - e. Families with at least one member who is elderly, disabled, or handicapped may be given a larger voucher if YMHA determines that the age, health or handicap of the member warrants the use of a larger unit size.
 - f. A child who is temporarily away from home because of placement in foster care is considered a member of the family in determining the family unit size.
 - g. Foster children will be included in determining unit size only if they will be in the unit for more than six months.
 - h. A pregnant woman (with no other persons) will be treated as a two-person family.
 - i. Space may be provided for a child who is away at school but who lives with the family during school recesses.
2. YMHA shall grant exceptions from the subsidy standards if the family requests and YMHA determines the exceptions are justified by the relationship, age, sex, health or disability of family members, or other individual circumstances. YMHA will grant an exception upon request as an accommodation for persons with disabilities.
 3. Circumstances may dictate a larger size than the subsidy standards permit when persons cannot share a bedroom because of a need such as: a) verified medical or health reason b) elderly persons or persons with disabilities who may require a live-in attendant. Requests based on health related reasons must be verified by a physician, medical professional and/or social service professional.
 4. YMHA will not issue a larger voucher due to additions of family members other than by birth, adoption, marriage or court awarded custody.
 5. The voucher size is determined prior to the briefing by comparing the family composition to YMHA's subsidy standards. If an applicant requires a change in the voucher size, based on the requirements of YMHA subsidy standards, the above referenced guidelines will apply.

6. All household members must be approved by YMHA. An assisted family must obtain approval of any additional family member prior to the new member occupying the unit except for additions by birth, adoption, marriage or court awarded custody. In this case the family must report, in writing, to YMHA within 10 days of the change. The above referenced guidelines will apply.
7. Should a unit not meet HUD Housing Quality Standards space standards due to an increase in family size, (unit too small),YMHA will issue a new voucher of the appropriate size and assist the family in locating a suitable unit.
8. The family may select a different size dwelling unit than that listed on the voucher. The payment standard for a family shall be the lower of: a) the payment standard amount for the family voucher size b) the payment standard amount for the unit size rented by the family. The utility allowance used to calculate the gross rent is based on the actual size of the unit the family selects. Housing Quality Standards allow two persons per living/sleeping room.

B. Briefings

1. YMHA's goals and objectives are designed to assure that families selected to participate are equipped with the tools necessary to locate an acceptable housing unit. Families are provided sufficient knowledge and information regarding the program and how to achieve maximum benefit while complying with program requirements. When eligibility has been determined, YMHA will conduct a mandatory briefing to ensure that families know how the program works. The briefing will provide a broad description of owner and family responsibilities, YMHA procedures and how to lease a unit.
2. A full HUD required briefing will be conducted for applicant families who are determined to be eligible for assistance. The briefings will be conducted in groups. Families who attend group briefings or meetings and still have the need for individual assistance will be accommodated. Briefings will be conducted in English. Other accommodations will be provided upon request.
3. The purpose of the briefing is to explain how the program works. The briefing packet documents are also explained to families so they are fully informed about the program. This will enable them to utilize the program to their advantage, and it will prepare them to discuss it with potential owners and property managers.
4. YMHA will not issue a voucher to a family unless the household representative has attended a briefing and signed the voucher. Applicants who provide prior notice of inability to attend a briefing will automatically be scheduled for the next briefing. Applicants who fail to attend two scheduled

briefings, without prior notification and approval of YMHA, will have their assistance denied.

5. YMHA will conduct individual briefings for families with disabilities at their home, upon request by the family, if required as a reasonable accommodation.
6. The documents and information provided in the briefing packet for the voucher program will comply with all HUD requirements.
7. The briefing will include an explanation of where a family can live, and how portability works.
8. If the family is currently living in a high poverty area in YMHA's jurisdiction, the advantages of moving to an area that does not have a high concentration of poor families will be explained.
9. YMHA requires non-resident applicants to lease within the jurisdiction during the initial 12 months following admission to the program.
10. All voucher holders will receive a Family Packet, which includes all information required by 24 CFR 982.301 (b).
11. During the briefing session, the head of household will be issued a voucher, which represents a contractual agreement between YMHA and the family specifying the rights and responsibilities of each party. It does not constitute admission to the program, which occurs when the lease and Housing Assistance Payment contract have been executed.

C. Term of the Voucher

1. Vouchers are issued for an initial term of sixty (60) days.
2. The family must submit a Request for Tenancy Approval (RFTA) within the 60-day period unless YMHA has granted an extension. If the voucher has expired and has not been extended by YMHA or expires after an extension, the family will be denied assistance. The family will not be entitled to a review or hearing.
3. If the family is currently assisted, they may remain as a participant in their current unit if there is an assisted lease/Housing Assistance Payment contract in effect. If the family is a current participant and was issued a voucher at a time when they moved from an assisted unit, vouchers will only be issued for a term of sixty (60) days.
4. YMHA will provide 120 days for applicants with disabilities to utilize their vouchers to find suitable housing. No further extensions will be given.

5. Request for Tenancy Approvals are accepted at any time during the initial 60-day term. When a RFTA is received, YMHA will not deduct the number of days required to process the request from the 60-day term of the voucher. If, after the initial or follow-up inspection, the unit is approved, a Housing Assistance Payment contract is executed on behalf of the family. If the unit is not approved, consideration will be given as to whether there is sufficient time remaining under the initial term for the family to locate another unit, or whether an extension is needed.
6. A family may submit a written request for an extension of the voucher time period. All requests for extensions must be received prior to the expiration date of the voucher. Extensions are permissible at the discretion of YMHA up to a maximum of an additional 30 days subject to the following reasons: a) extenuating circumstances such as hospitalization or a family emergency for an extended period of time, which has affected the family's ability to find a unit within the initial 60-day period. Verification or documentation is required. b) YMHA is satisfied that the family has made a reasonable effort to locate a unit, including seeking the assistance of YMHA throughout the initial 60-day period. Verification or documentation is required.
7. Families who require additional assistance during their search may contact YMHA to request assistance. Voucher holders will be notified at the briefing session that YMHA periodically updates the list of available units and how the updated list may be obtained. YMHA will assist families with negotiations with owners and provide other assistance related to the families' search for housing.

D. Assistance to Families Subjected to Illegal Discrimination

1. Families who believe that they have been subjected to illegal discrimination during their search for housing are directed to report the occurrence to YMHA. YMHA, in conjunction with the City of Youngstown's Fair Housing representatives, will investigate the complaint and take whatever action is determined appropriate.
2. Families who have been subjected to illegal discrimination, and have reported the occurrence to YMHA, will be eligible to receive an extension. The term of the voucher extension will not exceed 90 days.

Section V. Leasing Units

A. Owner Requests for Information

1. Owners who contact YMHA to request information regarding a voucher holder will be given the family's current address as shown in the authority's

records and the name and address, if known, of the landlord at the family's current and prior address. No other information regarding the family will be given to any prospective landlord. Only the Section 8 Coordinator may provide this information to the owners.

2. YMHA will inform owners of their responsibility for screening voucher holders to determine their suitability for tenancy. Factors such as payment of rent and utility bills, care of a leased unit, criminal activity and respect for the rights of others may be considered.
3. YMHA will give each family a statement of the YMHA policy on providing information to owners. The statement shall be included in the information packet that is given to the family at the briefing.

B. Request for Tenancy Approval

1. After families are issued a voucher, they may search for a unit anywhere within YMHA's area of jurisdiction or outside of YMHA jurisdiction if they qualify for portability. The family must find an eligible unit under the program rules, with an owner who is willing to enter into a Housing Assistance Payments Contract with YMHA.
2. The family must submit the Request for Tenancy Approval and a copy of the proposed lease, including the HUD prescribed tenancy addendum, during the term of the voucher. YMHA will not permit the family to submit more than one RFTA at a time.
3. YMHA will review the lease, particularly noting the approvability of optional charges and compliance with regulations and state and local law. The head of household also must have legal capacity to enter into a lease agreement under state and local law. Responsibility for utilities, appliances and optional services must correspond to those provided on the Request for Tenancy Approval.
4. An owner is not required to but may collect a one-time security deposit from the participant. Security deposits charged by owners may not exceed those charged to unassisted tenants. For lease in place families, responsibility for first and last month's rent is not considered a security deposit issue. In these cases, the owner should settle the issue with the tenant prior to the beginning of assistance.
5. The lease must specify a) the names of the owner and tenant, b) the address of the unit rented (including apartment number, if any), c) the amount of the monthly rent to owner, d) the utilities and appliances to be supplied by the owner and the utilities and appliances to be supplied by the family. The HUD prescribed tenancy addendum must be attached or included in the lease word

for word before the lease is executed. The lease must include the Lead Warning Statement and disclosure information required by 24 CFR35.92(b).

6. All of the following must be completed before the beginning of the initial term of the lease for a unit: a) YMHA has inspected the unit and has determined that the unit satisfies Housing Quality Standards (HQS), b) YMHA has determined that the rent charged by the owner is reasonable, c) the owner and the tenant have executed the lease, including the HUD prescribed tenancy addendum, d) YMHA has approved leasing of the unit in accordance with program requirements, e) when the gross rent exceeds the applicable payment standard for the family, YMHA must determine that the family share will not exceed 40% of the family's monthly adjusted income.
7. Participants and owners will be advised of the prohibition of illegal side payments for additional rents, or for items normally included in the rent of unassisted families, or for items not shown on the approved lease. The family is not liable under the lease for unpaid charges for items covered by separate agreements and nonpayment of these agreements cannot be cause for eviction. Assistance may be denied or terminated if sufficient evidence is presented indicating the occurrence of illegal side payments.
8. Owners and families may execute separate agreements for services, appliances (other than range and refrigerator) and other items that are not included in the lease if the agreement is in writing and approved by YMHA. Any appliances, services or other items that are routinely provided to unassisted families as part of the lease (such as air conditioning, dishwasher or garage) or are permanently installed in the unit, cannot be put under separate agreement. The family must have the option of not utilizing the service, appliance or other item. If the family and owner have come to a written agreement on the amount of allowable charges for a specific item, so long as those charges are reasonable and not a substitute for higher rent, they will be allowed. All agreements for special items or services must be attached to the lease approved by YMHA. If agreements are entered into at a later date, they must be approved by YMHA and attached to the lease.
9. YMHA will not approve separate agreements for modifications to the unit for persons with disabilities. The modifications are usually within the dwelling and are critical to the use of the dwelling.
10. When a family reports changes in factors that will affect the total family share prior to the effective date of the HAP contract at admission, the information will be verified and the total family share will be recalculated. If the family does not report any changes, YMHA need not obtain new verifications before signing the HAP contract, even if verifications are more than 60 days old.

C. Housing Types

1. Generally, for inclusion in the voucher program, the unit must have a living room, a kitchen and a bathroom for the exclusive use of the family, and must be able to be used and maintained without unauthorized use of other private properties. YMHA will not approve the use of co-op housing, shared housing, congregate housing, group homes or single room occupancy units in its voucher programs, unless the use of such housing is necessary to provide reasonable accommodation for a person with disabilities.
2. YMHA may not approve a voucher holder to lease a unit, a) which is receiving project-based Section 8 assistance or any duplicative rental subsidies, b) a nursing home, board and care home, or facility providing continual psychiatric, medical or nursing services, c) colleges or other school dormitories, d) on the grounds of penal, reformatory, medical, mental and similar public or private institutions, e) occupied by its owner or by a person with any interest in the unit.

D. Housing Choice Voucher Program Rents

1. YMHA will not approve for inclusion in the voucher program units whose contract rent exceed the rent for comparable unassisted units in the market area (rent reasonableness).
2. YMHA will make a determination as to the reasonableness of the proposed rent in relation to comparable units available for lease on the private unassisted market, and the rent charged by owner for a comparable unassisted unit in the building or premises. By accepting each monthly housing assistance payment from YMHA, the owner certifies that the rent to owner is not more than rent charged by the owner for comparable unassisted units in the premises.
3. The owner is required to provide YMHA with information requested on rents charged by the owner on the premises or elsewhere. At all times during the tenancy, the rent to owner may not be more than the most current reasonable rent as determined by YMHA.
4. If a proposed contract rent is not reasonable, at the family's request, YMHA will make attempts with the owner to reduce the rent to a reasonable rent. If the family's share of rent would be more than 40% of their adjusted monthly income, YMHA will negotiate with the owner to reduce the rent to an affordable amount for the family. During the initial term of the lease, the owner may not raise the contract rent.

5. If the rent can be approved after negotiations with the owner, YMHA will continue processing the Request for Tenancy Approval and lease. If the revised rent involves a change in the provision of utilities, the family must submit a new RFTA. If the owner does not agree to the rent proposed, YMHA will inform the family and owner that the lease is disapproved.
6. YMHA will re-determine the reasonableness of rent before implementing any increase in rent to owner and if there is a five percent or more decrease in the published Fair Market Rent in effect 60 days before the contract anniversary (for the actual unit size) as compared with the FMR in effect one year before the contract anniversary.
7. YMHA must re-determine the reasonableness of rent if directed by HUD and based on a need identified by YMHA's auditing system. At all times during the assisted tenancy, the rent to owner may not exceed the reasonable rent as most recently determined by YMHA.
8. YMHA will contract annually for a survey of private market rents in its determination of rent reasonableness. The survey will include typical contract and gross rents (contract rents plus YMHA's allowance for tenant-paid utilities, if any) for a representative sample of units of each housing type and size, in each of the areas within its jurisdiction that YMHA has determined constitutes a distinct market area.
9. In establishing the reasonable rent for a unit proposed for inclusion in the program, YMHA will also consider the quality and age of the unit to be leased, and the amenities, housing services and maintenance provided by the owner.
11. The process used to determine rent reasonableness will be documented in each participant file.

E. Affordability

1. Notwithstanding any determination that the rent requested by an owner is reasonable, YMHA will not execute a HAP contract for any new unit in which the family would be required to pay more than 40% of adjusted income for rent and utilities.

F. Denial of Owner Participation

1. YMHA may, at its administrative discretion, refuse to enter into a new Housing Assistance Payment (HAP) contract with an owner for any of the following:

- a. HUD has informed YMHA that the owner has been disbarred, suspended, or subject to a limited denial or participation under 24 CFR.
- b. HUD has informed YMHA that the federal government has instituted an administrative or judicial action against the owner for violation of the Fair Housing Act or other federal equal opportunity requirements and such action is pending.
- c. HUD has informed YMHA that a court or administrative agency has determined that the owner has violated the Fair Housing Act or other federal equal opportunity requirements.
- d. The owner may not be a parent, child, grandparent, grandchild, sister or brother of any family member. YMHA will waive this restriction as a reasonable accommodation for a family member who is a person with a disability.
- e. The owner has violated obligations under a housing assistance payment contract under Section 8 of the 1937 Act (42U.S.C. 1437f).
- f. The owner refuses (or has a history of refusing) to evict families for drug related or violent criminal activity, or activity that threatens the health, safety or right of peaceful enjoyment of premises by tenants or of residences by neighbors.
- g. The owner has a history or practice of non-compliance with HQS or of otherwise failing to comply with obligations under a Housing Assistance Payment contract.
- h. The owner has committed fraud, bribery or any other corrupt or criminal act in connection with any federal housing program.
- i. The owner has engaged in drug trafficking.
- j. The owner has a history or practice of renting units that fail to meet State or local housing code.
- k. The owner has not paid State or local real estate taxes, fines or assessments.
- l. The owner has not properly registered rental units with any local government entity as required.
- m. The owner has engaged in or threatened abusive or violent behavior toward YMHA personnel.

If YMHA disapproves an owner, immediate notice will be given to the owner including the reason for disapproval.

G. Initial Inspections

1. YMHA will inspect each unit for compliance with HUD's Housing Quality Standards (HQS) within fourteen days of the approval of the Request for Tenancy Approval. YMHA will use the Initial Inspection to document the current condition of the unit and for determination of rent reasonableness.
2. All units proposed for inclusion in the Housing Choice Voucher Program must be in compliance with Housing Quality Standards prior to the beginning of the Housing Assistance Payments Contract (HAP). The unit must also meet additional inspection standards as defined in the YMHA Administrative Plan. Units must be in rental ready condition at the time of the Initial inspection. If the YMHA inspector determines the unit is not in rental ready condition, the Initial inspection will be cancelled and the family will have to search for another unit.
3. If the proposed unit does not meet HQS, YMHA will notify the owner in writing what repairs must be made to bring the unit into compliance and a due date for repairs. The owner will be advised in writing that repairs must be completed within 30 days, or of any earlier date indicated by YMHA.
4. If the repairs are not made within the required time frame, the unit will not be approved for inclusion in the program and the voucher holder will be advised to look for another unit, if time remains on the voucher.
5. Inclement weather shall be reason for allowance of a weather deferment extension, only if the inclement weather is of enduring length of time. The YMHA shall establish a date in which one could reasonably expect exterior painting to be completed. Generally the weather deferment extension period will be from Nov 1. to May 1. A reinspection will automatically be scheduled.
6. Properties are subject to a clearance inspection when the property meets the following criteria: A child under 6 years old resides in the unit, the unit was constructed prior to 1978, defective paint is found above the de minimus level during an initial or annual inspection or upon being notified by a public health department or other medical health care provider that a child less than 6 yrs of age has been identified as having an environmental intervention blood lead level.

H. Housing Assistance Payment Contracts

1. YMHA prepares the Housing Assistance Payment Contract for execution. The family and the owner will execute the lease agreement, and the owner

and YMHA will execute the HAP contract. Copies of the documents will be furnished to the parties who signed the respective documents. YMHA will retain a copy of all signed documents.

2. YMHA makes every effort to execute the HAP contract before the commencement of the lease term. The HAP contract may not be executed more than 60 days after commencement of the lease term and no payments will be issued until the contract is executed.
3. When the HAP contract is executed, YMHA begins processing payments to the landlord. The HAP register will be used as a basis for monitoring the accuracy and timeliness of payments. Payments are disbursed to the owner on the first business day of the month. Should the first fall on a Saturday, Sunday or holiday, payments will be mailed the next working day.
4. Owners that do not receive their payment may request another check in writing. This involves an administrative fee of \$7.50. Any stop payment fee is determined by the local bank.
5. Excess payments to the owner must be returned immediately. Owners who do not return excess payments will be subject to removal from the program or other penalties.
6. Owners must provide the following: a) current street address, b) employer identification number or social security number, c) proof of ownership, if requested by YMHA, d) telephone numbers, e) legal photo identification. In addition, any community within YMHA's jurisdiction requiring landlords to register the unit as a rental with the local community, will be required to provide proof of their registration. Owners having a property manager/agent will be required to submit this information in writing, along with a copy of the management agreement.
7. The Section 8 Coordinator is authorized to execute contracts on behalf of YMHA.
8. A change in utility responsibility will require a new Housing Assistance Payment Contract and lease to be executed.
9. The utility allowance is intended to cover the cost of utilities not included in the rent. Allowances are not based on an individual family's actual energy consumption. YMHA's utility allowance schedule includes utilities and services necessary in the locality to provide housing that complies with housing quality standards. Where the calculation results in a utility reimbursement payment due the family, YMHA will provide a check each month directly to the participant. YMHA does reserve the right to send the utility reimbursement directly to a utility provider.

Section VI. Factors Related to Total Tenant Payment, Family Share Determination and Occupancy

YMHA will use the method as set forth in this Administrative Plan to verify and determine that family income, allowable deductions and expenses at admission and at annual recertification is correct. The accurate calculation of annual income and adjusted income will ensure that families are not paying more or less money for rent than their obligation under the regulations.

A. Annual Income

1. Income includes all monetary amounts that are received on behalf of the family. For purposes of calculating the Total Tenant Payment, HUD defines what is to be included and what is to be excluded in the federal regulations. In accordance with this definition, all income that is not specifically excluded in the regulations is counted.
2. Gross income is the amount of income prior to any HUD allowable expenses or deductions, and does not include income that has been excluded by HUD.
3. Annual income is defined as all amounts, monetary or not, that go to, or are given on behalf of, the family head or spouse (even if temporarily absent) or to any other family member; are anticipated to be received from a source outside the family during the 12 month period following admission or annual recertification effective date; and amount derived (during a 12 month period) from assets to which any member of the family has access. Annual income is used to determine whether or not applicants are within the applicable income limits.
4. Annual income includes, but is not limited to:
 - a. The full amount, before any payroll deductions, of wages, salaries, and other compensation for personal services.
 - b. Net income from operation of a business or profession.
 - c. Interest, dividends and other net income of any kind from real or personal property.
 - d. The full amount of periodic payments (e.g., social security, annuities, pensions, disability or death benefits) not specifically excluded.
 - e. Payments in lieu of wages, salary or other earnings (e.g., worker's compensation, unemployment) not specifically excluded.
 - f. Welfare assistance.
 - g. Periodic determinable allowances such as alimony and child support payments (i.e., amount awarded by the court unless evidenced by third party documentation to the contrary) and regular contribution from non lease members.

- h. All pay and allowances from the armed forces, not specifically excluded (e.g., hostile fire allowance).
- 5. When calculating seasonal employment, such as school employees who work 9 months out of the year, the Authority will annualize the income based on 9 months instead of twelve months.
- 6. Regular contributions and gifts received from persons outside the household are counted as income for calculation of the Total Tenant Payment. Any contribution or gift received for a period of 3 months or more will be considered a "regular" contribution or gift. Any monetary gift received by a participant or applicant should be documented with receipts or cancelled checks. This includes rent and utility payments made on behalf of the family and other cash or non-cash contributions provided on a regular basis. It does not include casual contributions or sporadic gifts.
- 7. Regular alimony and child support payments are counted as income for calculation of total tenant payment. YMHA will use the amount awarded by the court unless the family verifies that they are not receiving the full amount awarded. Verification from the agency responsible for enforcement or collection is acceptable. "Regular" payments is defined as receiving payments for at least three consecutive months at the time of verification.
- 8. Lump sum additions to family assets such as inheritances, insurance payments (health and accident insurance and worker's compensation) capital gains, and settlement for personal or property losses, are not included in income but may be included in assets. Lump sum payments caused by delays in processing periodic payments such as unemployment or welfare assistance are counted as income. Lump sum payments from Social Security or SSI are excluded from income, but any amount remaining will be considered an asset.
- 9. Deferred periodic payments, which have accumulated due to a dispute, will be treated the same as periodic payments, which are deferred due to delays in processing. YMHA will calculate prospectively if the family reported the payment within 10 days and retroactively to date of receipt is not.
- 10. Contributions to company retirement/pension funds are handled as follows: While an individual is employed, YMHA will count as assets only amounts the family can withdraw without retiring or terminating employment. After retirement or termination of employment, count any amount the employee elects to receive as a lump sum.
- 11. YMHA must count assets disposed of for less than fair market value during the two years preceding certification or reexamination. YMHA will count the difference between the market value, less expenses such as broker fees, penalties, etc., and the actual payment received in calculating total assets. If the total value

of assets disposed of within a two year period is less than \$1000, they will not be considered an asset.

12. Assets disposed of as a result of foreclosure, bankruptcy, divorce, or separation are not considered to be assets disposed of for less than fair market value.
13. The annual income derived from the sources identified above must be calculated for the family head of household and the spouse, and for each additional member of the family listed on the application and lease 18 years of age or older. Incomes from family members permanently absent are not counted for purposes of family size or income determination. When YMHA is notified of a permanent absence, after unit lease up, the event may result in an income re-determination and subsidy modification.

B. Excluded Income

Annual income excludes the following:

- a. Income from the employment of family members under the age of 18.
- b. Payments received for the care of foster children or adults.
- c. Lump sum additions to family assets such as inheritances, insurance payments, etc.
- d. Payments received by the family for the cost of medical expenses.
- e. Income of a live-in aide.
- f. Full amount of student financial assistance.
- g. Special pay of family members serving in the Armed Forces exposed to hostile fire.
- h. Amounts received under training programs funded by HUD, including stipends that do not exceed \$200 per month.
- i. Temporary, nonrecurring, or sporadic income.
- j. Reparation payments paid pursuant to claims filed under nazi persecution.
- k. Full time student earnings in excess of \$480 for each non head of household or spouse family member.
- l. Adoption assistance payments in excess of \$480 per child.
- m. Lump sum payment of deferred periodic payments of supplemental security income.
- n. Refunds or rebates under state or local law for property tax paid on the dwelling unit.
- o. Amounts paid on behalf of a developmentally disabled member to keep member at home.
- p. Amounts specifically excluded by Federal statute for determination of housing assistance.

C. Adjusted Income/Mandatory Deductions

Adjusted income is defined as the determined annual income after making the following mandatory deductions:

- Dependent Allowance: \$480 each for family member (other than the head or spouse) who is a minor, full time students who are 18 or older and disabled family members.
- Elderly/Disabled Allowance: \$400 per family for families whose head or spouse is 62 or over or disabled.
- Allowable Medical Expenses: The sum of the following (to the extent that the sum exceeds 3% of annual income): un-reimbursed medical expenses of any elderly or disabled family; un-reimbursed reasonable attendant care and auxiliary apparatus expenses for each member of the family who is a person with disabilities, to the extent necessary to enable any member of the to be employed, this allowance may not exceed the earned income received by family members who are 18 years of age and older who are able to work because of such attendant care or auxiliary apparatus. YMHA will use IRS Publication 502 as guidance for medical expenses.
- Child Care Expenses: Deducted for the care of children under the age of 13 when child care is necessary, reasonable and customary to allow an adult member to work, attend school or actively seek employment.
- Allowable Disability Assistance Expenses: Deducted for attendant care or auxiliary apparatus for persons with disabilities if needed to enable the individual or an adult family member to work.

D. Earned Income Disallowance

Disallowance of earned income from rent determinations for person with disabilities: The annual income for qualified families may not be increased as a result of increases in earned income of a family member who is a person with disabilities beginning on the date in which the increase in earned income begins and continuing for a cumulative 12 month period. After the qualified family receives 12 cumulative months of the full exclusion, annual income will include a phase in of half the earned income excluded from annual income.

- A qualified family eligible for the earned income exclusion is:
- A disabled family that is receiving tenant based rental assistance under the Housing Choice Voucher Program;
- Whose annual income increases as a result of employment of a family member who is a person with disabilities and who was previously unemployed for one or more years prior to employment;
- Whose annual income increases as a result of increased earnings by a family member who is a person with disabilities during participation in any economic self sufficiency or other job training program;
- Whose annual income increases, as a result of new employment or increased earnings of a family member who is a person with disabilities during or within six months after receiving assistance, benefits or services

under any State program for TANF provided that the total amount over a six month period is at least \$500.

Amounts to be excluded are any earned income increases of a family member who is person with disabilities during participation in an economic self sufficiency or job training program and not increases that occur after participation, unless the training provides assistance, training or mentoring after employment. The earned income exclusion will be reported on the HUD-Form 50058 form.

Documentation will be included in the family's file to show the reason for the reduced increase in rent. Such documentation will include:

- Date the increase in earned income was reported by the family,
- Name of the family member whose earned income increased,
- Reason for the increase in earned income,
- Date the increase in income is first excluded from annual income,
- Date(s) earned income ended and resumed during the initial cumulative 12 month period of exclusion (if any),
- Date the family member has received a total of 12 months of the initial exclusion,
- Date the 12 month phase period began, date(s) earned income ended and resumed during the second cumulative 12 month period (phase in) of exclusion (if any),
- Date the family member has received a total of 12 months of the phase in exclusion, ending date of the maximum 48 month (four year) disallowance period (48 months from the date of the initial earned income disallowance). YMHA will maintain a tracking system to ensure correct application of the earned income disallowance.

E. Verification of Income

1. Eligibility and Total Tenant Payment/Family Share must be verified by YMHA. HUD regulations require that PHA's utilize Upfront Income Verification protocols established by HUD. This requires the use of HUD's Enterprise Income Verification (EIV) system. YMHA will make all attempts to obtain verifications in the following priority:
 - Enterprise Income Verification System
 - Third-party written
 - Third-party oral
 - Review of Documents
 - Certification/Self-Declaration (notarized statement)
2. Adult family members will be required to sign the HUD-Form 9886 Release of Information/Privacy Act form in order for YMHA to utilize information from the EIV system. Family members will be required to sign specific authorization for release of information forms when information is needed that is not covered by

the HUD-Form 9886. Family refusal to cooperate with the HUD prescribed verification system may result in denial of admission or termination of assistance.

3. For verification of participant's employment income, YMHA will utilize data from the EIV system plus four current, consecutive pay stubs or letter from employer on company letterhead detailing participant or applicant income. YMHA will also accept W-2 forms plus income tax return forms.
4. Self-certifications or income tax returns signed by the family may be used for verifying self-employment income, or income from tips and other gratuities. INSTRUCTION: For some self employment types, where there is the potential for substantial income, self-certification should be unacceptable.
5. For verification of participant's Social Security or Supplemental Security Income, YMHA will utilize data from the EIV system. Applicants must submit a Benefit Award Letter or printout from the Social Security Administration dated within 60 days of the full application date.
6. If an applicant/participant is operating a licensed day care business, income will be verified as with any other business.

If the applicant/participant is operating a "cash and carry" operation (which may or may not be licensed), the PHA will require that the applicant/participant complete a form for each customer which indicates: name of person(s) whose child (children) is/are being cared for, phone number, number of hours child is being cared for, method of payment (check/cash), amount paid, and signature of person.

If the family has filed a tax return, the family will be required to provide it. If child care services were terminated, a third-party verification will be sent to the parent whose child was cared for.

7. For sources of income not covered by the EIV system, written third party verifications will be obtained from independent sources whenever possible. When third party verification is not possible, YMHA will document participant files, explaining the reason and documenting the source used for verification.
8. When verification cannot be made by third-party verification or review of documents, families will be required to submit a self-certification. Self-certification means a notarized statement.
9. PHA procedures for anticipating annual income will include the use of EIV methods approved by HUD in conjunction with family provided documents dated within the last 60 days of the PHA interview date. YMHA will follow "HUD Guidelines for Projecting Annual Income When Enterprise Income Verification

(EIV) Data is available” in handling differences between EIV and family-provided income data. The guidelines depend on whether a difference is substantial or not. HUD defines substantial difference as a difference of \$200 or more per month.

No Substantial Difference. If EIV information for a particular income source differs from the information provided by a family by less than \$200 per month, the PHA will follow these guidelines:

- If the EIV figure is less than the family’s figures, the PHA will use the family’s information.
- If the EIV figure is more than the family’s figure, the PHA will use the EIV data unless the family provides documentation of a change in circumstances to explain the discrepancy (e.g. a reduction in work hours). Upon receipt of acceptable family provided documentation of a change in circumstances, the PHA will use the family provided information.

Substantial Difference. If EIV information for a particular income source differs from the information provided by a family by \$200 or more a month, the PHA will follow these guidelines:

- The PHA will request written third-party verification from the discrepant income source in accordance with 24 CFR 5.236(b)(3)(i).
- When the PHA cannot readily anticipate income (e.g. in cases of seasonal employment, unstable working hours or suspected fraud), the PHA will review historical income data for periods of employment, paid benefits and receipt of other income.
- The PHA will analyze all EIV, third-party and family-provided data and attempt to resolve the discrepancy.
- The PHA will use the most current verified income data, and if appropriate, historical income data to calculate anticipated annual income.

F. Minimum Rent

1. Participants in YMHA’s Tenant-Based Housing Choice Voucher program will be required to pay a monthly Total Tenant Payment (TTP) that is the higher of 30% of adjusted income, 10% of gross income, or \$50 (“minimum rent”).
2. YMHA may grant an exemption from the minimum rent requirement if the family is unable to pay the minimum rent as a result of financial hardship. Requests for an exemption must be submitted in writing. Such hardships may include:
 - a. Loss of, or awaiting a determination of, eligibility for a Federal, State or local assistance program. Unless the loss results from the impositions of sanctions resulting from fraud by a member of the family or the family’s failure to comply with welfare programs, requirements for work activities, or participation in an economic self-sufficiency program.

- b. Pending eviction as a result of the imposition of minimum rent.
 - c. A decrease in the family's income because of changed circumstances, including the loss of employment.
 - d. When a death in the family has occurred creating a decrease in the family's income.
 - e. Other circumstances determined by YMHA or HUD.
 - f. Any request for a hardship exemption must be made in writing.
3. Single Room Occupancy (S.R.O.) participants are exempt from the minimum rent.
 4. Participants in the Project-based Voucher program are exempt from the minimum rent.

When a family requests a hardship exemption, YMHA will suspend the minimum rent requirement beginning the month after the family's request for a hardship exemption until YMHA determines there is a qualifying financial hardship and whether the hardship is temporary or long term. YMHA will notify the family if they qualify for the exemption within 15 days of the written request. If there is no qualifying hardship, YMHA will reinstate the minimum rent, including any rent owed from the beginning of the suspension. The family must pay any rent owed.

If YMHA determines that a qualifying financial hardship is temporary, YMHA will not impose the minimum rent during the 90-day period beginning the month following the date of the family's request for a hardship exemption. At the end of the 90-day suspension period, YMHA will reinstate the minimum rent from the beginning of the suspension. The family will be offered a reasonable repayment agreement for the amount of back rent owed by the family.

If YMHA determines that a qualifying financial hardship is long term, YMHA will exempt the family from the minimum rent requirements so long as such hardship continues. Such exemption shall continue from the beginning of the month following the family's request for a hardship exemption until the end of the qualifying financial hardship.”

Finally, the regulation, at 24 CFR 5.630(b)(2)(iii)(C), underscores that the exemption only applies to the minimum rent component of the TTP calculation, and not to the other components (such as the 30% or 10%). It states:

“The financial hardship exemption only applies to payment of the minimum rent (as determined pursuant to Sec. 5.628(a)(4) and Sec. 5.630), and not to the other elements

used to calculate the total tenant payment (as determined pursuant to Sec. 5.628 (a)(1), (a)(2) and (a) (3)).”

Section VII. Annual Functions

A. Recertification of Family Eligibility

1. At least annually, generally no later than the family’s admission anniversary date, participating families will be required to attend a recertification interview to advise YMHA of any changes in the family’s circumstances and to resubmit documentation to YMHA regarding the family’s income and allowable deductions. YMHA will maintain a reexamination tracking system.
2. At least 90 to 120 days in advance of the anniversary date, the household will be notified by mail of the deadline for return of required reexamination forms and documentation and/or date and time for an interview. If requested as an accommodation by a person with a disability, YMHA will provide the notice in an accessible format.
3. YMHA will have all reexaminations for families completed before the admission anniversary date assuming the participant has complied timely. The family and owner will be notified of any changes in rent at least 30 days before the anniversary date. YMHA has established appropriate recertification procedures necessary to ensure that the income data provided by families is complete and accurate. YMHA will follow the HUD-prescribed Up-front Income Verification system and guidelines in determining family reported income.
4. If YMHA makes a calculation error, an interim recertification will be conducted to correct the error but the family will not be charged retroactively. Families will be given decreases, when applicable, retroactive to when the decrease for the change would have been effective if calculated correctly.
5. If any participant deliberately misrepresents the information on which eligibility or participant rent is established, YMHA may terminate assistance and may refer the family file/record to the proper authorities for appropriate disposition.

B. Interim Reporting

1. Participants must report all changes in household composition between annual reexaminations, in writing, prior to the change on the appropriate Interim Recertification Update Form. Changes include additions and removals from the household.
2. YMHA will only approve additions to the household due to birth, adoption, marriage or court awarded custody. The family must obtain written owner approval prior to all additions except birth. YMHA will conduct an interim

recertification to determine income and allowances and will make the appropriate adjustments in the housing assistance payment. Changes in family unit size and/or payment standard, will be made at the time of the next regularly scheduled annual recertification.

3. YMHA requires that families report income interim changes, in writing, on the appropriate Interim Recertification Update Form, within 30 days of the change. YMHA will review the information to determine if the change can be processed. If the review indicates there is an increase in income of \$100.00 or more per month, the change will be processed. Any information, document or signature needed from the family must be provided. Failure to report the change within the time period or failing to provide documents or signatures is considered untimely reporting.
4. Increases in rent are effective on the first of the month following a thirty day notice. Decreases in participant rent are effective the first of the month following that in which the change was reported. The change cannot be processed until the third party verifications are received.
5. If the family has caused an unreasonable delay in the interim processing, the increase in tenant rent will be effective retroactive to the date it would have been effective had it been reported in a timely manner. The family will be liable for any overpaid housing assistance and may be required to sign a repayment agreement or make a lump sum payment to YMHA.
6. Processed in a timely manner means that the change goes into effect on the date it should when the family reports the change in a timely manner. If the change cannot be made effective on that date, the change is not processed by YMHA in a timely manner. If this is the case, an increase in tenant rent will be effective after the required 30 day notice prior to the first of the month after completion of processing by YMHA. If the change results in a decrease, the overpayment by the family will be calculated retroactively to the date it should have been effective and the family will be credited for the amount.
7. Participants who fail to report increases in income in a timely fashion may be required to enter into a repayment agreement with YMHA for any amounts that should have been paid during the time that the change was not reported.
8. Increases in Social Security Benefits, Supplemental Security Benefits and Welfare benefits do not have to be reported until the Annual Recertification. However, if it is a new source of income to the household, it must be reported.
9. Participants who are gainfully employed with an employer and experience an increase in the rate of pay with the same employer do not have to report the increase until the Annual Recertification. However, Family Self-Sufficiency participants may report the change and have an Interim processed.

C. Annual Inspection of Units

1. At least once every 365 days, YMHA will conduct an HQS inspection of each assisted unit. Notification will be provided to the participant and owner in writing. Failure to allow the Annual inspection will result in a participant's assistance being proposed for termination.
2. If YMHA determines that the unit is not in compliance with HQS, notice will be sent to the owner advising him/her of the repairs needed. Repairs must be completed within the specified time frame given by the Inspector, generally not more than thirty days, except for repairs needed to correct a condition determined by YMHA to be life-threatening, which must be made within 24 hours.
3. YMHA will re-inspect the unit on the due date for repairs, or at such earlier time as the owner provides written notification to YMHA that the repairs have been made. Failure to allow the inspection on the due date for repairs will result in the abatement of owner HAP payments and the participant's assistance being proposed for termination.
4. If the repairs have not been made within the time allotted by YMHA, and the owner received no YMHA approved extension, the Housing Assistance Payment will be abated until the repairs are made. If deficiencies are not repaired, the HAP contract will terminate thirty (30) days after the abatement of payments. The family will be issued a voucher and required to move to a new unit.
5. When it is determined that a unit on the program fails to meet Housing Quality Standards in the time specified by the YMHA, the assistance payment to the owner will be abated (stopped). The YMHA will re-inspect the failed unit upon written notification that repairs are complete. If the owner makes repairs during the abatement period, payment will resume on the day YMHA visually inspects the unit and determines all repairs were made. No retroactive payments will be made to the owner for the period of time the rent was abated. The participant is not responsible for the YMHA's portion of rent that is abated. The YMHA may grant an extension in lieu of abatement in some cases.
6. If the unit fails HQS for reasons attributable to the family's care or use of the unit, the family will receive written notification of the actions to be taken and a copy of the notice will be sent to the owner. Such failure may occur when the family fails to pay for utilities that are to be paid by the family, the family fails to provide or to maintain in working order any appliances that are provided by the family, or a member or guest of the family causes damages to the unit beyond normal wear and tear. The family will be given up to 30 days

to correct the defect or other such time as stated by YMHA , or 24 hours if the resulting condition is determined by YMHA to be life threatening. If the defect is not corrected by the family during the time allowed, the HAP contract and the family's participation in the program will be proposed for termination.

7. YMHA will bar owners from future participation in the Section 8 program who have three units abated or terminated for non-compliance with HQS.

D. Special Complaint Inspections

1. A special complaint inspection will be conducted if YMHA is notified of a potential HQS violation or that a deficiency exists and efforts to have the deficiency corrected by the responsible party – owner or family – have failed. The inspection and YMHA's follow-up will be handled as described in C1 thru C6 above.

E. Additional Acceptability Criteria and Exceptions to HQS

1. G.F.I. receptacles are required within six feet (6) of any water (interior and exterior with cover).
2. All exterior doors must be weather-tight to avoid any air or water infiltration, be lockable, have no holes, have all trim intact, and have a threshold with no cracks or spits.
3. All exterior entrance and exit doors will be provided with a locking mechanism firmly secured to the door itself. The strike plate must be screwed into the door jam and into the stud as needed to provide proper strength to resist a sharp blow without dislodging door or lock. The lock shall be enclosed or installed properly to prevent credit cards, knives, etc. from springing or dislodging the lock. A deadbolt lock is preferred but not double keyed.
4. All window sashes must be in good condition, solid and intact, and fit properly in the window frame. Damaged or deteriorated sashes must be replaced. Any room for sleeping must have an operable window.
5. A minimum of 60 amp electric service shall be required for all properties under the Housing Choice Voucher program.
6. All knock-outs are to be in place on junction boxes and surface mounted electrical boxes. Also blank spaces in breaker boxes/fuse boxes are to be filled in with blank covers.
7. Receptacle outlets in floors shall not be counted as part of the required number of receptacle outlets, unless they are located close to the wall.

8. Every water closet compartment, bathroom, laundry room, furnace room and public hall shall contain at least one supplied ceiling or wall type electric light fixture. Such outlets and fixtures shall be properly installed, shall be maintained in good and safe working condition and shall be connected to the source of electric power in a safe approved manner.
9. Every interior and exterior light fixture designed with a light globe or cover will be required to have the cover or globe in place at time of inspection. Light bulbs are required at inspection in order to test electrical sockets.
10. Each habitable room shall have a minimum of one window with screen in sound, defective-free condition.
11. All interior walls must be sound and with a washable finish. All paneling must be secured and all corners, base and trim moldings must be installed to cover all cracks and rough edges. Minor cracks to drywall, sheetrock or wallboard will pass with notation on inspection form. Marlite walls must be installed with all trim.
12. Areas where plaster or drywall is sagging, severely cracked or otherwise damaged must be repaired or replaced.
13. All toilets found in cellars/basements that are completely enclosed by permanent walls (floor to ceiling) require ventilation with an operable window including a screen or an electrical exhaust fan vented to outside, crawlspace, or attic.
14. Emergency Repair Items (24 CFR 982.404(a))

The following items are considered of an emergency nature and must be corrected by the owner or tenant, whoever is responsible, within 24 hours of notice by the inspector:

- Lack of security for the unit
- Waterlogged ceiling in imminent danger of falling
- Major plumbing leaks or flooding
- Natural gas leak or fumes
- Electrical problem which could result in shock or fire
- No heat when outside temperature is below 32 degrees Fahrenheit and temperature inside unit is below 60 degrees Fahrenheit.
- Utilities not in service
- No running hot water
- Broken glass where someone could be injured
- Obstacle which prevents tenant's entrance or exit

- Lack of functioning toilet

In those cases where there is leaking gas or potential of fire or other threat to public safety, and the responsible party cannot be notified or it is impossible to make the repair, the YMHA will notify the proper authorities.

If the emergency repair item(s) are not corrected in the time period required by the PHA, and the owner is responsible, the housing assistance payment will be abated and the HAP contract will be terminated if repairs are not completed.

If the emergency repair item(s) are not corrected in the time period required by YMHA, and the family is responsible for the HQS breach, YMHA will propose the family's assistance for termination.

F. Contract Rent Increases

1. The owner may request a contract rent increase, in writing, at least sixty days before any change in the amount of rent to owner is scheduled to go into effect. Any requests received after the HAP anniversary date will not be approved.
2. YMHA's approval of the increase will be subject to its determination that the resulting rent will not exceed rents for comparable unassisted units in the market area (rent reasonableness). At no time during the assisted tenancy will the rent to the owner exceed the reasonable rent as determined by YMHA.
3. No increase will be granted during the initial (12 month) term of the lease.

Section VIII. Changes in Family Size, Family Separations, Absences and Moves

A. Changes in Family Size

1. If the family size increases while the family is receiving assistance under the voucher program, and the family becomes eligible for a larger unit subsidy, YMHA will issue the larger voucher at the family's request. If the increase in family size is the result of birth, the voucher will be issued upon birth and not during pregnancy.
2. If the increase in family size results in the assisted unit failing HQS space standards, YMHA will issue the larger voucher at the family's request, but in any case no later than the anniversary date of the current HAP contract, and the family will be required to find a larger unit.
3. The HAP contract for an overcrowded unit will be terminated as of the anniversary date of the contract. If the family size decreases while the family

is receiving assistance and the family becomes ineligible for the unit size it currently occupies, YMHA will issue the smaller voucher at the family's request, but in any case no later than the anniversary date of the current HAP contract.

4. If YMHA proposes to terminate a HAP contract under the provisions of A2 or A3 above, it will notify the family of allowable exceptions to YMHA's occupancy standard (age, health, or handicap of an elderly or disabled family member), and the process by which the family can request an exception.
5. YMHA will not terminate a HAP contract under the provisions of A3 above if it has determined that there is no acceptable unit available for rent by the family in the jurisdiction of YMHA.

B. Family Separations

If a family separates during the time it is receiving assistance, YMHA will determine who retains the assistance as follows:

1. In instances when a family assisted under the Housing Choice Voucher program becomes divided into two otherwise eligible families due to divorce, legal separation, or the division of the family, and the families cannot agree which family should continue to receive the assistance, and there is no determination by a court, the Section 8 Coordinator shall consider the following factors to determine which of the families will continue to be assisted:
 - Which of the families has custody of dependent children,
 - Which family member was the head of household when the voucher was initially issued
 - Whether domestic violence was involved in the division of the family,
 - Which family members remain in the unit
 - Recommendations of social service professionals.

Documentation of these factors will be the responsibility of the requesting parties. If documentation is not provided, YMHA will terminate assistance on the basis of failure to provide information requested.

2. To be considered the remaining member of the participant family, the person must have been previously approved by YMHA to be living in the unit. A live in attendant, by definition, is not a member of the family and will not be considered a remaining member of the family. A reduction in family size may require a reduction in the voucher family unit size.
3. If sole guardians of children do not remain in the household and the appropriate agency has determined that another adult is to be brought into the assisted unit to care for the children for an indefinite period, YMHA will treat

that adult as a visitor for the first 60 days. If the adult is awarded custody or legal guardianship the voucher will be transferred to the adult. If a determination of custody is in progress the adult will be allowed to remain in the unit. At the end of a six month period if the adult has remained in the unit and it is reasonable to expect that custody will be granted, YMHA will transfer the voucher to the adult.

C. Family Absences from the Assisted Unit

1. YMHA must compute all applicable income of every family member who is on the lease including those who are temporarily absent. In addition, YMHA must count the income of the spouse or the head of household if that person is temporarily absent. Income of persons permanently absent will not be counted.
2. If the spouse is temporarily absent and in the military, all military pay and allowances (except hazardous duty pay when exposed to hostile fire and any other exceptions to military pay HUD may define) is counted as income. It is the responsibility of the head of household to report changes in family composition. YMHA will evaluate absences from the unit using this policy.
3. Any member of the household will be considered permanently absent if she/he is away from the unit for 60 days except as otherwise provided in the policy and HUD requirements.
4. If any member leaves the household to enter a facility such as hospital, nursing home, or rehabilitation center, YMHA will seek advice from a reliable qualified source as to the likelihood and timing of their return. If the verification indicates that the family member will be permanently confined to a nursing home, the family member will be considered permanently absent. If the verification indicates that the family member will return in less than 60 consecutive days, the family member will be considered temporarily absent. If the person who is determined to be permanently absent is the sole member of the household, assistance will be terminated in accordance with YMHA's policy.
5. Full time students who attend school away from the home and live with the family during recess will be considered temporarily absent from the household.
6. If the sole member of a household is incarcerated for more than 60 consecutive days, she/he will be considered permanently absent. Any member of the household, other than the sole member, will be considered permanently absent if she/he is incarcerated for 90 consecutive days or more. YMHA will determine if the reason for incarceration is for drug related or violent criminal activity.

7. If the family includes a child or children temporarily absent from the home due to placement in foster care, YMHA will determine from the appropriate agency when the child/children may be returned to the home. If the time period is to be greater than 6 months from the date of removal of the child/children, the voucher size will be reduced. If all children are removed from the home permanently, the voucher size will be reduced in accordance with YMHA's subsidy standards.
8. These policy guidelines address situations when the family is absent from the unit, but has not moved out of the unit. In cases where the family has moved out of the unit, YMHA will terminate assistance in accordance with appropriate termination procedures contained in this plan.
9. Families are required to notify YMHA and the landlord before they move from a unit. Families are also required to notify YMHA prior to an absence of more than 30 days from the unit. If the entire family is absent from the assisted unit for more than 90 consecutive days, the unit will be considered to be vacated and the assistance will be terminated. Under no circumstances may the family be absent from the assisted unit for more than 90 consecutive days. If the family's absence exceeds 90 days, YMHA will terminate the Housing Assistance Payment contract.
10. Absence means that no family member is residing in the unit. In order to determine if the family is absent from the unit, YMHA may write letters to the family at the unit, telephone the family at the unit, request information from the landlord, interview neighbors, verify if utilities are in service or check with the post office.
11. If the absence resulted in termination of assistance and was due to a person's disability, if YMHA can verify that the person was unable to notify YMHA in accordance with the family's responsibilities, and if funding is available, YMHA may reinstate the family as an accommodation if requested by the family.
12. If a member of the household is subject to a court order that restricts him/her from the home for more than 60 days, the person will be considered permanently absent.
13. Any adult not included on the HUD-Form 50058 who has been in the unit more than 7 consecutive days without YMHA approval, or a total of 30 days in a 12 month period, will be considered to be living in the unit as an unauthorized household member. Absence of evidence of any other address will be considered verification that the visitor is a member of the household. Statements from neighbors and/or the landlord will be considered in making the determination. Use of the unit address as the visitor's current residence for

any purpose that is not explicitly temporary shall be construed as permanent residence. The burden of proof that the individual is a visitor rests on the family. In the absence of such proof, the individual will be considered an unauthorized member of the household and YMHA will terminate assistance since prior approval was not requested for the addition.

14. Minors and college students who were part of the family but who now live away from home during the school year and are no longer on the lease may visit for up to 120 days per year without being considered a member of the household. In a joint custody arrangement, if the minor is in the household less than 183 days per year, the minor will be considered and eligible visitor and not a family member.
15. Reporting changes in household composition is a HUD requirement and a YMHA requirement. The family obligations require the family to request YMHA approval prior to adding anyone as an occupant of the unit and to inform YMHA of the birth, adoption, or court-awarded custody of a child and marriage.
16. The family must request, in writing, prior approval from YMHA and their landlord of additional household members. Additional household members may only be added by birth, adoption, marriage or court-awarded custody. If any new member is added, the income and allowances of the additional member will be verified and included in the family income as applicable under HUD regulations. An interim recertification will be computed for any additions to the household.

Participant families requesting to add a new household member who has an assigned Social Security Number must disclose the SSN. If the family is unable to provide the required documentation of the SSN, YMHA will not add the new household member until the family provides the documentation.

Participant families requesting to add a new household member under the age of six and does not have an assigned SSN, the participant must disclose the assigned SSN and provide YMHA within 90 calendar days of the child being added to the household. If the family is unable to disclose and provide evidence of the SSN within 90 calendar days, YMHA will grant the family an additional 90-day period to comply with the SSN disclosure and documentation requirement, if YMHA determines the family was unable to comply due to circumstances that could not have reasonably been foreseen and were outside the control of the family.

The child is to be included as part of the assisted household and entitled to all the benefits of being a household member during the allotted time for the family to comply with the SSN disclosure and documentation requirements. Upon expiration of the provided time period, if the family has not complied

with the SSN disclosure and documentation requirements, the PHA must terminate the family's assistance.

17. If the family does not obtain prior approval from YMHA, any person the family has permitted to move in will be considered an unauthorized household member. In the event that a visitor continues to reside in the unit after the maximum allowable time, the person the family has permitted to move in will be considered an unauthorized household member.
18. If a family member leaves the household, the family must report this change, in writing, to YMHA within 10 days of the change and certify whether the member is temporarily or permanently absent. YMHA will conduct an interim recertification for changes which affect the total tenant payment in accordance with interim recertification procedures.
19. If a family member is permanently confined to a hospital or nursing home and there is a family member left in the household, YMHA will calculate the income by using the following methodology and use the income figure which would result in a lower payment by the family:
 - a. Exclude the income of the person permanently confined to the nursing home and give the family no deductions for medical expenses of the confined member,
 - b. Include the income of the person permanently confined to the nursing home and give the family the medical deduction allowable.

D. Family Moves with Continued Assistance

1. A family may move to a new unit with continued assistance if: a) the assisted lease for the old unit has terminated because YMHA has terminated the HAP contract for owner breach or the lease was terminated by mutual agreement of the owner and the family, b) the owner has given the family a notice to vacate, or has commenced an action to evict the tenant, or has obtained a court judgment or other process allowing the owner to evict the family (unless the family assistance will be terminated, c) the family has given proper notice of lease termination.
2. YMHA does limit when or how often an assisted family may move. Families will not be permitted to move more than once in a 12 month period. YMHA will deny permission to move if: a) there is insufficient funding for continued assistance, b) the family has violated a family obligation, c) the family owes YMHA money, d) the family must demonstrate a stable source of income (at least six months) to demonstrate they can afford the unit. The Section 8 Coordinator may make exceptions to these restrictions if extenuating circumstances are evidenced.

3. Amounts paid by YMHA for vacancy loss, tenant damages and/or unpaid rent under an old form of the HAP contract must be repaid by the family. Families must also repay any monies due YMHA for unreported or under reported income prior to moving.
4. If the owner has evicted the tenant for serious or repeated violation of the lease or for criminal activity in or around the assisted unit, or if the HAP had been terminated because of the tenant's failure to meet his/her family obligations under the Housing Choice Voucher Program, the family will not be able to move to a new unit with continued assistance.
5. Families must confirm, in writing, their intent to move. Subject to the restrictions on moves, the family may be denied permission or requested to attend a briefing session to receive a voucher to move. If the family does not locate a new unit, they may remain in their current unit if the owner permits.
6. Families who move will be issued a sixty-day voucher to locate housing. Any extension requests must be submitted in writing prior to the expiration date of the voucher. Participants may not remain unassisted for a period longer than 90 days.
7. If a family moves to another unit with assistance but has not properly moved belongings from a previous unit, the family may be responsible for any continued rent amount or damages. It is the responsibility of the landlord to collect from the family.

E. Portability

1. Portability applies to families moving out of or into YMHA's jurisdiction within the United States and its territories. Within the limitations of the regulations and this policy, a participant family has the right to receive tenant based voucher assistance to lease a unit outside YMHA's jurisdiction, anywhere in the United States, in the jurisdiction of a PHA with a tenant based program.
2. In order to exercise portability, an applicant or participant must submit a written request to port their assistance to another jurisdiction. For applicants only, if neither the head nor spouse had a domicile (legal residence as defined by local government) in YMHA's jurisdiction at the date of their initial application for assistance, the family will not be permitted to exercise portability upon initial issuance of a voucher.
3. If the receiving PHA absorbs the family, YMHA will notify the family in writing that the request to transfer the voucher has been approved. YMHA will then submit the required HUD portability packet within five (5) working days of notification from the housing authority absorbing the voucher.

4. If the receiving PHA plans to administer the voucher and bill YMHA, YMHA will review the receiving PHA's payment standards. If the receiving PHA's payment standards are at or below YMHA's payment standards, YMHA will approve the request and will notify the family in writing that the request to transfer has been approved.
5. If the receiving housing authority's payment standards are above YMHA's payment standards, YMHA may deny the family's request to transfer the voucher outside Mahoning County. In order to determine whether or not to deny the request, YMHA will evaluate the cost and determine whether or not funds are available to pay the higher payment standards. If the receiving housing authority's payment standards exceed YMHA's payment standards or the current Fair Market Rent for Mahoning County by more than 5%, the request to port out of Mahoning County will be denied.
6. YMHA will notify the family in writing that the request to transfer the voucher has either been approved or denied. For applicants, if the request is denied, the letter will state the voucher continues to be good in YMHA's jurisdiction and that they may submit another request to transfer their voucher. For participants, the letter will state the voucher continues to be in good standing in YMHA's jurisdiction and they may remain in their current unit, landlord permitting, or may submit another request to transfer their voucher.
7. If the receiving housing authority is unclear whether or not they will bill or absorb, YMHA will contact the local HUD office and request their assistance in determining the receiving housing authority's status on portability.
8. For a family that was not already receiving assistance in YMHA's program, YMHA must determine whether the family is eligible for admission under the receiving PHA's program.
9. YMHA will accept a family with a valid voucher from another jurisdiction and administer or absorb the voucher. YMHA will absorb all incoming portable families provided that there is funding available.
10. YMHA does not re-determine eligibility for a portable family that was receiving assistance in the initial PHA Section 8 tenant based program. YMHA will issue a portability voucher according to its own subsidy standards. A briefing will be mandatory for all portability families. YMHA will notify the initial PHA if the family fails to submit a RFTA for an eligible unit within the term of the voucher.

Section IX. Evictions

A. Evictions

1. An owner may evict a Housing Choice Voucher Program participant at any time for serious or repeated violations of the lease; violation of local, State or federal laws applicable to the tenant's occupancy of the unit; criminal behavior by the tenant, a household member, or guest that threatens other residents or persons residing near the unit; or drug-related criminal activity on or near the premises.
2. After the first year, an owner may give notice of lease termination to a Housing Choice Voucher Program participant for other good cause, including unwillingness by the family to accept a new lease or revision to the lease; the owner's desire to use the unit for personal or family use, or for a purpose other than as a residential unit; or a business or economic reason for termination of the tenancy.
3. The owner must give the tenant a written notice of intention to terminate the lease, and grounds for the termination and must give a copy to YMHA.
4. A Housing Choice Voucher Program participant who is evicted for serious or repeated violations of the lease; violation of local, State or federal laws applicable to the tenant's occupancy of the unit; criminal behavior by the tenant, a household member, or guest that threatens other residents or persons residing near the unit; or drug-related criminal activity on or near the premises, will not be eligible to move to a new unit with assistance.
5. If the action is finalized in court, the owner must provide YMHA with the documentation. YMHA must continue making housing assistance payments to the owner in accordance with the contract as long as the tenant continues to occupy the unit and the contract is not violated.

Section X. Terminations and Informal Hearings

A. Terminations

1. YMHA may deny or terminate assistance for a family because of the family's action or failure to act. YMHA will provide families with a written description of the family obligations under the program, the grounds under which YMHA can deny or terminate assistance, and YMHA's informal hearing procedures.
2. If denial or termination is based upon behavior resulting from a disability, YMHA will delay the denial or termination in order to determine if there is an accommodation that would negate the behavior resulting from the disability.
3. YMHA will terminate assistance to participants who fail to meet their family obligations under the program. The obligations include supplying required

information, maintaining the unit and supplying tenant-paid utilities and appliances as required under HQS, allowing YMHA to inspect the unit, complying with the provisions of the lease, notifying YMHA and the owner before moving, giving YMHA a copy of any eviction notice and using the assisted unit as the family's only residence. Assistance will also be proposed for termination if there is a court judgment against the family for damages, non-payment of rent or other such lease violation.

4. For recertifications, families will be given two opportunities to complete the recertification. Families will be given two opportunities to allow an Annual HQS inspection.
5. YMHA will terminate assistance to participating families if any member of the family commits violent or drug-related criminal activity. Drug-related criminal activity includes the use, possession, transport, purchase or sale of any controlled substance, whether or not the activity occurs in or near the assisted unit. YMHA will make its decision regarding the termination of assistance based on the preponderance of evidence indicating that a family member has engaged in such activity, regardless of whether the family member has been arrested or convicted. YMHA will also terminate if it determines that it has reasonable cause to believe that a household member's illegal drug use or pattern of illegal drug use may threaten the health, safety, or right to peaceful enjoyment of the premises by other residences.
6. YMHA will terminate or deny assistance or deny if it determines that any member of the household is subject to a lifetime registration requirement under a State sex offender registration program.
7. YMHA will terminate assistance to tenants who commit fraud in connection with the Housing Choice Voucher Program. Intentional misrepresentation of the family's income, composition or allowable deductions at the initial eligibility interview or annual reexamination will be considered fraud, and will be grounds for the immediate termination of the family's assistance.
8. YMHA will terminate assistance to participants who refuse to enter into repayment agreements for amounts owed YMHA under the Public Housing or Housing Choice Voucher Programs. YMHA will terminate assistance to participants who fail to make three consecutive payments under an existing repayment agreement.
9. YMHA must terminate program assistance for a family evicted from housing assisted under the program for serious violation of the lease.
10. YMHA will deny program assistance for an applicant or terminate assistance for a participant for any of the following: a) the family has engaged in threatened abusive or violent behavior toward YMHA personnel. b) any

family member commits drug related criminal activity or violent criminal activity.

11. YMHA will terminate assistance for single-person only households who pass away effective the date of death or no later than the month the participant passes away if the actual date is not known. Owners are not entitled to subsidy payments the month after a participant has passed away.

B. Informal Hearings

It is YMHA's objective to resolve disputes and to make every effort to avoid the most severe remedies. YMHA will ensure that applicants and participants will receive all of the protections and rights afforded by the law and the regulations.

1. YMHA will provide the opportunity for an informal hearing when YMHA makes a decision regarding continued eligibility and/or the amount of assistance paid. YMHA will send written notice of the reason(s) for the proposed action, and advise the participant that if he/she does not agree with the decision, he/she may request an informal hearing, in writing, within 14 days of the notice. If the participant requests a hearing, the assistance will not be terminated until the final decision is made.
2. When a participant requests a hearing, YMHA will schedule the hearing within 21 days and notify the participant of the date and time of the hearing. Prior to the hearing, the participant will be given an opportunity to examine and copy any documents pertinent to the family's termination. Any requests for discovery by the family must be made 24 hours before the hearing.
3. The family must contact YMHA at least 24 hours prior to the hearing to reschedule a hearing. YMHA will reschedule the hearing only if the family can show good cause. If no good cause is shown, the hearing will proceed without the family being present.
4. The hearing will be conducted by a hearing officer designated by the Executive Director who is neither the person who made or approved the decision, nor a subordinate of that person. The family may be represented by a lawyer or other representative, at its own expense. The family will be given the opportunity to present evidence, and to question any witness. The hearing officer will issue a written decision within 14 days, stating the reasons for the decision.
5. An informal hearing will also be provided for participants who believe that their annual or adjusted income, utility allowance, or allowable unit size has not been determined in accordance with the law, HUD regulations, or YMHA's policies. The participants will first be given an explanation of the

basis for YMHA's determination. If the family still does not agree with the determination, an informal hearing will be scheduled as above.

Section XI. Amounts Owed to YMHA

A. Repayment Agreements

Repayment agreements are designed to give participants an opportunity to repay monies owed to YMHA. Money may be owed due to but not limited to the following: failing to accurately report income or family composition; overpayments or fraud. When families or owners owe debts to YMHA, every effort will be made to collect those debts via one of the following means, including but not limited to:

- Requests for lump sum payments
- Repayment agreements
- Reduction in Housing Assistance Payment to owners
- Collection agencies/firms
- Credit Bureaus
- Civil suits
- Abatement of future payments
- Termination of Assistance
- Or by any other legal means

A sliding scale system is used to recover money owed from participants. Families will be required to make an initial payment of 25% of any balance owed. The family must make the initial payment within 30 days of the date of the notification that a balance is owed. Upon receipt of the initial payment, YMHA will enter into a Repayment Agreement with the family. If the family fails to provide YMHA with the required down payment, the entire balance will be due on the first day of the next month. Failure to pay the entire balance in full will result in termination.

| <u>Amount Owed</u> | <u>Length of Agreement</u> |
|-------------------------|----------------------------|
| Under \$100 | 30 days |
| \$100.00 - \$ 500.00 | 1 month to 6 months |
| \$501.00 - \$1,000.00 | 6 month to 12 months |
| \$1,001.00 - \$5,000.00 | 12 months to 24 months |

Payments are due on or before the 7th day of each month. YMHA will issue a late notice if the payment has not been received by the close of the seventh (7th) day of the month. If the due date is on a holiday or weekend, the due date will be the close of the next business day. If the payment is in arrears, YMHA will exercise any or all of the following options:

- Require the family to pay the balance in full immediately
- Terminate program assistance. Report balance to HUD's Debts Owed to PHA's module
- Pursue civil collection of the balance due
- Refer the matter to appropriate law enforcement agency for further investigation and possible criminal prosecution

- Any other legally viable option

B. Owner Amounts Owed to YMHA

If the PHA determines that the owner has retained Housing Assistance or Claim Payments the owner is not entitled to, the PHA may reclaim the amounts from future Housing Assistance or Claim Payments owed the owner for any units under contract. If future Housing Assistance or Claim Payments are insufficient to reclaim the amounts owed, the PHA will:

- Require the owner to pay the amount in full within 30 days.
- Restrict the owner from future participation.

Section XII. Program Management

A. Late Payments

1. YMHA will pay late payments due to the owner for delinquency in monthly housing assistance payments (HAP) if all of the following circumstances apply:
 - a. The penalties are in accordance with generally accepted practices and law, as applicable in the local housing market, governing penalties for late payment of rent by a tenant.
 - b. That the local housing owners adhere to an established and published fair and reasonable dollar amount for late penalties in the housing market. The local housing owners must also adhere to an established grace period before payments are considered late. YMHA recommendations of this grace period is seven business days
 - c. It is the owner's practice to charge such penalties for assisted and unassisted tenants; and
 - d. The owner also charges such penalties against the tenant for late payment of the family rent to owner.
2. YMHA will not pay any late payment penalty if HUD determines that circumstances causing the late payment are due to factors beyond YMHA's control.
3. YMHA deems that the housing assistance payment is received by the owner upon mailing by agency. The postmark becomes the delivery date.

B. Leasing Units

1. YMHA will lease the maximum number of tenant-based units that can be fully supported by the combined unit and funding allocation provided by HUD without drawing on program reserves.
2. YMHA will prepare a monthly report showing the number of voucher units under lease and the number of vouchers outstanding.
3. If, at any time, YMHA determines that it has leased more units than can be supported by the units awarded by HUD, it will discontinue the issuance of new or turnover vouchers until the number of units that can be supported has been reached.

C. Revising Utility Allowance Schedules

1. At least annually, YMHA will obtain and analyze utility rate data for all utility providers in the Youngstown Metropolitan Area and will determine whether there has

been a change of 10% or more in the rate for any utility since the last revision of the Utility Allowance Schedule.

2. If there has been a change of 10% or more, an appropriate adjustment to the schedule will be made. No adjustment will be made for any increase calculated to be less than \$1 per unit month.

D. Revising Voucher Payment Standards

1. At least annually, YMHA will determine whether the payment standard is adequate to allow families to find housing. YMHA will analyze data on current voucher program participants and will determine whether the number of voucher program participants paying more than 40% of their Adjusted Gross Income for rent and utilities is significant.
2. If YMHA determines that a significant number of voucher program participants are paying more than 40%, data on the rent and utility cost of units in the market area will also be examined to determine whether there is an adequate supply of rental units of all sizes available at or below the payment standard families who do not choose to accept an excessive rent burden.
3. The payment standard for each unit size will be set at a level adequate to allow families to lease units under the voucher program. However, under no circumstances will the voucher payment standard be set at less than 90% or more than 110% of the published Fair Market Rent without HUD approval.

E. Program Utilization

1. YMHA will make every effort to maintain no less than 98% utilization of the assistance funded under its consolidated ACC, and to utilize newly awarded units in conformance with its HUD-approved leasing schedule.

F. Quality Control Inspections

1. PHA management will perform Quality Control inspections as required by the Section 8 Management Assessment Program. The purpose of Quality Control inspections is to ascertain that each inspector is conducting accurate and complete inspections, and to ensure that there is consistency among inspectors in application of H.Q.S.

G. Administrative Fee Reserve

1. The Administrative Fee Reserve consists of the following:

- a. The amounts by which program administrative fees for prior fiscal years exceed Section 8 program expenses for those years; plus
- b. Interest earned on the administrative fee reserve.

Should the Housing Choice Voucher Program maintain an Administrative Fee Reserve, it shall not exceed the allowable amount as determined by the U.S. Department of Housing and Urban Development. The Administrative Fee reserve shall only be used for purposes of the Housing Choice Voucher Program.

Section XIII. Family Self Sufficiency

The Family Self Sufficiency (FSS) program is intended to promote the development of local strategies for coordinating the use of housing choice vouchers with public and private resources to help eligible families achieve economic independence. The program is open to families participating in the housing choice voucher program who are unemployed or underemployed. The objective of the program is to assist families in obtaining employment that will allow them to become self sufficient, that is, not dependent on welfare assistance.

Participation in the FSS program is voluntary for families and is open to current housing choice voucher program participants. Families entering the FSS program work with an FSS Coordinator to develop goals that will, over a 5-year period, assist in achieving self-sufficiency. These goals may include education, specialized training, job readiness and job placement activities, and career advancement objectives. Goals for each participating family member are set out in Individual Training and Services plans that are attached to the FSS contract of participation. Families who do not achieve their goals will not be terminated from the Housing Choice Voucher Program. Families whose assistance is terminated from the Housing Choice Voucher Program due to reasons other than failure to complete their FSS agreement will also have their FSS contract terminated. The family will be notified and given the opportunity to request an informal hearing.

When the family meets its goals and completes its FSS contract, the family becomes eligible to receive funds deposited in an escrow account on its behalf throughout the family's participation in the FSS program. The amount credited to the family's escrow account is based on increase in the family's earned income during the term of the FSS contract.

The FSS program provides for the establishment of an escrow account. The full amount of the escrow account in excess of any amount owed to YMHA becomes available to the family when it has fulfilled its obligations under the contract of participation and has certified that no family member is receiving welfare assistance. The amount of the escrow credit is based on increases in the family's total tenant payment resulting from increases in the family's earned income during the term of the FSS contract. An annual escrow account report is provided to each FSS participant.

YMHA will absorb an FSS participant from another jurisdiction, if requested.

Section XIV. Project-Based Assistance and Special Programs

A. Moderate Rehabilitation Single Room Occupancy (SRO)

1. When the sponsor gives any resident of an SRO notice to vacate, a copy of the notice is to be sent promptly to YMHA. If the resident vacates the unit sooner than required, or if a resident voluntarily vacates the unit for any reason, the sponsor is required to notify YMHA promptly of the date on which the vacancy occurred.

If YMHA is notified when the vacancy occurs, the sponsor will be entitled to retain the HAP payment for the balance of the month in which the resident vacates, and to receive such further vacancy payments as are provided for in the Housing Assistance Payments Contract.

2. It is the sponsor's responsibility to select an income-eligible homeless person to reoccupy the unit, and to refer him/her to YMHA for a determination of eligibility for assistance. If YMHA determines that the applicant is eligible, an inspection of the unit will be made, and the sponsor will be required to make any repairs necessary to bring the unit into compliance with HQS.

No lease will be effective, and no HAP payment will be made, for any period prior to YMHA's determination that the applicant is eligible and that the unit is in compliance with HQS.

3. SRO participants will not be given a voucher if they move out of the unit for any reason.

B. Project Based Voucher Program

The Project Based Voucher program allows PHA's to provide project-based vouchers to expand housing opportunities for low to moderate income families by promoting the development and rehabilitation of low-income housing in Mahoning County. The program encourages owners to rehabilitate or significantly upgrade substandard rental housing stock. The governing HUD rules for the program are located in 24 CFR Part 983.

Funding for the Project Based Voucher program comes from YMHA's Annual Budget Authority under YMHA's Voucher Annual Contributions Contract. There is no special or additional funding from HUD for project-based vouchers. The funding may not exceed 20% of YMHA's HCV funding under the Annual Contributions Contract. HUD approval is not needed to operate a Project Based Voucher Program.

Selection of Project Based Voucher Owners

- A. YMHA will issue Request for Proposals to owners and developers of existing, newly constructed or rehabilitated multi-family housing. The RFP and selection process will be administered in compliance with YMHA's Procurement Policy. The RFP will state

the number of project-based vouchers being made available, site selection criteria and deadlines for submitting a proposal.

- B. The proposals will be evaluated by an interdepartmental committee. Selection criteria and scoring will be indicated in the RFP.
- C. The highest scoring proposal will be awarded the project based vouchers. YMHA will enter into an Agreement with the owner and agree to execute a Housing Assistance Payment contract after the owner completes the construction or rehabilitation of the units. YMHA will also ensure the owner complies with all requirements of 24 CFR 983.

Selection Criteria

- A. YMHA will select Project Based Voucher Proposals by Request for Proposals. The criteria will be stated in the RFP informing prospective bidders of the methodology used to evaluate the proposal. All units awarded assistance must comply with the eligible housing requirements defined in 24 CFR Part 983.
- B. Per Regulations defined in 24 CFR Part 983, not more than 25 percent of the units in a building or development may receive project-based voucher assistance. Single-family units do not count towards the cap nor do “excepted” units. Excepted units means units in a multifamily building that are specifically made available for qualifying families. Qualifying family means elderly or disabled families or families receiving supportive services.
- C. At least one family member must be receiving a qualified supportive service to qualify for an excepted unit. YMHA will not require participation in a medical or disability-related service as a condition of living in an excepted unit. Supportive services may include but are not limited to the following: job readiness and training programs, case management, day care services to allow a parent to work or attend school or GED preparation.
- D. YMHA will monitor the families to ensure they receive supported services. This will be based on reports submitted by the property owner.
- E. YMHA will provide written notification to the property owner upon award. YMHA will also give public notice of the selection.

Occupancy

- A. YMHA will maintain a Project Based Voucher Waiting List, except in the case where properties serve special segments of the population. In those cases, a site specific Waiting List will be maintained. When a unit becomes available, YMHA will review the Waiting List to determine the family to be referred by bedroom size or other

- eligibility criteria. The family will be contacted in writing to determine their interest in project-based housing.
- B. Families who are interested will be interviewed for an eligibility determination. If the family is eligible, they will be referred to the owner of the project based development. The owner is responsible for screening and final approval.
 - C. All project based voucher units will be leased by families referred from the Project Based Voucher Waiting List. The owner of a Project Based Voucher property can refer applicants for placement on the Project Based Voucher Waiting List when it is open.

Participant Rights and Responsibilities

- A. Participants in the Project Based Voucher Program are governed by 24 CFR Parts 982, 983 and the Administrative Plan. This covers admission, tenant rent contributions, annual reexaminations and Housing Quality Standards. Portability and voucher issuance are not permitted while a participant is in the Project Based Voucher Program. Participants who wish to vacate the unit after one year may request a voucher and convert to the tenant-based program after residing in the project-based unit for one year.
- B. If the participant wishes to vacate the unit, notice must be provided in writing to the owner. If the participant moves before the end of the initial one year period, they will not be entitled to a tenant-based voucher.

Owner Responsibilities

The owner is responsible for all owner requirements defined in 24 CFR Part 982.452 and in Part 983. This includes normal maintenance and operation , applicant screening and lease enforcement.

YMHA Responsibilities

YMHA will comply with all HUD regulations and YMHA policy. If YMHA owned units are selected for assistance, a review by the local HUD Field Office will be required to review the selection process and Request for Proposals submitted. A third-party will be identified by YMHA and approved by HUD to conduct rent determinations and HQS inspections.

Vacancy payments may be made in accordance with the Housing Assistance Payment contract. These may not exceed more than one month's HAP. The owner must also document they have made every effort to lease a unit. These are made after the initial lease-up.

Section XV. Homeownership Program

The Youngstown Metropolitan Housing Authority (YMHA) hereby establishes a Section 8 voucher choice homeownership option pursuant to the U.S. Department of Housing and Urban Development's (HUD) final rule dated October 12, 2000 and by Section 555 of the Quality Housing and Work Responsibility Act of 1998 under Section 8(y), Homeownership Option. Participation in the YMHA Housing Choice Voucher Homeownership Program will be limited to a maximum of 50 families.

Participation Qualification
24 CFR 982.626; 982.627

Any Section 8 eligible applicant or program participant who has been issued a Section 8 Housing Voucher may utilize the subsidy to purchase rather than rent a home, subject to the following:

A family must meet the requirements for admission to or continued participation in the YMHA Housing Choice Voucher Homeownership Program.

The homeownership option will be included in all briefing as well as media and community announcements. Current Section 8 participants must be in compliance with their lease and program requirements and must terminate their current lease arrangement in compliance with the lease.

The head of household or co-head that has previously received assistance and has defaulted on a mortgage obtained through the homeownership option is barred from participation.

Participant families must be "first-time" homeowners, where a family member must not have owned title to a principal residence in the last three years. Residents of limited equity cooperatives are eligible for the homeownership option. Waiver of the "first time homeowners" requirement may be considered for a family in which a member is a person with disabilities and use of the Housing Choice Homeownership Voucher is needed as a reasonable accommodation. (Title to a mobile home is not considered as homeownership for purposes of this option.)

Participants in the Housing Choice Voucher Homeownership Program must enroll in the pre and post purchase homeownership-counseling program and be deemed to be "mortgage ready" before a homeownership voucher will be issued. YMHA reserves the right to discontinue homeownership assistance if a family fails to fulfill its obligation in attending the post purchase program. At a minimum, the pre-purchase counseling will cover the following:

- Home maintenance
- Budgeting and money management
- Credit counseling
- Negotiating the purchase price
- Financing
- Locating the home
- Insurance

Fair Housing and Borrower Protection Laws
De-Concentration issues
Required Housing Quality Standards and Independent Inspections

At a minimum post-purchase counseling will consist of the following:

- a. Home maintenance
- b. Development of the Homeowner's Budget
- c. Foreclosure prevention and Loss Mitigation
- d. Tax deductibility
- e. Escrow Changes

One or more adult members of the family who will hold title to the property must be currently employed on a full-time basis (as defined by HUD to average 30 hours per week) and have been continuously so employed during the 12 months prior to commencement of homeownership assistance. Families in which the head, spouse and/or sole member is disabled or elderly are exempted from the requirement. Families with a disabled household member may request an exemption as a reasonable accommodation. Participants employed at commencement of the HCV assistance must maintain continuous employment. If unemployment occurs, full-time employment must be reinstated within 6 months of the termination date of full-time employment. Failure of the participant(s) to regain full-time employment within the 6 months may result in the discontinuance of HCV homeownership assistance. Requests for exceptions to the reinstatement of full-time employment must be made in writing and be approved by YMHA.

The non-disabled/non elderly family must meet the Federal minimum income requirement of \$14,500.00. The family must have a gross annual income equal to the Federal minimum wage (\$7.25 effective July 24, 2009) multiplied by 2000 hours, based on the income of adult family members who will own the home. Welfare assistance cannot be used to determine the minimum income requirement. The minimum family income to qualify for elderly and disabled families is equal to the current SSI monthly payment for an individual living alone, multiplied by 12. Public assistance income may not be used for meeting this requirement, except for households in which the head, spouse or sole member is disabled or elderly and households that include a disabled person other than head or spouse. (Public assistance includes federal housing assistance or the housing component of a welfare grant; TANF assistance; SSI that is subject to an income eligibility test; food stamps; general assistance or other assistance provided under a Federal, state or local program that provides assistance available to meet family living or housing expenses.)

Applicants must be enrolled in the Family Self-Sufficiency Program (FSS) for a minimum of 6 months prior to commencement of HCV homeownership assistance. Exceptions to the length of FSS participation must be approved by YMHA prior to an applicant's admittance to the Housing Choice Voucher Homeownership Program. YMHA funds accumulated in the escrow account may be advanced for purchase of the home or home maintenance, subject to the guidelines of the FSS Program.

9. The family must provide required information regarding income and family

composition in order to calculate correctly total tenant payment and homeownership assistance consistent with Section 8 requirements and any other information request by YMHA concerning financing, the transfer of any interest in the home or the family's homeownership expenses.

Permitted Ownership Arrangements:

The Homeownership Option may be utilized for three (3) types of housing:

- 1.) A single-family unit owned by the family, where one or more family members hold title to the home, or a home previously occupied under a lease-purchase agreement. Such unit may be a single family home, half of a duplex or single unit within a condominium or multi-plex.
- 2.) A cooperative unit, where one or more family members hold membership shares in the cooperative.
- 3.) A manufactured home on a permanent foundation that the family owns the land on which the home sits in fee simple or if the family does not own the land on which the home sits, but has the right to occupy the land for at least thirty years.
- 4.) Housing units that are pre-construction, under construction or already existing at the time the family is approved for eligibility for HCV homeownership assistance.

Time Frame for Utilization

24 CFR 982.626 (b), CFR 982.629 (a)

An applicant will have a maximum of 90 days from the date of issuance of a voucher to find a home and enter into a purchase agreement.

If an applicant is unable to enter into a purchase agreement before the end of the 90 day deadline, the participant may request, subject to YMHA's approval, to be provided up to an additional 90 days to enter into a purchase agreement and schedule a closing date or to utilize the voucher in a rental situation. Any extension will be at the discretion of YMHA.

Portability

24 CFR 982.636

Families that are determined eligible for homeownership assistance may exercise the homeownership option outside of YMHA's jurisdiction if the receiving public housing authority is administering a Section 8 homeownership program and is accepting new families into its Housing Choice Voucher Homeownership Program. Admission is also subject to the availability of openings in the HCV Homeownership Program.

Contract for Sale and Inspection
24CFR 982.631

Participants in the homeownership option program must initially complete a purchase agreement with the owner of the property to be purchased and provide YMHA with a copy of the fully executed contract for sale.

The purchase agreement must include the seller's certification that the seller(s) has not been debarred, suspended, or subject to a limited denial of participation under any federal contract in accordance with 24 CFR part 24.

The purchase agreement must include the home's price and terms of sale, YMHA pre-purchase HQS inspection requirements (including a provision that the participant will arrange for a pre-purchase inspection of the unit as set forth below), a provision that the participant is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser, and an agreement that the purchaser is not obligated to pay for any necessary repairs.

The participant must obtain an independent professional home inspection of the unit's major systems at the participant's expense. A member of the American Society of Home Inspectors (ASHI) or a regular member of the National Association of Home Inspectors (NAHI) must conduct the independent inspection. Independent home inspections can not be performed by an employee of YMHA even if that employee is a member of ASHI, NAHI or otherwise professionally licensed or certified. (Ohio HB 345 may require all inspectors to be certified by a regulated licensing board.) In all cases, the inspection must cover major building systems and components, including foundation and structure, housing interior and exterior, and the roofing, plumbing, electrical and heating systems. The inspector must provide a copy of the inspection report both to the family and YMHA. The independent inspection will be performed after YMHA has completed its Housing Quality Standards (HQS) inspection (noted below) to avoid unnecessary expense for the participant should the home fail to pass HQS.

YMHA will conduct a Housing Quality Standards (HQS) inspection and will review an independent professional inspection of the unit's major systems. YMHA retains the right to disqualify the unit for inclusion in the homeownership program based on either the HQS inspection or the professional inspection report.

Financing
24CFR 982.632

The household is solely responsible for obtaining financing. All loans must meet FHA, or acceptable terms by Fannie Mae, Freddie Mac, reputable secondary markets, or acceptable mortgage insurance credit underwriting requirements. YMHA will review lender qualifications, loan terms, or other family debt and expenses to determine that the debt is affordable. YMHA also reserves the right to disapprove the loan if it is unaffordable or the terms are considered predatory. In qualifying families for a mortgage payment, lenders are required to use the income Gross-Up Model.

YMHA establishes a minimum homeowner down payment requirement of at least 3 percent of the purchase price for participation in its HCV homeownership program, and requires at least one (1.00%) percent of the purchase price come from the family's personal resources. Buyers are also responsible for their closing costs.

There is no prohibition against using local or State Community Development Block Grant (CDBG) or other subsidized financing in conjunction with the homeownership program.

YMHA prohibits owner financing and balloon payments.

Financing for purchase of a home under the Housing Choice Voucher Homeownership Program must comply with generally accepted private sector underwriting standards.

Length and Continuation of Assistance 24CFR 982.634

HCV homeownership assistance will only be provided for the months the family is in residence in the home. The maximum length of time a family may receive homeownership assistance is fifteen years if the initial mortgage incurred is 20 years or longer. In all other cases, the maximum length of time is ten years. Elderly families that qualify as such at the start of homeownership assistance and disabled families that qualify as such at any time during receipt of homeownership assistance are exempt from this time limit. If an elderly or disabled family ceases to qualify as such during the course of homeownership assistance, the maximum term applies from the date the assistance commenced, except that the family will be provided at least 6 months of assistance after the maximum term becomes applicable.

Family Obligations 24CFR 982.633

In addition to completing the Pre-and Post-purchase Counseling Program, the family must execute a contract of homeowner obligations prior to the issuance of the homeownership voucher agreeing to comply with all family obligations under the Homeownership Choice Voucher Program including:

The family must comply with the terms of any mortgage securing debt incurred to purchase the home and any refinancing of such debt.

At any time the family is receiving homeownership assistance, the family may not sell or transfer any interest in the home to any entity or person other than a member of the assisted family residing in the home.

A home equity loan or any refinance of the original mortgage may not be acquired without the prior written consent of YMHA. Failure of a participating family to obtain the consent of YMHA may result in termination of the HCV homeownership subsidy.

The family must provide required information regarding income and family composition in order to calculate correctly total tenant payment and homeownership assistance, consistent with Section 8 requirements and any other information requested by YMHA concerning financing, the transfer of any interest in the home, or the family's homeownership expenses.

While receiving homeownership assistance, the family must notify YMHA if the family defaults on a mortgage securing and debt incurred to purchase the home.

- 6) The family must provide the financial institution providing financing for the home to be purchased under the Housing Choice Voucher Homeownership Program with authorization to notify YMHA of any potential for default on the mortgage.
- 7) While receiving homeownership assistance, the family must notify YMHA before the family moves out of the home.
- 8) The family must, at annual re-certification, document that he or she is current on mortgage, real estate taxes, insurance and utility payments.
- 9) The family is prohibited from moving more than one time in a one-year period. The family may be required to participate in pre-purchase counseling prior to re-housing.
- 10) While receiving homeownership assistance, no family member may have any ownership interest in any other residential property.
- 11) While receiving homeownership assistance the family must obtain and maintain, at its expense, flood insurance for any unit designated to be in a special flood hazard area. YMHA will prohibit the purchase of home units in the coastal barriers resource system and notify the purchaser if the home unit to be purchased is in airport runway clear zones and airfield clear zones.

Assistance Payment 24CFR 982.635

The family's Section 8 monthly housing assistance payment will be the lower of (1) the Section 8 voucher payment standard minus the Total Tenant Payment or (2) the monthly homeowner expensed minus the Total Tenant Payment. Homeownership expenses may include principal and interest on mortgage debt, refinancing charges of mortgage debt, taxes and public assessments, insurance, maintenance allowance for expenses, major repairs and replacements, and cooperative and condo association fees. The amount of each allowance will be based on the recommended allowance provided by its designees.

Homeownership assistance payments (HAP) will be made directly to the lender on behalf of the family. It is expected that the full amount of the HAP will be due to the lender and there will not be any excess amount to be paid directly to the family.

If a family's income increases to a level that they are no longer eligible to receive a housing

assistance payment, eligibility for such payments will continue for 180 calendar days. At the end of a continuous period of 180 days without any assistance payments, eligibility for Section 8 assistance will automatically terminate.

Lease-to-Purchase

Lease-to-Purchase agreements are considered rental property and subject to the normal tenant-based Section 8 rental rules. All regulations of the homeownership program will be in effect at the time that the family exercises the option to use a homeownership voucher.

Default

If the family defaults on the home mortgage loan, the participant will not be able to use the Homeownership Voucher for rental housing but may reapply for the Section 8 waiting list.

Recapture

24CFR 982.640

YMHA will not recapture the Housing Choice Voucher Homeownership payments unless there was an act of fraud or misrepresentation of a material fact in order to obtain a benefit. The HCV recapture provision does not apply to any other program funds that may be used in the transaction.

Denial or Termination of Assistance

24 CFR 982.638

YMHA reserves the right to deny or terminate assistance for the family, and will deny voucher rental assistance for the family, in accordance with HUD regulations governing any failure to comply with family obligations, mortgage default, failure to demonstrate that the family has conveyed title to the home as required, or if the family has moved from the home within the period established or approved.

Informal Hearings

24 CFR 982.555

YMHA will provide the opportunity, for an informal hearing to program participants who are being terminated from the program because of the family's action and/or failure to act. YMHA will send written notice to the reason(s) for the proposed action, and notice that should a participant request a hearing, the assistance will not be terminated until the final decision is made.

When a participant requests a hearing, YMHA will schedule the hearing promptly and notify the participant of the date and time of the hearing. Prior to the hearing, the participant will be given an opportunity to examine and copy the documents pertinent to the family's termination. YMHA must be given the same opportunity to examine any family documents

that are directly related to the hearing, and to copy them at its own expense.

A hearing officer designated by the Executive Director will conduct the hearing. This person will be someone other than the person who may have approved the decision or a subordinate of this person. A lawyer or other representative, at the family's own expense may represent the family. The family will be given the opportunity to present evidence, and to question any witnesses. The hearing officer will issue a written decision within 30 days, stating the reasons for the decision.

In the event of appeal, YMHA's Quality Control Department will preside over an informal hearing to resolve the matter.

Section XIV. Expanding Housing Opportunities

YMHA is committed to providing its Section 8 participants with the broadest possible range of housing choices. Actions to be taken will include:

1. Providing a thorough explanation to voucher holders of where they can move, using maps showing the various areas in and outside of YMHA's jurisdiction, and the location of key facilities and services. YMHA will discuss the advantages of living outside areas of low-income concentration. YMHA considers the following areas, designated by census tract, to be areas of poverty or minority concentration: 8034, 8035, 8037, 8040, 8044, 8005, 8006, 8007, 8009, 8010, 8016, 8017, 8020, 8022, 8024, 8031.
2. Providing a thorough explanation of portability under the Section 8 program and including in the packet a listing of the names and phone numbers of contact persons at neighboring housing authorities.
3. Providing voucher holders and participants who wish to move with listings of units throughout YMHA's jurisdiction currently available for Section 8 participants, and of owners and organizations operating outside of areas of low-income concentration.
4. Evaluating the need for, and seeking HUD approval if necessary, for higher payment standard in areas with lower concentrations of low-income families.
5. Conducting outreach to owners of rental housing in the Youngstown Metropolitan Area and surrounding jurisdictions in areas with lower concentrations of low-income families. Outreach efforts will include periodic advertisements in the local newspapers and the distribution to owners of informational materials about the Section 8 program.

Section XVI. Violence Against Women Act (VAWA)

Purpose and Applicability

The purpose of this policy (herein called “Policy”) is to implement the applicable provisions of the Violence Against Women and Department of Justice Reauthorization Act of 2005 (Pub. L. 109-162) and more generally to set forth YMHA’s policies and procedures regarding domestic violence, dating violence, and stalking, as hereinafter defined.

This Policy shall be applicable to the administration by YMHA of all federally subsidized public housing and Section 8 Housing Choice Voucher rental assistance under the United States Housing Act of 1937 (42 U.S.C. §1437 *et seq.*). Notwithstanding its title, this policy is gender-neutral, and its protections are available to males who are victims of domestic violence, dating violence, or stalking as well as female victims of such violence.

Goals and Objectives

This Policy has the following principal goals and objectives:

- A. Maintaining compliance with all applicable legal requirements imposed by VAWA;
- B. Ensuring the physical safety of victims of actual or threatened domestic violence, dating violence, or stalking who are assisted by YMHA;
- C. Providing and maintaining housing opportunities for victims of domestic violence dating violence, or stalking;
- D. Creating and maintaining collaborative arrangements between YMHA, law enforcement authorities, victim service providers, and others to promote the safety and well-being of victims of actual and threatened domestic violence, dating violence and stalking, who are assisted by YMHA; and
- E. Taking appropriate action in response to an incident or incidents of domestic violence, dating violence, or stalking, affecting individuals assisted by YMHA.

Other YMHA Policies and Procedures

This Policy shall be referenced in and attached to YMHA’s Five-Year Public Housing Agency Plan and shall be incorporated in and made a part of YMHA’s Admissions and Continued Occupancy Policy and Section 8 Housing Choice Voucher Administrative Plan. YMHA’s annual public housing agency plan shall also contain information concerning YMHA’s activities, services or programs relating to domestic violence, dating violence, and stalking.

To the extent any provision of this policy shall vary or contradict any previously adopted policy or procedure of YMHA, the provisions of this Policy shall prevail.

Definitions

As used in this Policy:

A. *Domestic Violence* – The term ‘domestic violence’ includes felony or misdemeanor crimes of violence committed by a current or former spouse of the victim, by a person with whom the victim shares a child in common, by a person who is cohabiting with or has cohabited with the victim as a spouse, by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person’s acts under the domestic or family violence laws of the jurisdiction.”

B. *Dating Violence* – means violence committed by a person—

- (A) who is or has been in a social relationship of a romantic or intimate nature with the victim; and
- (B) where the existence of such a relationship shall be determined based on a consideration of the following factors:
 - (i) The length of the relationship.
 - (ii) The type of relationship.
 - (iii) The frequency of interaction between the persons involved in the relationship.

C. *Stalking* – means –

(A) (i) to follow, pursue, or repeatedly commit acts with the intent to kill, injure, harass, or intimidate another person; and (ii) to place under surveillance with the intent to kill, injure, harass or intimidate another person; and

(B) in the course of, or as a result of, such following, pursuit, surveillance or repeatedly committed acts, to place a person in reasonable fear of the death of, or serious bodily injury to, or to cause substantial emotional harm to –

- (i) that person;
- (ii) a member of the immediate family of that person; or
- (iii) the spouse or intimate partner of that person;

D. *Immediate Family Member* - means, with respect to a person –

(A) a spouse, parent, brother, sister, or child of that person, or an individual to whom that person stands in loco parentis; or

(B) any other person living in the household of that person and related to that person by blood or marriage.

E. *Perpetrator* – means person who commits an act of domestic violence, dating violence or stalking against a victim.

Admissions and Screening

A. *Non-Denial of Assistance.* YMHA will not deny admission to public housing or to the Section 8 Housing Choice Voucher rental assistance program to any person because that person is or has been a victim of domestic violence, dating violence, or stalking, provided that such person is otherwise qualified for such admission.

Termination of Tenancy or Assistance

A. *VAWA Protections.* Under VAWA, public housing residents and persons assisted under the Section 8 Housing Choice Voucher rental assistance program have the following specific protections, which will be observed by YMHA:

1. An incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be considered to be a “serious or repeated” violation of the lease by the victim or threatened victim of that violence and will not be good cause for terminating the tenancy or occupancy rights of or assistance to the victim of that violence.

2. In addition to the foregoing, tenancy or assistance will not be terminated by YMHA as a result of criminal activity, if that criminal activity is directly related to domestic violence, dating violence or stalking engaged in by a member of the assisted household, a guest or another person under the tenant’s control, and the tenant or an immediate family member is the victim or threatened victim of this criminal activity. However, the protection against termination of tenancy or assistance described in this paragraph is subject to the following limitations:

(a) Nothing contained in this paragraph shall limit any otherwise available authority of YMHA’ or a Section 8 Housing Choice Voucher owner or manager to terminate tenancy, evict, or to terminate assistance, as the case may be, for any violation of a lease or program requirement not premised on the act or acts of domestic violence, dating violence, or stalking in question against the tenant or a member of the tenant’s household. However, in taking any such action, neither YMHA nor a Section 8 Housing Choice Voucher manager or owner may apply a more demanding standard to the victim of domestic violence dating violence or stalking than that applied to other tenants.

(b) Nothing contained in this paragraph shall be construed to limit the authority of YMHA or a Section 8 Housing Choice Voucher owner or manager to evict or terminate from assistance any tenant or lawful applicant if the owner, manager or YMHA, as the case may be, can demonstrate an actual and imminent threat to other tenants or to those employed at or providing service to the property, if the tenant is not evicted or terminated from assistance.

B. *Removal of Perpetrator.* Further, notwithstanding anything in paragraph VI.A.2. or Federal, State or local law to the contrary, YMHA or a Section 8 Housing Choice Voucher owner or manager, as the case may be, may bifurcate a lease, or remove a household member from a lease, without regard to whether a household member is a signatory to a lease, in order to evict, remove, terminate occupancy rights, or terminate assistance to any individual who is a tenant or lawful occupant and who engages in acts of physical violence against family members or others. Such action against the perpetrator of such physical violence may be taken without evicting,

removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also the tenant or a lawful occupant. Such eviction, removal, termination of occupancy rights, or termination of assistance shall be effected in accordance with the procedures prescribed by law applicable to terminations of tenancy and evictions by YMHA. Leases used for all public housing operated by YMHA and, at the option of Section 8 Housing Choice Voucher owners or managers, leases for dwelling units occupied by families assisted with Section 8 Housing Choice Voucher rental assistance administered by YMHA, shall contain provisions setting forth the substance of this paragraph.

Verification of Domestic Violence, Dating Violence or Stalking

A. *Requirement for Verification.* The law allows, but does not require, YMHA or a Section 8 Housing Choice Voucher owner or manager to verify that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking claimed by a tenant or other lawful occupant is bona fide and meets the requirements of the applicable definitions set forth in this policy. Subject only to waiver as provided in paragraph VII. C., YMHA shall require verification in all cases where an individual claims protection against an action involving such individual proposed to be taken by YMHA. Section 8 Housing Choice Voucher owners or managers receiving rental assistance administered by YMHA may elect to require verification, or not to require it as permitted under applicable law.

Verification of a claimed incident or incidents of actual or threatened domestic violence, dating violence or stalking may be accomplished in one of the following three ways:

1. *HUD-approved form* - by providing to YMHA or to the requesting Section 8 Housing Choice Voucher owner or manager a written certification, on a form approved by the U.S. Department of Housing and Urban Development (HUD), that the individual is a victim of domestic violence, dating violence or stalking that the incident or incidents in question are bona fide incidents of actual or threatened abuse meeting the requirements of the applicable definition(s) set forth in this policy. The incident or incidents in question must be described in reasonable detail as required in the HUD-approved form, and the completed certification must include the name of the perpetrator.
2. *Other documentation* - by providing to YMHA or to the requesting Section 8 Housing Choice Voucher owner or manager documentation signed by an employee, agent, or volunteer of a victim service provider, an attorney, or a medical professional, from whom the victim has sought assistance in addressing the domestic violence, dating violence or stalking, or the effects of the abuse, described in such documentation. The professional providing the documentation must sign and attest under penalty of perjury (28 U.S.C. 1746) to the professional's belief that the incident or incidents in question are bona fide incidents of abuse meeting the requirements of the applicable definition(s) set forth in this policy. The victim of the incident or incidents of domestic violence, dating violence or stalking described in the documentation must also sign and attest to the documentation under penalty of perjury.
3. *Police or court record* – by providing to YMHA or to the requesting Section 8 Housing Choice Voucher owner or manager a Federal, State, tribal, territorial, or local police or court record describing the incident or incidents in question.

B. *Time allowed to provide verification/ failure to provide.* An individual who claims protection against adverse action based on an incident or incidents of actual or threatened domestic violence, dating violence or stalking, and who is requested by YMHA, or a Section 8 Housing

Choice Voucher owner or manager to provide verification, must provide such verification within 14 business days (*i.e.*, 14 calendar days, excluding Saturdays, Sundays, and federally-recognized holidays) after receipt of the request for verification. Failure to provide verification, in proper form within such time will result in loss of protection under VAWA and this policy against a proposed adverse action.

C. *Waiver of verification requirement.* The Executive Director of YMHA or his/her designee, or a Section 8 owner or manager, may, with respect to any specific case, waive the above-stated requirements for verification and provide the benefits of this policy based on the victim's statement or other corroborating evidence. Such waiver may be granted in the sole discretion of the Executive Director, owner or manager. Any such waiver must be in writing. Waiver in a particular instance or instances shall not operate as precedent for, or create any right to, waiver in any other case or cases, regardless of similarity in circumstances.

Confidentiality

A. *Right of confidentiality.* All information (including the fact that an individual is a victim of domestic violence, dating violence or stalking) provided to YMHA or to a Section 8 Housing Choice Voucher owner or manager in connection with a verification required under section VII of this policy or provided in lieu of such verification where a waiver of verification is granted, shall be retained by the receiving party in confidence and shall neither be entered in any shared database nor provided to any related entity, except where disclosure is:

1. requested or consented to by the individual in writing, or
2. required for use in a public housing eviction proceeding or in connection with termination of Section 8 Housing Choice Voucher assistance, as permitted in VAWA, or
3. otherwise required by applicable law.

B. *Notification of rights.* All tenants of public housing and tenants participating in the Section 8 Housing Choice Voucher rental assistance program administered by YMHA shall be notified in writing concerning their right to confidentiality and the limits on such rights to confidentiality.

Transfer to New Residence

A. *Application for transfer.* In situations that involve significant risk of violent harm to an individual as a result of previous incidents or threats of domestic violence, dating violence, or stalking, YMHA will, if an approved unit size is available at a location that may reduce the risk of harm, approve transfer by a public housing or Section 8 Housing Choice Voucher tenant to a different unit in order to reduce the level of risk to the individual. A tenant who requests transfer must attest in such application that the requested transfer is necessary to protect the health or safety of the tenant or another member of the household who is or was the victim of domestic violence dating violence or stalking and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

B. *Action on applications.* YMHA will act upon such an application promptly.

- C. *No right to transfer.* YMHA will make every effort to accommodate requests for transfer when suitable alternative vacant units are available and the circumstances warrant such action. However, except with respect to portability of Section 8 Housing Choice Voucher assistance as provided in paragraph IX. E. below the decision to grant or refuse to grant a transfer shall lie within the sole discretion of YMHA, and this policy does not create any right on the part of any applicant to be granted a transfer.
- D. *Family rent obligations.* If a family occupying YMHA public housing moves before the expiration of the lease term in order to protect the health or safety of a household member, the family will remain liable for the rent during the remainder of the lease term unless released by YMHA. In cases where YMHA determines that the family's decision to move was reasonable under the circumstances, YMHA may wholly or partially waive rent payments and any rent owed shall be reduced by the amount of rent collected for the remaining lease term from a tenant subsequently occupying the unit.
- E. *Portability.* Notwithstanding the foregoing, a Section 8-assisted tenant will not be denied portability to a unit located in another jurisdiction (notwithstanding the term of the tenant's existing lease has not expired, or the family has not occupied the unit for 12 months) so long as the tenant has complied with all other requirements of the Section 8 Housing Choice Voucher Program and has moved from the unit in order to protect a health and safety of an individual member of the household who is or has been the victim of domestic violence, dating violence, or stalking, and who reasonably believes that the tenant or other household member will be imminently threatened by harm from further violence if the individual remains in the present dwelling unit.

Court Orders/Family Break-up

A. *Court orders.* It is YMHA's policy to honor orders entered by courts of competent jurisdiction affecting individuals assisted by YMHA and their property. This includes cooperating with law enforcement authorities to enforce civil protection orders issued for the protection of victims and addressing the distribution of personal property among household members in cases where a family breaks up.

B. *Family break-up.* Other YMHA policies regarding family break-up are contained in YMHA's Public Housing Admissions and Continuing Occupancy Plan (ACOP) and its Section 8 Housing Choice Voucher Administrative Plan.

Relationships with Service Providers

It is the policy of YMHA to cooperate with organizations and entities, both private and governmental that provide shelter and/or services to victims of domestic violence. If YMHA staff becomes aware that an individual assisted by YMHA is a victim of domestic violence, dating violence or stalking, YMHA will refer the victim to such providers of shelter or services as appropriate. Notwithstanding the foregoing, this Policy does not create any legal obligation requiring YMHA either to maintain a relationship with any particular provider of shelter or services to victims or domestic violence or to make a referral in any particular case. YMHA's annual public housing agency plan shall describe providers of shelter or services to victims of domestic violence with which YMHA has referral or other cooperative relationships.

Notification

YMHA shall provide written notification to applicants, tenants, and Section 8 Housing Choice Voucher owners and managers, concerning the rights and obligations created under VAWA relating to confidentiality, denial of assistance and, termination of tenancy or assistance.

Relationship with Other Applicable Laws

Neither VAWA nor this Policy implementing it shall preempt or supersede any provision of Federal, State or local law that provides greater protection than that provided under VAWA for victims of domestic violence, dating violence or stalking.

Amendment

This policy may be amended from time to time by YMHA as approved by the YMHA Board of Commissioners.

List of Supporting Documents Available for Review

| Applicable & On Display | Supporting Document |
|-------------------------|---|
| X | PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations |
| X | State/Local Government Certification of Consistency with the Consolidated Plan |
| 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. |
| 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 |
| X | Most recent board-approved operating budget for the public housing program |
| X | Public Housing Admissions and (Continued) Occupancy Policy (A&O), which includes the Tenant Selection and Assignment Plan [TSAP] |
| X | Section 8 Administrative Plan |
| 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 <i>Quality Housing and Work Responsibility Act Initial Guidance; Notice</i> and any further HUD guidance) and 2. Documentation of the required deconcentration and income mixing analysis |
| X | Public housing rent determination policies, including the methodology for setting public housing flat rents <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy |
| X | Schedule of flat rents offered at each public housing development <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy |
| X | Section 8 rent determination (payment standard) policies <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan |
| X | Public housing management and maintenance policy documents, including policies for the prevention or eradication of pest infestation (including cockroach infestation) |

List of Supporting Documents Available for Review

| Applicable & On Display | Supporting Document |
|-------------------------|---|
| X | Public housing grievance procedures <input checked="" type="checkbox"/> check here if included in the public housing A & O Policy |
| X | Section 8 informal review and hearing procedures <input checked="" type="checkbox"/> check here if included in Section 8 Administrative Plan |
| X | The HUD-approved Capital Fund/Comprehensive Grant Program Annual Statement (HUD 52837) for the active grant year |
| N/A | Most recent CIAP Budget/Progress Report (HUD 52825) for any active CIAP grant |
| 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) |
| X | 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 |
| X | Approved or submitted applications for demolition and/or disposition of public housing |
| X | Approved or submitted applications for designation of public housing (Designated Housing Plans) |
| N/A | 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 |
| X | Approved or submitted public housing homeownership programs/plans |
| X | Policies governing any Section 8 Homeownership program <input checked="" type="checkbox"/> check here if included in the Section 8 Administrative Plan |
| X | Any cooperative agreement between the PHA and the TANF agency |
| X | FSS Action Plan/s for public housing and/or Section 8 |
| X | Most recent self-sufficiency (ED/SS, TOP or ROSS or other resident services grant) grant program reports |
| N/A | 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) |
| 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 |
| N/A | Troubled PHAs: MOA/Recovery Plan |
| N/A | Other supporting documents (optional) |