

<b>PHA 5-Year and Annual Plan</b> <b>WV009v02</b> <b>1/1/10 – 12/31/14</b>	<b>U.S. Department of Housing and Urban Development</b> <b>Office of Public and Indian Housing</b>  <b>FAIRMONT HOUSING AUTHORITY- WV009</b>	<b>OMB No. 2577-0226</b> <b>Expires 4/30/2011</b>
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1.0	<b>PHA Information</b> PHA Name: <u>Fairmont Housing Authority</u> PHA Code: <u>WV009</u> PHA Type: <input checked="" type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) XXCombined PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2010</u>														
2.0	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>136</u> Number of HCV units: <u>825</u>														
3.0	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only														
4.0	<b>PHA Consortia</b> <u>NA</u> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)														
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	<table border="1"> <thead> <tr> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> </tr> </tbody> </table>	No. of Units in Each Program		PH	HCV	PHA 1:		PHA 2:		PHA 3:	
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PHA 2:															
PHA 3:															
5.0	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.														
5.1	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years:  The mission of the PHA is the same as that of the Department of Housing and Urban Development: To promote adequate and affordable housing, economic opportunity and a suitable living environment free from discrimination. The mission of Fairmont Housing Authority (FHA) is to assist low income families with safe, decent and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. FHA is committed to operating in an efficient, ethical and professional manner. FHA will create and maintain partnerships with our clients and appropriate community agencies in order to accomplish this mission.														

5.2

**Goals and Objectives.** Identify the PHA’s quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan.

- A. The first goal is to expand the supply of assisted housing by leveraging private or other public funds to create additional housing opportunities through participation in federal and privately funded housing development programs including but not limited to low income housing tax credit programs, the HOME program, and other non-federal programs offered by private non-profit organizations such as Federation of Appalachian Housing Enterprises (FAHE), Neighborhood Reinvestment Corporation, and Augusta Development Corporation. FHA will strive to develop additional affordable housing units over the next 5 years. FHA will also acquire or build units or developments.
- B. FHA will improve the quality of assisted housing by improving voucher management and continue to be a High Performing agency.
- C. FHA will increase assisted housing choices by conducting outreach efforts to potential landlords through marketing and annual workshops.
- D. FHA will reduce the current payment standard percentage of the (FMR) published to below the current 109% FMR, as market rates demand for the census tract being considered.
- E. FHA will continue to work with Augusta Development Corp. in the development of Assisted Housing in the Fairmont area. FHA will also continue involvement with other local entities in upcoming housing opportunities.
- F. FHA will promote self-sufficiency and asset development of assisted families and individuals by providing or attracting supportive services to improve the employability of assisted recipients. FHA will continue to collaborate with local service agencies to promote increased employability of residents by making referrals to job openings, increasing resident awareness, and access to education and training opportunities. FHA will provide or attract supportive services to increase independence for the elderly or families with disabilities. FHA will work with local agencies to network appropriate social services. These agencies include Center for Independent Living, and WVU Center for Affiliated Disabilities and Disabled Personnel.
- G. FHA will strive to seek other federal and non-federal programs to increase resident self-sufficiency.
- H. FHA will seek to ensure equal opportunity in housing and affirmatively further fair housing. It will undertake affirmative measures to ensure access to assisted housing regardless of race, color, religion, national origin, sex, familial status, and disability. FHA will undertake affirmative measures to provide a suitable living environment for families living in assisted housing, regardless of race, color, religion, national origin, sex, familial status, and disability. FHA will undertake affirmative measures to ensure accessible housing to persons with all varieties of disabilities regardless of unit size required. FHA has worked with, and will continue to work with, such agencies as CCIL (Coordinating Council for Independent Living) and WVCIL (W. Va. Council for Independent Living) to assist in accomplishing this goal.
- I. Expand homeownership through the existing lease to own program for low income families.
- J. **During the past 5 years FHA has met its goals by** applying for 7 vouchers from a project-based complex in Preston County that opted out of their Sect. 8 contract. Also, FHA has had 11 FSS graduates since 1/1/05. Outreach efforts to voucher landlords are conducted on an annual basis via workshops. Voucher payment standards were increased. FHA continues to promote self-sufficiency and asset development through such catalysts as the FSS program, networking with the Family Resource Network (FRN), CLIC (organization for disabled households), and CCIL (center for independent living). FHA continues to ensure equal opportunity and fair housing by developing relationships with, and networking with such organizations as FRN, CCIL, and CLIC.

Housing Production Achievements	Last Year	Five Years
Owner Occupied Rehabs.		2
Rehabs. For Sale	8	13
New Construction		7
Houses Sold	2	16
Mortgages Originated	63	121

**PHA Plan Update**

(a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:

1. **Attachment One** – Reduce the Sect. 8 payment standard & modify the Sect. 8 interim recertification policy
2. **Attachment Two** – Policy for determining termination of existing HAP contracts due to insufficient funding
3. **Attachment Three** – Section 504 Policy
4. **Attachment Four** – EIV Policy
5. **Attachment Nine** – Public Housing Policy Changes: Minimum Rent; Rent Decreases; Live-In Aides

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions. The PHA Plan, and policies can be obtained at the administrative office located at 103 Twelfth Street, Fairmont, WV 26554.

**PHA Plan Elements:**

1. FHA is a combined Sect. 8 and Public Housing agency, also having a 5-h homeownership program. Eligibility requirements include: must qualify as a family, have an income within the income limits, meet citizenship/eligible immigrant criteria, provide required documentation such as Social Security numbers, and sign consent authorization documents. In addition, families must also meet the HA screening criteria in order to be admitted to the program. Applications are processed on the basis of time and date submitted. Disabled applicants will be given preference to all programs. Additionally, working families are given a preference in Public Housing. The waiting list is not closed. FHA has a community-wide waiting list. FHA screens for sex offenders in both Public Housing and Section 8. Rental histories are shared with prospective landlords.
2. Policies governing eligibility, selection and admissions to any special-purpose program are described in the Sect. 8 Admin. Plan and the Public Housing Admissions Policy. Published notices announce the availability of any special purpose programs to the public.
3. Financial Resources:

PH Operating Grant -	\$ 382,519
Dwelling Rent -	\$ 232,009
Interest -	\$ 5,738
Non-dwelling -	\$ 20,106
Other -	\$ 14,305
HCV HAP -	\$3,447,617
Admin. Fees -	\$ 416,331
FSS -	\$ 54,629
Interest -	\$ 4,917
Re-inspection fees	\$ 975
Other -	\$ 11,177
4. Rent Determination: Rent is based on the standard HUD rent calculation for both programs. The FMR published by HUD or the exception payment standard rent (requested by FHA and approved by HUD) determines the maximum Sect. 8 subsidy for a family.
5. Operation & Management: FHA governs maintenance management of assisted units according to published HQS guidelines. Section 8 units not meeting these guidelines are subject to rent abatement until problems are corrected, or eventually removed from the program if necessary. In Public Housing, tenants are counseled and referred to essential services as necessary. Public Housing Maintenance staff also go by or exceed HQS standards, as well as REAC standards.
6. Grievance Procedures: Clients are given prompt notice of the decision to terminate their assistance. The client has 10 days to request a hearing. The client may bring witnesses and representation to the hearing. An unbiased hearing officer will be appointed by FHA. The hearing officer will make a written decision within 5 business days (PH), 14 days (Sect. 8). If the client is not satisfied with the decision they have the right to proceed to Magistrate Court.
7. Designated Housing: FHA does not have designated housing. All Public Housing is classified as single family dwellings.
8. Community Service: FHA goes by HUD regulations regarding Community Service. **ATTACHMENT 7**
9. Safety & Crime Prevention: Under the old drug elimination grant, FHA was able to install security cameras at two different developments. They have proven to be an ongoing deterrent for any unwanted activity at both locations. They also provide the opportunity to constantly record activity at the sites for future reference as needed, and view the activity via computer. FHA works closely with local enforcement authorities, reporting activity as needed, assisting authorities in any of their investigations, and sharing computer camera discs as necessary. FHA and local enforcement authorities have a good working relationship. Camera equipment is replaced as needed with CFP funds.
10. Pets: **ATTACHMENT 8**
11. Civil Rights Certification: FHA constantly reviews its policies and procedures, and programs, to assure there are no impediments to fair housing within those programs. FHA ascertains on an annual basis that its plan is consistent with the applicable Consolidated Plan for its jurisdiction. Should there be a suspect issue it would be promptly investigated and dealt with in a reasonable manner.
12. Fiscal Year Audit: NA High Performer – Also, audited statement always sent to HUD once received. **No Findings.**
13. Asset Management: FHA is a small agency and is not required to use asset management. We use one AMP #WV09000001.
14. Violence Against Women Act: **Re: ATTACHMENT 6 (Sect. 8), and ATTACHMENT 6a (Public Housing)**

6.0

	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <ul style="list-style-type: none"> <li>a. Hope VI: NA</li> <li>b. Demo. / Dispo.: NA</li> <li>c. Conversion of Public Housing: NA</li> <li>d. Homeownership Option: ATTACHMENT 5. FHA has offered a Sect. 8 Homeownership Option since the fourth quarter of 2004. FHA coordinates the Sect. 8 Homeownership Option between the FSS Coordinator, Housing Counselor, and the Homeownership Coordinator. During the time that FHA has offered the Sect. 8 Homeownership Option one client has utilized the service. FHA plans to continue to administer a Sect. 8 Homeownership Option. FHA will not limit the number of participating families. FHA has demonstrated a capacity to administer the Homeownership Option by: establishing a minimum downpayment of at least 3% of the purchase price and requiring that at least 1% of the purchase price comes from the family's resources; requiring that financing for purchase of a home under its Sect. 8 Homeownership Option will be provided, insured or guaranteed by the State or Federal government, comply with secondary mortgage market underwriting requirements, or comply with generally accepted private sector underwriting standards; and, demonstrating that it has other relevant experience.</li> <li>e. Project-based Vouchers: FHA does not manage any project-based vouchers at this time. FHA was awarded 7 vouchers from a project-based complex located in Preston County (The Pines) that opted out of their Sect. 8 contract.</li> </ul>
8.0	<p><b>Capital Improvements.</b> Please complete Parts 8.1 through 8.3, as applicable.</p>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b> As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i>, form HUD-50075.1, for each current and open CFP grant and CFFP financing.</p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b> As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i>, form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan.</p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b>  <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</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.

Section 8 tenant based assistance:

	# of families	% of total families
Waiting list total	451	
Extremely low income <=30% AMI	441	97.8%
Very low income (>30% but, =50% AMI	8	1.75%
Low income (.50% but <80% AMI	2	.43%
9.0 Families with children	244	54 %
Elderly families	13	2.86%
Families with disabilities	83	18.24%
Race / ethnicity:		
White	390	85.71%
Asian	0	0%
Afro-American	60	13.19%
Alaskan Native	0	0%
Hispanic	1	.22%

The waiting list is not closed

FHA will continue to serve the maximum number of Sect. 8 families permitted under the established base-line. FHA will apply for additional Sect. 8 vouchers when available. FHA will work with private and public developers to expand affordable housing options including project basing vouchers to assist in project feasibility. FHA will continue to operate and expand the Sect. 8 Homeownership and 5(h) Homeownership programs.

**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.**

9.1

- A. FHA will maximize the number of affordable units available to the PHA within its current resources by:
  - 1. Maintaining or increasing Sect. 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction.
  - 2. Maintain or increase Sect. 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration.
  - 3. Maintain or increase Sect. 8 lease-up rates by effectively screening Sect. 8 applicants to increase owner acceptance of program.
  - 4. Participate in the Consolidated Plan development process to ensure coordination with broader community strategies.
- B. Increase the number of affordable housing units by:
  - 1. Apply for additional Sect. 8 vouchers should they become available.
  - 2. Leverage affordable housing resources in the community through the creation of mixed-finance housing.
  - 3. Pursue housing resources other than Public Housing or Sect. 8 tenant-based assistance.
- C. Target available assistance to families at or below 30% of AMI
  - 1. Exceed HUD federal targeting requirements for families at or below 30% of AMI in tenant-based Sect. 8 assistance.
- D. Target available assistance to the elderly
  - 1. Apply for special-purpose vouchers targeted to the elderly, should they become available.
- E. Target available assistance to families with disabilities
  - 1. Apply for special-purpose vouchers targeted to families with disabilities, should they become available.
  - 2. Affirmatively market to local non-profit agencies that assist families with disabilities.
- F. Increase awareness of PHA resources among families of races and ethnicities with disproportionate needs
  - 1. Affirmatively market to races / ethnicities shown to have disproportionate housing needs.
- G. Conduct activities to affirmatively further fair housing
  - 1. Counsel Sect. 8 tenants as to location of units outside of areas of poverty or minority concentration and assist them to locate those units.
  - 2. Market the Sect. 8 program to owners outside of areas of poverty/minority concentrations.
- H. Reasons for selecting strategies
  - 1. Funding constraints
  - 2. Staffing constraints
  - 3. Limited availability of sites for assisted housing
  - 4. Extent to which particular housing needs are met by other organizations in the community
  - 5. Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA
  - 6. Influence of the housing market on PHA programs
  - 7. Community priorities regarding housing assistance
  - 8. Results of consultation with local or state government
  - 9. Results of consultation with residents and the Resident Advisory Board
  - 10. Results of consultation with advocacy groups

10.0	<p><b>Additional Information.</b> Describe the following, as well as any additional information HUD has requested.</p> <p>(a) <b>Progress in Meeting Mission and Goals.</b> Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. During the past 5 years FHA has met its goals by applying for 7 vouchers from a project-based complex in Preston County that opted out of their Sect. 8 contract. Also, FHA has had 11 FSS graduates since 1/1/05. Outreach efforts to voucher landlords are conducted on an annual basis via workshops. Voucher payment standards were increased. FHA continues to promote self-sufficiency and asset development through such catalysts as the FSS program, networking with the Family Resource Network (FRN), CLIC (organization for disabled households), and CCIL (center for independent living). FHA continues to ensure equal opportunity and fair housing by developing relationships with, and networking with such organizations as FRN, CCIL, and CLIC.</p> <table border="0"> <thead> <tr> <th>Housing Production Achievements</th> <th>Last Year</th> <th>Five Years</th> </tr> </thead> <tbody> <tr> <td>Owner Occupied Rehabs.</td> <td></td> <td>2</td> </tr> <tr> <td>Rehabs. For Sale</td> <td>8</td> <td>13</td> </tr> <tr> <td>New Construction</td> <td></td> <td>7</td> </tr> <tr> <td>Houses Sold</td> <td>2</td> <td>16</td> </tr> <tr> <td>Mortgages Originated</td> <td>63</td> <td>121</td> </tr> </tbody> </table> <p>(b) <b>Significant Amendment and Substantial Deviation/Modification.</b> Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification”</p> <p>For the purpose of the 2010 Annual Plan and the Five Year Plan for 2010-2014, the Fairmont Housing Authority shall adopt the following definition of Substantial Deviation pursuant to 24 CFR 903.7 @ (2). “Substantial Deviation and Significant Amendment modification shall be defined as:</p> <p>A non-regulatory change that significantly changes the character, nature and scope of the Public Housing and Section 8 programs. Changes to the following documents are considered substantial deviation or significant amendments.</p> <table border="0"> <tr> <td>Public Housing</td> <td>Capital Grant Program</td> <td>Public Housing Admissions &amp; Occupancy Policy</td> </tr> <tr> <td>Housing Choice Voucher Program</td> <td>Section 8 Administrative Plan</td> <td>Family Self-Sufficiency Plan</td> </tr> <tr> <td>Homeownership Plan</td> <td>Five-year and Annual Plans</td> <td>Housing Authority Internal Operational Policies And Procedures</td> </tr> </table> <p>Changes in these documents shall require Board review and approval and public or resident review as required by PIH Notice 99-51, and 24 CFR 903.13 – 903.23. Typically this process takes place once a year, prior to Annual Plan submission. Changes that are required by federal policy, regulations, legislation and state or local law will not be considered a substantial deviation.</p>	Housing Production Achievements	Last Year	Five Years	Owner Occupied Rehabs.		2	Rehabs. For Sale	8	13	New Construction		7	Houses Sold	2	16	Mortgages Originated	63	121	Public Housing	Capital Grant Program	Public Housing Admissions & Occupancy Policy	Housing Choice Voucher Program	Section 8 Administrative Plan	Family Self-Sufficiency Plan	Homeownership Plan	Five-year and Annual Plans	Housing Authority Internal Operational Policies And Procedures
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11.0	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights)</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only)</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only)</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only)</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (<b>PHAs receiving CFP grants only</b>)</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 – Fairmont Housing Authority did not receive any challenges to any elements of this Agency Plan.</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only)</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only)</p>
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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.  
**Section 8: Proposal To Amend Admin Policy To Address Cost Saving Measures – Attachment One**

**Proposal For Policy Changes To Be Effective 2009-2010- Attachment Two**

**Combined: Sect. 504 Policy – Attachment Three**

**EIV Policy – Attachment Four**

**Public Housing: Attachment Nine**  
**Sect. 504 Policy**  
**Live-in Aides Policy**  
**Rent Decreases**  
**Minimum Rent**

- (b) Identify where the 5-Year and Annual Plan may be obtained by the public. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are

strongly encouraged to post complete PHA Plans on its official website. PHAs are also encouraged to provide each resident council a copy of its 5-Year and Annual Plan.

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

1. **Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures.** Describe the PHA's policies that govern resident or tenant eligibility, selection and admission including admission preferences for both public housing and HCV and unit assignment policies for public housing; and procedures for maintaining waiting lists for admission to public housing and address any site-based waiting lists.
2. **Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA's anticipated resources, such as PHA Operating, Capital and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support public housing or tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources.
3. **Rent Determination.** A statement of the policies of the PHA governing rents charged for public housing and HCV dwelling units.
4. **Operation and Management.** A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency (which shall include measures necessary for the prevention or eradication of pest infestation, including cockroaches), and management of the PHA and programs of the PHA.
5. **Grievance Procedures.** A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.
6. **Designated Housing for Elderly and Disabled Families.** With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: **1)** development name and number; **2)** designation type; **3)** application status; **4)** date the designation was approved, submitted, or planned for submission, and; **5)** the number of units affected.
7. **Community Service and Self-Sufficiency.** A description of: **(1)** Any programs relating to services and amenities provided or offered to assisted families; **(2)** Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; **(3)** How the PHA will comply with the requirements of community

service and treatment of income changes resulting from welfare program requirements. (**Note: applies to only public housing**).

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

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

- (a) **Hope VI or Mixed Finance Modernization or Development.** **1)** A description of any housing (including project number (if known) and unit count) for which the PHA will apply for HOPE VI or Mixed Finance Modernization or Development; and **2)** A timetable for the submission of applications or proposals. The application and approval process for Hope VI, Mixed Finance Modernization or Development, is a separate process. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/programs/ph/hope6/index.cfm>
- (b) **Demolition and/or Disposition.** With respect to public housing projects owned by the PHA and subject to ACCs under the Act: **(1)** A description of any housing (including project number and unit numbers [or addresses]), and the number of affected units along with their sizes and accessibility features) for which the

PHA will apply or is currently pending for demolition or disposition; and **(2)** A timetable for the demolition or disposition. The application and approval process for demolition and/or disposition is a separate process. See guidance on HUD's website at:

[http://www.hud.gov/offices/pih/centers/sac/demo\\_dispo/index.cfm](http://www.hud.gov/offices/pih/centers/sac/demo_dispo/index.cfm)

**Note:** This statement must be submitted to the extent that **approved and/or pending** demolition and/or disposition has changed.

- (c) **Conversion of Public Housing.** With respect to public housing owned by a PHA: **1)** A description of any building or buildings (including project number and unit count) that the PHA is required to convert to tenant-based assistance or that the public housing agency plans to voluntarily convert; **2)** An analysis of the projects or buildings required to be converted; and **3)** A statement of the amount of assistance received under this chapter to be used for rental assistance or other housing assistance in connection with such conversion. See guidance on HUD's website at: <http://www.hud.gov/offices/pih/centers/sac/conversion.cfm>
- (d) **Homeownership.** A description of any homeownership (including project number and unit count) administered by the agency or for which the PHA has applied or will apply for approval.
- (e) **Project-based Vouchers.** If the PHA wishes to use the project-based voucher program, a statement of the projected number of project-based units and general locations and how project basing would be consistent with its PHA Plan.

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

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

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

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

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

3. Upon completion or termination of the activities funded in a specific capital fund program year.

## 8.2 Capital Fund Program Five-Year Action Plan

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

- 8.3 Capital Fund Financing Program (CFFP).** Separate, written HUD approval is required if the PHA proposes to pledge any portion of its CFP/RHF funds to repay debt incurred to finance capital improvements. The PHA must identify in its Annual and 5-year capital plans the amount of the annual payments required to service the debt. The PHA must also submit an annual statement detailing the use of the CFFP proceeds. See guidance on HUD's website at:  
<http://www.hud.gov/offices/pih/programs/ph/capfund/cffp.cfm>

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

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

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

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

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

- (a) Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulations*
- (b) Form HUD-50070, *Certification for a Drug-Free Workplace (PHAs receiving CFP grants only)*

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



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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> Fairmont Housing Authority WV009 AMP #WV009000001	<b>Grant Type and Number</b> Capital Fund Program Grant No: WV15P00950107 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2007</b> <b>FFY of Grant Approval: 2008</b>

**Type of Grant**  
 Original Annual Statement       Reserve for Disasters/Emergencies       Revised Annual Statement (revision no: )  
**XX Performance and Evaluation Report for Period Ending: 8/31/09**       Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	42,780	42,780	42,780	42,780
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	21,390	21,390	21,390	21,390
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	.00	4,426.35	4,426.35	4,426.35
8	1440 Site Acquisition				
9	1450 Site Improvement	7,000	8,729.25	8,729.25	8,729.25
10	1460 Dwelling Structures	132,730	126,890.25	126,890.25	126,890.25
11	1465.1 Dwelling Equipment—Nonexpendable	10,000	9,684.15	9,684.15	9,684.15
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

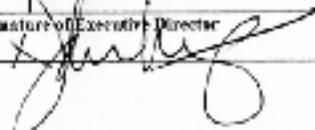
<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Fairmont Housing Authority-WV009 AMP #WV009000001		<b>Grant Type and Number</b> Capital Fund Program Grant No: WV15P00950107 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2007</b> <b>FFY of Grant Approval: 2008</b>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) XXPerformance and Evaluation Report for Period Ending: 8/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	213,900	213,900	213,900	213,900
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities	.00	17,824	17,824	17,824
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	24,000	33,079.92	33,079.92	33,079.92
<b>Signature of Executive Director</b> <b>SIGNATURE PAGE ATTACHED NEXT PAGE – 2007 CFP</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

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

<b>Part I: Summary</b>					
<b>PRA Name:</b> Fairmont Housing Authority 00009		<b>Grant Type and Number:</b> Capital Fund Program Grant No. WV15P00950100 Date of CFFP: _____		<b>FY of Grant:</b> 2007 <b>FY of Grant Approval:</b> 2008	
<b>Type of Grant:</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision 00) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
<b>Form:</b> Summary by Development Account		<b>Total Estimated Cost:</b>		<b>Total Actual Cost:</b>	
		Original	Revised <sup>1</sup>	Obligated	Expended
<b>Signature of Executive Director:</b> 		<b>Date:</b> 9/9/09		<b>Signature of Public Housing Director:</b>	
				<b>Date:</b>	

2007 CFF Signature Page

<b>Part II: Supporting Pages</b>								
PHA Name: Fairmont Housing Authority – WV009 AMP #WV009000001			Grant Type and Number Capital Fund Program Grant No: WV15P00950107 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2007		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406	136	42,780	42,780	42,780	42,780	complete
HA Wide	Administration	1410	136	21,390	21,390	21,390	21,390	complete
9-1 Arlington	Playground Replacement	1450	1	7,000	8,729.25	8,729.25	8,729.25	complete
9-3	A & E (fees / costs)	1430	1	.00	4,426.35	4,426.35	4,426.35	complete
HA Wide	Floor Replacement	1460	5	17,387	10,713.40	10,713.40	10,713.40	complete
HA Wide	Remodeling (baths / drywall)	1460	8	12,000	13,342.63	13,342.63	13,342.63	complete
HA Wide	Interior/Exterior Door Replacement	1460	30	12,000	15,789.77	15,789.77	15,789.77	complete
HA Wide	Electrical Improvement	1460	22	2,000	222.52	222.52	222.52	complete
HA Wide	Window Replacement	1460	100	24,000	33,079.92	33,079.92	33,079.92	complete
9-3	Bldg. Facelift – Oregon Avenue	1460	1	35,000	1,507.84	1,507.84	1,507.84	complete
HA Wide	Kitchen Replacement	1460	5	21,000	19,850	19,850	19,850	complete
HA Wide	Masonry Repair	1460	136	9,343	14,088.72	14,088.72	14,088.72	complete
HA Wide	Equipment Replacement	1465	35	10,000	9,684.15	9,684.15	9,684.15	complete
9-1	Roof Replacement	1460	1	.00	471.45	471.45	471.45	complete
9-2	View 8 – Accessibility Remodeling	1460	1	00	17,824	17,824	17,824	Complete
				213,900	213,900	213,900	213,900	100%

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

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







**PART I: SUMMARY**

Fairmont Housing Authority – WV009		Fairmont, Marion County, WV			<input type="checkbox"/> <b>Original 5-Year Plan</b> <input type="checkbox"/> <b>Revision No:</b>	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____
<b>B</b>	Physical Improvements Subtotal	Annual Statement				
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
<b>E</b>	<b>ADMINISTRATION</b>					
F.	Other					
G.	Operations					
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds					
L.	Total Non-CFP Funds					
M.	Grand Total					



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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ FFY _____		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement						
	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 _____ FFY _____			Work Statement for Year: _____ FFY _____		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement						
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE				
ANNUAL	<b>NA – HIGH PERFORMER</b>			
Statement				
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$



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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> Fairmont Housing Authority WV009 AMP #WV009000001	<b>Grant Type and Number</b> Capital Fund Program Grant No: WV15P00950108 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2008</b> <b>FFY of Grant Approval: 2009</b>

<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/09 <input type="checkbox"/> Final Performance and Evaluation Report		
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Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	42,719	42,719	42,719	42,719
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	21,359	21,359	21,359	21,359
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000	5,000	450.48	450.48
8	1440 Site Acquisition				
9	1450 Site Improvement	6,000	8,385	8,385	8,385
10	1460 Dwelling Structures	126,514	117,889	91,677.60	91,677.60
11	1465.1 Dwelling Equipment—Nonexpendable	12,000	18,240	18,240	18,240
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

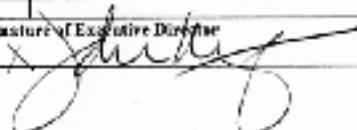
<sup>1</sup> To be completed for the Performance and Evaluation Report.  
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>3</sup> PHAs with under 250 units in management may use 100% of CFP Grants for operations.  
<sup>4</sup> RHF funds shall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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Fairmont Housing Authority WV009	<b>Grant Type and Number</b> Capital Fund Program Grant No: WV15P00950108 Replacement Housing Factor Grant No: Date of CFFP: AMP #WV009000001	<b>FFY of Grant:2008</b> <b>FFY of Grant Approval: 2009</b>			
<b>Type of Grant</b> <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:    ) <input type="checkbox"/> Final Performance and Evaluation Report					
<b>XXPerformance and Evaluation Report for Period Ending: 8/31/09</b>					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	213,592	213,592	182,831	182,831 (86%)
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	24,000	26,555	26,555	26,555
<b>Signature of Executive Director</b> <b>SIGNATURE PAGE ATTACHED NEXT PAGE – 2008 CFP</b>			<b>Signature of Public Housing Director</b>		<b>Date</b>

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

<b>Part I: Summary</b>					
PBA Name: Fairmont Housing Authority 47009		Grant Type and Number: Capital Fund Program Grant No. W715PD09501000 (Source: Housing Factor Grant) Date of CFP: _____		FFY of Grant: 2008 FFY of Grant Approval: 2009	
Type of Grant: <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disaster/Emergency <input type="checkbox"/> Revised Annual Statement (section 901) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date 9/9/09	Signature of Public Housing Director		Date

2008 CFP Signature Page

PHA Name: Fairmont Housing Authority – WV009 AMP#WV009000001		Grant Type and Number Capital Fund Program Grant No: WV15P00950108 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2008			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406	136	42,719	42,719	42,719	42,719	complete
HA Wide	Administration	1410	136	21,359	21,359	21,359	21,359	complete
9-3	Fees & Costs (A&E)	1430	1	5,000	5,000	450.48	450.48	9%
HA Wide	Site Improvements – Playgrounds	1450	3	6,000	8,385	8,385	8,385	complete
HA Wide	Window Replacement	1460	90	24,000	26,555	26,555	26,555	complete
HA Wide	Floor Replacement	1460	5	17,514	14,771	14,771	14,771	complete
HA Wide	Remodeling (Baths / drywall)	1460	8	10,000	12,644	12,644	12,644	Complete
HA Wide	Int. / Ext. Door Replacement	1460	30	12,000	11,161	10,730	10,730	96%
HA Wide	Electrical Replacement	1460	20	2,000	227	227	227	complete
9-3	Bldg. Facelift – Oregon Ave.	1460	1	32,000	25,657	.00	.00	10%
HA Wide	Kitchen Replacement	1460	5	21,000	17,700	17,700	17,700	complete
HA Wide	Masonry Repair	1460	136	8,000	9,174	9,051	9,051	99%
HA Wide	Equipment Replacement	1465	30	12,000	18,240	18,240	18,240	18,240
				213,592	213,592	182,832	182,832	86%

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

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







**PART I: SUMMARY**

Fairmont Housing Authority – WV009		Fairmont, Marion County, WV				<input type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revision No:	
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
<b>B</b>	Physical Improvements Subtotal	Annual Statement					
C.	Management Improvements						
D.	PHA-Wide Non-dwelling Structures and Equipment						
<b>E</b>	<b>ADMINISTRATION</b>						
F.	Other						
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total						



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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ FFY _____		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement						
	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 _____ FFY _____			Work Statement for Year: _____ FFY _____		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE						
ANNUAL						
Statement						
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ANNUAL Statement	<b>NA – HIGH PERFORMER</b>			
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE ANNUAL Statement	<b>NA – HIGH PERFORMER</b>			
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$

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

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

<b>Part I: Summary</b>		
<b>PHA Name:</b> Fairmont Housing Authority AMP #WV009000001	<b>Grant Type and Number</b> Capital Fund Program Grant No: WV15S00950109    ARRA Stimulus Grant Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2009</b> <b>FFY of Grant Approval: 2009</b>

**Type of Grant**  
 Original Annual Statement     Reserve for Disasters/Emergencies     Revised Annual Statement (revision no: )  
 Performance and Evaluation Report for Period Ending: 8/31/09     Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>				
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	16,837	NA	16,837	.00
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	10,000	NA	10,000	.00
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	243,528	NA	243,528	.00
11	1465.1 Dwelling Equipment—Nonexpendable				
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

<b>Part I: Summary</b>					
<b>PHA Name:</b> Fairmont Housing Authority WV009 AMP #WV009000001		<b>Grant Type and Number</b> Capital Fund Program Grant No: WV15S00950109 ARRA Stimulus Grant Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:2009</b> <b>FFY of Grant Approval: 2009</b>	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) XXrformance and Evaluation Report for Period Ending: 8/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	270,365	NA	270,365	
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b> <b>SIGNATURE PAGE ATTACHED NEXT PAGE</b>			<b>Signature of Public Housing Director</b>		
<b>Date</b>			<b>Date</b>		

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

Part II: Summary AMP #WV009000001					
EBA Name: Fairmont Housing Authority WV009		Grant Type and Number Capital Fund Program Grant No: WY15800950 Replacement Housing Factor Grant No: Date of CFPF:		FFY of Grant: 2009 FFY of Grant Approval: 2009	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 8/31/09 <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>1</sup>	Obligated	Expended
Signature of Executive Director		Date	Signature of Public Housing Director		Date
		9/15/2009			

Signature Page  
 2009 ARRA Stimulus Grant

<b>Part II: Supporting Pages</b>								
PHA Name: Fairmont Housing Authority WV009 AMP #WV009000001			<b>Grant Type and Number</b> Capital Fund Program Grant No: WV15S00950109 ARRA ARRA STIMULUS GRANT  CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2009</b>		
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 <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
9-3 Bldg. Facelift	Administration	1410	3	16,837	NA	16,837	.00	Construction
								Start Date 9/15/2009 120 Day Completion Period
								A&E completed Not yet billed
9-3 Bldg. Facelift	Fees & Costs (A&E)	1430	3	10,000	NA	10,000	.00	
9-3 Bldg. Facelift	Dwelling Structures	1460	3	243,528	NA	243,528	.00	
<b>TOTAL GRANT</b>				<b>270,365</b>		<b>270,365</b>		
<b>CONTRACT CALLS FOR 120 DAY COMPLETION PERIOD</b>								

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

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









**PART I: SUMMARY**

PHA Name/Number		Locality (City/County & State)				<input type="checkbox"/> Original 5-Year Plan	<input type="checkbox"/> Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY _____	Work Statement for Year 2 FFY _____	Work Statement for Year 3 FFY _____	Work Statement for Year 4 FFY _____	Work Statement for Year 5 FFY _____	
<b>B</b>	Physical Improvements Subtotal	Annual Statement					
C.	Management Improvements						
D.	PHA-Wide Non-dwelling Structures and Equipment						
<b>E</b>	<b>ADMINISTRATION</b>						
F.	Other						
G.	Operations						
H.	Demolition						
I.	Development						
J.	Capital Fund Financing – Debt Service						
K.	Total CFP Funds						
L.	Total Non-CFP Funds						
M.	Grand Total						



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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____			Work Statement for Year: _____ FFY _____		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE ANNUAL Statement					<b>XLI.</b>	
	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 _____ FFY _____			Work Statement for Year: _____ FFY _____		
	<b>Development Number/Name</b> General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
SEE					<b>XLIII.</b>	
ANNUAL						
Statement						
	Subtotal of Estimated Cost		\$	Subtotal of Estimated Cost		\$

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

Work Statement for Year 1 FFY _____	Work Statement for Year _____ FFY _____		Work Statement for Year: _____ FFY _____	
	Development Number/Name General Description of Major Work Categories	Estimated Cost	Development Number/Name General Description of Major Work Categories	Estimated Cost
SEE			<b>XLV.</b>	
ANNUAL				
Statement	<b>NA – HIGH PERFORMER</b>			
	Subtotal of Estimated Cost	\$	Subtotal of Estimated Cost	\$



Part I: Summary					
PHA Name: Fairmont Housing Auth. WV009		Grant Type and Number Capital Fund Program Grant No: WV15P00950109 Replacement Housing Factor Grant No: Date of CFFP:			FFY of Grant: 2009 FFY of Grant Approval:
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	47,727			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)	23,863			
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs	5,000			
8	1440 Site Acquisition				
9	1450 Site Improvement	39,500			
10	1460 Dwelling Structures				
11	1465.1 Dwelling Equipment—Nonexpendable	14,000			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities <sup>4</sup>				

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

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

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

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

Part II: Supporting Pages								
PIIA Name: Fairmont Housing Authority WV009		Grant Type and Number Capital Fund Program Grant No: WV15P00930109 CFP (Yes/No): Replacement Housing Factor Grant No:			Federal FY of Grant: 2009			
Development Number Name/PIIA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
HA Wide	Operations	1406	136	\$57,727				
HA Wide	Administration	1410	136	\$23,863				
HA Wide	Fees & Costs	1430	136	\$ 5,000				
HA Wide	Trim Trees	1450	136	\$ 4,000				
9-3	Landscaping	1450	1	\$ 4,000				
HA Wide	Concrete Upgrade	1450	136	\$ 7,000				
9-2	Asphalt Replacement	1450	1	\$20,000				
9-1	Bench Replacement	1450	2	\$ 4,500				
HA Wide	Brick Repair	1460	136	\$ 1,145				
HA Wide	Replace Crawl Space Vents	1460	22	\$ 4,400				
HA Wide	Replace Crawl Space Doors	1460	17	\$ 5,000				
HA Wide	Replace Exterior Doors	1460	6	\$ 2,500				
HA Wide	Replace porch lights	1460	25	\$ 1,000				
HA Wide	Kitchen Replacement	1460	6	\$24,000				
HA Wide	Bathroom Replacement	1460	1	\$ 5,000				
HA Wide	Replace Interior Doors	1460	30	\$ 2,500				
HA Wide	Floor Replacement	1460	5	\$10,000				
HA Wide	Apartment Renovation	1460	3	\$ 5,000				
HA Wide	Replace toilets / shower heads	1460	22	\$ 1,000				

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

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





Capital Fund Program—Five-Year Action Plan  
Fairmont Housing Authority - W0009

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

Part I: Summary						
PHA Name/Number		Locality (City/County & State)			Original 5-Year Plan	Revision No:
A.	Development Number and Name	Work Statement for Year 1 FFY 2009	Work Statement for Year 2 FFY 2010	Work Statement for Year 3 FFY 2011	Work Statement for Year 4 FFY 2012	Work Statement for Year 5 FFY 2013
B.	Physical Improvements Subtotal		\$114,000	\$114,045	\$114,045	\$114,045
C.	Management Improvements					
D.	PHA-Wide Non-dwelling Structures and Equipment					
E.	Administration		23,863	23,863	23,863	23,863
F.	Other		21,045	21,000	21,000	21,000
G.	Operations		47,727	47,727	47,727	47,727
H.	Unfunded					
I.	Development					
J.	Capital Fund Financing - Debt Service		32,000	32,000	32,000	32,000
K.	Total CFF Funds					
L.	Total Non-CFF Funds					
M.	Grand Total	\$238,635	\$238,635	\$238,635	\$238,635	\$238,635

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

Work Statement for Fiscal Year 2009	Work Statement for Year 2010			Work Statement for Year 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	
Assumed Statement	HAWide-Operations	136	\$ 7,737	HAWide-Operations	36	\$ 19,000	
	HAWide-Admin.	136	\$ 23,863	HAWide-Admin.	36	\$ 23,863	
	HAWide-Leas/Costa	136	\$ 1,000	HAWide-Leas/Costa	136	\$ 1,000	
	HAWide-Trim Trees	136	\$ 4,000	HAWide-Trim Trees	136	\$ 4,000	
	9-3 - Landscaping	1	\$ 4,000	9-3 - Landscaping	1	\$ 4,000	
	HAWide-Coverace	136	\$ 7,000	HAWide - Coverace	136	\$ 8,000	
	HAWide-Appaic	136	\$ 7,500	HAWide - Appaic	136	\$ 7,500	
	HAWide-Playgrounds	4	\$ 3,000	HAWide-Playgrounds	4	\$ 3,000	
	HAWide-Drain, Eiect	136	\$ 3,000	HAWide-Drain, Eiect	136	\$ 3,000	
	HAWide-Call./Shar	25	\$ 3,000	9-3 Window Repl.	50	\$ 20,000	
	HAWide-Brick Rep.	136	\$ 2,500	HAWide-Elct. Upgrd.	200	\$ 2,000	
	HAWide-Ext. Doors	7	\$ 3,000	HAWide-Brick Rep.	136	\$ 2,000	
	HAWide-Porch Lights	25	\$ 1,000	HAWide-Coverace	136	\$ 8,000	
	HAWide-Kitchen Rep.	3	\$ 24,000	HAWide-Int. Doors	60	\$ 6,000	
	HAWide-Web. Repl.	6	\$ 5,000	HAWide-Ext. Doors	3	\$ 3,000	
	HAWide-Int. Doors	30	\$ 3,000	HAWide-Kitchen Rep.	7	\$ 20,000	
	HAWide-Fluo. Repl.	10	\$ 20,000	HAWide-Bath. Repl.	11	\$ 10,000	
	HAWide-Cutter Rep.	6	\$ 24,000	HAWide-Fluo. Repl.	3	\$ 3,000	
	HAWide-Equip. Repl.	55	\$ 16,000	HAWide-Foli./Smer. Rep	25	\$ 3,000	
	9-3-Handic Nap	2	\$ 12,000	HAWide-Cutter Rep.	4	\$ 3,000	
Subtotal of Estimated Cost			\$ 238,535	9-3 Handic Nap Subtotal of Estimated Cost			\$ 12,000
							\$ 238,535





# Fairmont & Morgantown Housing Authorities

102 Twelfth Street  
P.O. Box 2738  
Fairmont, WV 26555-2738  
PH (204) 362-0960 • FAX (304) 266-0169

Morgantown:  
(304) 291-1660

Morgantown Taylor & Preston Corridor:  
(304) 437-7464

## RESOLUTION

### 2009 CAPITAL FUND PROGRAM

*It is hereby resolved that on Wednesday, September 9, 2009 the Board of Commissioners of the Fairmont Housing Authority (WV009), Fairmont, WV 26555-2738 voted by phone to accept the 2009 Capital Program Funds (WV15P00950109) in the amount of \$238,635.*

*Be it further resolved that the Board of Commissioners of Fairmont Housing Authority declares that the approved funds shall be obligated and expended in accordance with HUD guidelines and regulations.*



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\_\_\_\_\_

*George Johnston, Chairperson*

*September 9, 2009*



## ATTACHMENT ONE

### PROPOSAL TO AMMEND ADMIN POLICY TO ADDRESS COST-SAVING MEASURES Section 8 Department

1. The Section 8 Department requests permission from the Board to initiate interim adjustments for all changes in income resulting in either a decrease (currently being done), or an increase in the tenant's share of rent. Such increases to tenant rent will be initiated on the 1<sup>st</sup> day of the 2<sup>nd</sup> month, after the increase in income has been verified, unless the tenant's report of the increase causes an untimely delay in the increase. In this case the increase would take place at the time that it would have if the report had been timely.
2. The Section 8 Department request permission to reduce the current payment standard percentage of the (FMR) published Fair Market Rent, to below the current 109% of FMR, as market rates demand for the census tract being considered.
3. The Section 8 Department requests permission to initiate the following refinements to the Rent Reasonableness criteria to insure more appropriate rents for units being leased under the Housing Voucher Program:

The Housing Authority will not approve an initial rent or a rent increase in any of the tenant-based programs without determining that the rent amount is reasonable. Reasonableness is determined prior to the initial lease and at the following times:

- A. Before any increase in rent to owner is approved;
- B. If 60 days before the contract anniversary date there is a 5% decrease in the published FMR as compared to the previous FMR; and
- C. If the Housing Authority or HUD directs that reasonableness be re-determined.

- D. The Housing Authority may also determine rent reasonableness at any other time, as when an inspection reveals a significant change in the condition of the rental unit.

In making a rent reasonableness determination, the Housing Authority will compare the rent for the assisted unit to the rent of comparable units in the same or comparable neighborhoods. The Housing Authority will consider the location, quality, size, number of bedrooms, age, amenities, housing services, maintenance and utilities of the unit and the comparable units.

**Detail:**

**Deductions for age will be as follows:**

**No deduction**

<b>1990-2000</b>	<b>25.00</b>
<b>1980-1990</b>	<b>50.00</b>
<b>1970-1980</b>	<b>60.00</b>
<b>1960-1970</b>	<b>70.00</b>
<b>1960 and older</b>	<b>100</b>

**Credits for painting, renovation (for initial lease-ups only) will be as follows:**

<b>Total renovation within past 12 months</b>	<b>50.00</b>
<b>Total painting interior within past 6 months</b>	<b>25.00</b>
<b>Total painting interior/exterior within past 6 months</b>	<b>50.00</b>

**\*\* Depending on quality of work.**

**\*\*\*For requests for rent increases on existing units 10% of the above figures may be approved in rent reasonableness calculations.**

**Deduction for location will be made as follows:**

<b>5 miles from City Limits</b>	<b>10.00 (with public transportation—5.00)</b>
<b>10 miles from City Limits</b>	<b>20.00 (with public transportation—10.00)</b>

## ATTACHMENT TWO

### PROPOSAL FOR POLICY CHANGES TO BE EFFECTIVE 2009-2010 Section 8 Department

- I. Reasonable Accommodation (Please see separate Policy)
- II. Termination of existing contracts due to Insufficient Funding (24 CFR 982.454)
  - A. The PHA may terminate HAP contracts if the PHA determines, in accordance with HUD requirements, that funding under the consolidated ACC is insufficient to support continued assistance for families on the program.
    1. The PHA will determine whether there is sufficient funding to pay for currently assisted families. If the PHA determines there is a shortage of funding, prior to terminating any HAP contract, the PHA will determine if any other actions can be taken to reduce programs costs. If after implementing all reasonable cost cutting measures there is not enough funding available to provide continued assistance for current participants, the PHA will terminate HAP contracts as a last resort.
    2. Prior to terminating any HAP contracts, the PHA will inform the local HUD field office. The PHA will terminate the minimum number needed in order to reduce HAP costs to a level within the PHA's annual budget authority.
    3. If the PHA must terminate HAP contracts due to insufficient funding, the PHA will do so in accordance with the following criteria and instructions:
      - a. Vouchers that have been issued but not used will be held in priority to families still on the waiting list, but not issued. Contact will be attempted first with families that have submitted an RFLA, then with families that have not submitted an RFLA. If at least sixty (60) days have past since income was verified, the income will be reverified. If at lease thirty (30) have passed since the prospective unit has been inspected a new inspection will be needed.
      - b. Existing contracts will be terminated in the following order.
        - Non-elderly, non-disabled single member households
        - Non-elderly, non-disabled single member households with no children under the age of 18

- Non-elderly, non-disabled single member households with children under the age of 18
- Elderly and disabled families.

- c. Within the above categories the families will be removed in the order of last on, first off.
  - All households of each category will be removed prior to moving to the next category.

III. Handling of all paperwork related to initial and continued leasing of assisted units.

- A. The landlord will personally be responsible for the delivery of executed contracts and leases related to the assisted unit.
- B. In the event of an untimely delivery of contracts, leases, RFLA's, and other necessary forms related to rental of the assisted unit, any loss will be the responsibility of the landlord. Contracts must be executed within sixty (60) days.

IV. Use of HQS-fail items for which the landlord is responsible as a means of causing the termination of contracts for certain tenants.

A. The PHA is aware of, and views as discriminatory the practice of refusing to affect repairs as an expedient means of terminating existing contracts with certain tenants, if it is otherwise within the ability of the landlord to affect those repairs. The following criteria will be used to establish a pattern of this practice which, if established will lead to termination of existing contracts, and refusal to enter into future contracts with landlords, owners, or the agents of landlords or owners who are engaging in this practice:

1. Refusal to affect repairs for families due to age, race, color, religion, sex, disability, national origin, familial status, or any other reason that may be proven as discriminatory; when it is within the landlord's ability to do so in a timely manner; and while demonstrating the ability to affect the same types of repairs for other families.
2. Willingness to affect repairs of similar cost and effort, for certain families, above other families, regardless of the above criteria, within the same time period, within the same unit or complex, or in another unit or complex.
3. Failure to request an extension on repairs for certain households—as described above, while requesting extensions for other families.
4. Other similar practices, not mentioned above may also give evidence of discriminatory practices of the nature stated above.

## **ATTACHMENT THREE**

### **REASONABLE ACCOMMODATION POLICY AND SAMPLES OF REASONABLE ACCOMMODATION METHODS**

#### **FAIRMONT/MORGANTOWN HOUSING AUTHORITIES REASONABLE ACCOMMODATION POLICY AND PROCEDURES**

#### **POLICY STATEMENT**

Fairmont/Morgantown Housing Authorities (FMHA) is committed to ensuring that its policies and procedures do not deny individuals with disabilities the opportunity to participate in, or benefit from, nor otherwise discriminate against individuals with disabilities, on the basis of disability, in connection with the operations of the FMHA programs, services, and activities. Therefore, if an individual with a disability requires an accommodation such as an accessible feature or modification to a FMHA policy, FMHA will provide such accommodation unless doing so would result in a fundamental alteration in the nature of the program; or an undue financial and administrative burden. In such a case, the FMHA will make another accommodation that would not result in a financial or administrative burden.

A reasonable accommodation is a change, modification, alteration or adaptation in policy, procedure, practice, program, or facility that provides a qualified individual with a disability the opportunity to participate in, or benefit from, a program (housing or non housing) or activity.

FMHA will post a copy of this Reasonable Accommodation Policy and Procedures in the Central Administrative Offices located in Fairmont, WV. In addition, individuals may obtain a copy of this Reasonable Accommodation Policy and Procedures, upon request, from the FMHA Section 504/ADA Coordinator.

#### **LEGAL AUTHORITY**

The FMHA is subject to Federal rights and regulations. This Reasonable Accommodation Policy is based on the following statutes or regulations. See Section 504 of the Rehabilitation Act of 1973 (Section 504)<sup>1</sup>; Title II of the Americans with Disabilities Act of 1990 (ADA)<sup>2</sup>; the Fair Housing Act of 1968, as amended (Fair Housing Act)<sup>3</sup>; the Architectural Barriers Act of 1968<sup>4</sup>, and the respective implementing regulations for each Act.

- 
- 1 29 U.S.C. Paragraph 794; 24C.F.R. Part 8
  - 2 42 U.S.C. Paragraphs 12101 *et seq.*
  - 3 42 U.S.C. Paragraphs 3601-20; 24 C.F.R. Part 100.
  - 4 42 U.S.C. Paragraphs 4151-4157



## **MONITORING AND ENFORCEMENT**

The FMHA Section 504/ADA Coordinator is responsible for monitoring FMHA compliance with this Policy. Individuals who have questions regarding this Policy, its interpretation or implementation should contact FMHA Section 504/ADA Coordinator in writing, by telephone, or by appointment, as follows:

**Section 504/ADA Coordinator: Assistant Director**  
**Fairmont/Morgantown Housing Authority**  
**103 12<sup>th</sup>. Street**  
**P.O. Box 2738**  
**Fairmont, WV 26554-2738**

**Telephone - (304) 363-0860 ext. 103**  
**Dedicated Toll-Free Telephone Number – 1-800-637-7464**  
**Facsimile Number – (304) 366-0469**

## **STAFF TRAINING**

The Section 504/ADA Coordinator will ensure that all appropriate FMHA staff receive annual training on the Reasonable Accommodation Policy and Procedures, including all applicable Federal, state and local requirements regarding reasonable accommodation.

## **REASONABLE ACCOMMODATION**

A person with a disability may request a reasonable accommodation at any time during the application process, residency in public housing, or participation in the Housing Choice Voucher and Moderate Rehabilitation Programs of FMHA. The individual, FMHA staff or any person identified by the individual, must reduce all requests to writing.

Reasonable accommodation methods or actions that may be appropriate for a particular program and individual may be found to be inappropriate for another program or individual. The decision to approve or deny a request for a reasonable accommodation is made on a case-by-case basis and takes into consideration the disability and the needs of the individual as well as the nature of the program or activity in which the individual seeks to participate.

## **APPLICATION OF REASONABLE ACCOMMODATION POLICY**

The Reasonable Accommodation policy applies to individuals with disabilities in the following programs provided by the FMHA:

- (a) Applicants of public housing;
- (b) Applicants of all Housing Choice Voucher and Moderate Rehabilitation Programs;
- (c) Residents of public housing developments;
- (d) Participants of the Housing Choice Voucher and Moderate Rehabilitation Programs; and
- (e) Participants in all other programs or activities receiving Federal financial assistance that are conducted or sponsored by the FMHA, its agents or contractors including all non-housing facilities and common areas owned or operated by the FMHA.

## **PERSONS WITH A DISABILITY**

A person with a disability means an individual who has a physical or mental impairment that substantially limits one or more major life activities. As used in this definition, the phrase “physical or mental impairment” includes:

- (a) 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; genitor-urinary; hemic and lymphatic; skin; and endocrine; or
- (b) 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, and drug addiction.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing and learning.

The definition of disability does not include any individual who is an alcoholic whose current use of alcohol prevents the individual from participation in the public housing program or activities; or whose participation, by reason of such current alcohol abuse, would constitute a direct threat to property or the safety of others.

## **EXAMPLES OF REASONABLE ACCOMMODATIONS** <sup>5</sup>

Examples of reasonable accommodations may include, but are not limited to:

- (a) Making a unit, part of a unit or public and common use element accessible for the head of household or a household member with a disability who is on the lease;
- (b) Permitting a family to have a service or assistance animal necessary to assist a family member with a disability;
- (c) Allowing a live-in aide to reside in an appropriately sized FMHA unit.

<sup>5</sup> FMHA will also provide as an attachment to the Reasonable Accommodation Policy, its “Examples of Reasonable Accommodations”, approved by the U.S. Department of Housing and Urban Development.

- (d) Transferring a resident to a larger size unit to provide a separate bedroom for a person with a disability;
- (e) Transferring a resident to a unit on a lower level or a unit that is completely on one level;
- (f) Making documents available in large type, computer disc or Braille;
- (g) Providing qualified sign language interpreters for applicant or resident meetings with FMHA staff; or at resident meetings.
- (h) Installing strobe type flashing lights and other such equipment for a family member with a hearing impairment;
- (i) Permitting an outside agency or family member to assist a resident or an applicant in meeting screening criteria or meeting essential lease obligations;
- (j) Permitting requests for extensions of Housing Choice Vouchers if there is a difficulty in locating a unit with suitable accessible features or otherwise appropriate for the family; and
- (k) As a reasonable accommodation for a family member with a disability, approving a request for exception payment standard amounts under the Housing Choice Voucher Program in accordance with 24 C.F.R. paragraphs 8.28 and 982.504 (b)(2).

## **PROCESSING OF REASONABLE ACCOMMODATION REQUESTS**

The FMHA will provide the “Request for Reasonable Accommodation”, (“Request Form”), attached hereto, to all applicants, residents or individuals with disabilities who request a reasonable accommodation. The Reasonable Accommodation Request Form includes various forms of reasonable accommodations as well as the general principles of reasonable accommodation.

Individuals may submit their reasonable accommodation request(s) in writing, orally, or by any other equally effective means of communication. However, the FMHA will ensure that all reasonable accommodation requests will be reduced to writing. If

needed as a reasonable accommodation, the FMHA will assist the individual in completing the Request Form.

- (a) The FMHA will provide all applicants with the Request Form as an attachment to the FMHA application. The Request for Reasonable Accommodation Form must be provided in an alternative format, upon request.
- (b) Reasonable Accommodations will be made for applicants during the application process. All applications must be taken in an accessible location. Applications will be made available in accessible formats. FMHA will provide applicants with appropriate auxiliary aids and services, including qualified sign language interpreters and readers, upon request.
- (c) FMHA will provide all residents with the Request Form during the annual re-certification, and upon request. The FMHA will provide the Request Form in an alternate form, upon request.
- (d) Residents seeking accommodation(s) may contact the housing management office. In addition, residents may also contact the Section 504/ADA Coordinator's office directly to request the accommodation(s).
- (e) Within seven (7) business days of receipt, the housing management office will forward the resident's reasonable accommodation request(s) to the Office of the Section 504/ADA Coordinator.
- (f) Within twenty (20) business days of receipt, the Office of the Section 504/ADA Coordinator will respond to the Resident's Request.
- (g) If additional information or documentation is required, the Section 504/ADA Coordinator will notify the resident, in writing, of the need for the additional information or documentation. The Section 504/ADA Coordinator will provide the resident with the "Request for Information or Verification Form" ["Request for Information"], a copy of which is attached. The written notification should provide the resident with a reply date for submission of the outstanding information or documentation.
- (h) Within thirty (30) business days of receipt of the request and, if necessary, all supporting documentation, FMHA will provide written notification to the resident of its decision to approve or deny the resident's request(s). Upon request, the written notification will be provided in an alternate format. A copy of the "Letter Denying Request for Reasonable

Accommodation(s) and “Letter Approving Request for Reasonable Accommodations(s)” are attached.

- (i) If FMHA approves the accommodation request(s), the resident will be notified of the projected date for implementation.
- (j) If the accommodation is denied, the resident will be notified of the reasons for denial. In addition, the notification of the denial will also provide the resident with information regarding FMHA’s HUD-approved Grievance Procedures.
- (k) All recommendations that have been approved by the ADA/504 Coordinator will be forwarded to the appropriate housing manager for implementation. All requests for reasonable accommodation that are approved by the housing manager will promptly be implemented or begin the process of implementation.

### **VERIFICATION OF REASONABLE ACCOMMODATION REQUEST**

FHMA may request documentation of the need for a Reasonable Accommodation as identified on the Request for Reasonable Accommodation Form. In addition, FMHA may request that the individual provide suggested reasonable accommodations.

The FMHA may verify a person’s disability only to the extent necessary to ensure that individuals who have requested a reasonable accommodation have a disability-based need for the requested accommodation.

However, FMHA may not require individuals to disclose confidential medical records in order to verify a disability. In addition, the FMHA may not require specific details regarding the individual disability. The FMHA may only request documentation to confirm the disability-related need(s) for the requested reasonable accommodation(s). The FMHA may not require the individual to disclose the specific disability(ies); or the nature or extent of the individual’s disability(ies).

The following may provide verification of the residents disability and the need for the requested accommodation(s):

- (a) Physician;
- (b) Licensed health professional;
- (c) Professional representing a social service agency; or
- (d) Disability agency or clinic.

Upon receipt, the resident’s Property Manager will forward the recommendation, including all supporting documentation, to the FMHA’s Section 504/ADA Coordinator within seven (7) days of receipt.

## **DENIAL OF REASONABLE ACCOMMODATION REQUEST(S)**

Requested accommodations will not be approved if one of following would occur as a result:

- (a) A violation of State and/or federal law;
- (b) A fundamental alteration in the nature of the FMHA public housing program;
- (c) An undue financial and administrative burden on FMHA;
- (d) A structurally infeasible alteration; or
- (e) An alteration requiring the removal or alteration of a load-bearing structural member;

## **TRANSFER AS REASONABLE ACCOMMODATION**

FMHA shall not require a resident with a disability to accept a transfer in lieu of providing a reasonable accommodation. However, if a public housing resident with a disability requests dwelling unit modifications that involve structural changes, including, but not limited to widening entrances, rooms, or hallways, and there is a vacant comparable, appropriately sized UFAS-compliant unit in that resident's project or an adjacent project FMHA may offer to transfer the resident to the vacant unit in his/her project or adjacent project in lieu of providing structural modifications. However, if that resident rejects the proffered transfer or voucher, FMHA shall make modifications to the resident's unit unless doing so would be structurally impracticable or would result in an undue financial and administrative burden.

If the resident accepts the transfer, FMHA will work with the resident to obtain moving expenses from social service agencies or other similar sources. If that effort to obtain moving expenses is unsuccessful within thirty (30) days of the assignment of the dwelling unit, FMHA shall pay the reasonable moving expenses, including utilities fees and deposits. Nothing contained in this paragraph is intended to modify the terms of FMHA's Tenant and Assignment Plan and any resident's rights thereunder.

## **HOUSING CHOICE VOUCHER AS REASONABLE ACCOMMODATION**

- (1) When issuing a voucher as an accommodation, FMHA must include a list of current available accessible units known to FMHA, upon request. FMHA will also provide search assistance. FMHA may also partner with a qualified, local disability organization to assist the resident or applicant with the search for available, accessible housing. See 24 C.F.R. paragraph 8.28.
- (2) Extensions beyond the maximum term of one hundred eighty (180) days are available as a reasonable accommodation to eligible individuals with disabilities. These extensions are subject to documentation that a diligent

effort to locate a unit has been conducted considering any impediments to searching because of a family member's disability.

- (3) FMHA may, if necessary as a reasonable accommodation for an individual with a disability, approve a family's request for an exception payment standard amount un the Housing Choice Voucher Program so that the program is readily accessible to and usable by individuals with disabilities. See 24 C.F.R. paragraphs 8.28 and 982.504(b)(2).
- (4) Upon request by an applicant, participant, or their representative, FMHA will ask HUD Field Office for an exception payment standard up to 120% of the Fair Market Rent (FMR). However, the applicant, participant or the representative, must provide documentation of the need for the exception payment standard to FMHA.
- (5) In exceptional cases, FMHA may ask the Assistant Secretary for Public and Indian Housing of HUD for an exception payment standard amount over 120% of the FMR, provided the applicant, participant or the representative provides the appropriate supporting documentation.

### **SERVICE OR ASSISTANCE ANIMALS**

Residents of FMHA with disabilities are permitted to have assistance animals, if such animals are necessary as a reasonable accommodation for their disabilities. FMHA residents or potential residents who need an assistance animal as a reasonable accommodation must request the accommodation in accordance with the reasonable accommodation policy. Assistance animals are not subject to the requirements of FMHA Pet Policy.

### **RIGHT TO APPEAL/GRIEVANCE PROCESS**

- (1) The public housing applicant or resident may file a complaint in accordance with FMHA's HUD-approved Grievance Procedure following a formal determination by the FMHA's ADA/504 Coordinator.
- (2) The Housing Choice Voucher and Moderate Rehabilitation Program participant and applicant complainant may file a complaint in accordance with FMHA's HUD-Approved Grievance Procedure following a formal determination by the FMHA's ADA/504 Coordinator.

(3) An applicant or resident may, at any time, exercise their right to appeal a FMHA decision through the local HUD office or the U.S. Department of Justice. Individuals may contact the local HUD office at:

U.S. Department of Housing and Urban Development  
Baltimore HUB Office  
City Crescent Building, Fifth Floor  
10 South Howard Street  
Baltimore, MD 21201-2525  
Telephone: (410) 962-2520  
Facsimile: (410) 209-6678

**FAIRMONT/MORGANTOWN HOUSING AUTHORITIES  
REQUEST FOR REASONABLE ACCOMMODATION**

You may utilize this form to request that the FMHA provide a reasonable accommodation to you, or any member of your household who has a disability, so that you or a member of your household may utilize your residence, or any of the FMHA's facilities, programs or services.

For purposes of this form, please refer to the attached "Reasonable Accommodation Policy" to determine whether you are a "qualified individual with a disability".

If you would like to request a reasonable accommodation on behalf of yourself or a member of your household, please complete this form. You must date and sign your name at the bottom of this form and return the form to the property manager's office. If you need assistance in understanding whether you or a member of your household is a "qualified individual with a disability" or if you need assistance in completing this form, please contact your local property management office or the FMHA's Section 504/ADA Coordinator.

\_\_\_\_\_  
Date of Request

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Name of Applicant/Resident Participant

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip Code

1. I am requesting the following reasonable accommodation(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. I am requesting the reasonable accommodation(s) on behalf of: (name): \_\_\_\_\_  
\_\_\_\_\_

3. My reason(s) for requesting this reasonable accommodation: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. A physician, licensed health care professional, professional representing a social service agency, disability agency or clinic may provide verification of your disability.

You may request a physical modification to your current unit or a transfer to a unit that has been previously modified [in your development or another development]. The FMHA will work with you to determine how to fulfill your reasonable accommodation request. The FMHA may require documentation to support your reasonable accommodation request(s). Please indicate which option you prefer:

\_\_\_\_\_ I wish to have modifications made to my current unit only

\_\_\_\_\_ I would consider moving to a unit that is currently modified, but only within my current development.

\_\_\_\_\_ I would consider moving to a unit that is currently modified, even in another development.

\_\_\_\_\_  
Signature of Applicant/Resident/Participant

\_\_\_\_\_  
Date

**FAIRMONT/MORGANTOWN HOUSING AUTHORITIES  
VERIFICATION OF DISABILITY**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Dear Resident/Applicant:

You have indicated that you, or a member of your household, need a reasonable accommodation because of a disability in connection with a FMHA residence, facility, program or service. A physician, licensed health care professional, or a professional representing a social service agency or disability agency or clinic may verify this information.

Please take this letter, the attached Authorization for Release of Information and the enclosed pre-addressed envelope to your health care provider or other appropriate individual, clinic or agency.

The FMHA will use this information to evaluate your request for a reasonable accommodation. The FMHA will keep this information confidential. If you choose not to authorize the release of this information, we may not be able to consider your reasonable accommodation request(s).

**MODIFICATION/ACCOMMODATION REQUESTED:**

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**FAIRMONT/MORGANTOWN HOUSING AUTHORITIES  
AUTHORIZATION FOR RELEASE OF INFORMATION  
REGARDING REASONABLE ACCOMMODATION(S) REQUEST**

**RE; Household member with disability:**\_\_\_\_\_

I hereby authorize **[Insert name of health care provider or other appropriate documenting authority]** to consult with representatives of the FMHA, in writing, concerning the physical or mental impairment (s) that I assert to qualify as a individual with a disability for the sole purpose of this reasonable accommodation request.

I hereby authorize the release of information to the FMHA regarding the request for reasonable accommodation described on this form. This release shall constitute a limited authorization for the release of information, as described below.

**This Authorization solely authorizes the release of information necessary to verify the following;**

- 1. Documentation necessary to verify that the above-named individual meets the definition of a ‘qualified individual with a disability’ as defined below;**
- 2. A description of the needed reasonable accommodation(s); and,**
- 3. A description of the identifiable relationship between the individual’s disability and the requested reasonable accommodation(s)**

For purposes of this Release, a “Qualified Individual With a Disability” is defined as a person who has a physical or mental impairment that:

1. Substantially limits one or more major life activities
2. Has a record of such an impairment
3. Is regarded as having an impairment

“A Physical or Mental Impairment” is defined as:

1. Any physiological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems including, but not limited to: neurological, musculoskeletal, special sense organs, respiratory, and speech organs; **or**
2. Any mental or psychological disorder, such as mental retardation, organic brain syndrome, emotional or mental illness and specific learning disabilities.

Documentation released as a result of this Authorization shall be kept confidential and the term “Physical or Mental Impairment” includes, but is not limited to, such diseases and conditions as visual, speech and hearing impairments, epilepsy, multiple sclerosis, cancer, etc.

“Major Life Activities” include 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 (mental or physical)” means has a history of, or has been misclassified as having, a mental or physical that substantially limits one or more major life activities.

“Is Regarded as Having an Impairment” means

1. Has a physical or mental impairment that does not substantially limit one or more major life activities, **but** is treated by a recipient as constituting such a limitation.
2. Has a physical or mental impairment that substantially limits one or more major life activities **only as a result of** the attitudes of others toward the impairment.
3. Has none of the impairments defined by Section 504’s definition of “physical or mental impairment, **but** is treated by a recipient as having such an impairment.

In addition, I authorize **[Insert name of health provider or other appropriate documenting authority]** to provide only documentation that is necessary to verify that I meet the definition of a “Qualified Individual with a Disability,” as defined above. This Authorization For Release of Information should only seek information that is necessary to determine if the requested reasonable accommodation is needed because of a disability.

This Authorization does **not** authorize the FMHA to examine my medial records, including diagnosis or test results(s); nor does this authorize the release of detailed information about the nature or severity of my disability. Any information or will not be shared with anyone unless required to make or assess a decision to grant or deny a reasonable accommodation request.

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Name of Family Member/Parent/Legal Guardian [Print]

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Signature

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Relationship to Resident

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Date

**PLEASE PROVIDE THE FOLLOWING INFORMATION:**

(1) Name of Health Care Provider/Documenting Authority:

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(2) Address of Health Care Provider/Documenting Authority:

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(3) Telephone Number of Health Care Provider/Documenting Authority:

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(4) Facsimile Number of Health Provider/Documenting Authority:

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**FAIRMONT/MORGANTOWN HOUSING AUTHORITIES  
APPROVAL OF REQUEST FOR REASONABLE ACCOMMODATION**

Date: \_\_\_\_\_

To: **[Provide Applicant/Resident's name & Address]**

Dear Applicant or Resident:

We have received and approved your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**.

\* \_\_\_\_\_ We will provide you with the requested accommodation(s) by **[date]**.

\* \_\_\_\_\_ Although we have approved your request, we will not be able to complete your accommodations until **[date]** due to **[describe the reason(s) for the delay.]**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions regarding this matter, please contact this office.

**Section 504/ADA Coordinator: Assistant Director  
Fairmont/Morgantown Housing Authority  
103 12<sup>th</sup>. Street  
P.O. Box 2738  
Fairmont, WV 26554-2738**

**Telephone - (304) 363-0860 ext. 103  
Dedicated Toll-Free Telephone Number – 1-800-637-7464  
Facsimile Number – (304) 366-0469**

If you think that this change or modification is not what you requested; if this is unacceptable; or, if you object to the length of time it will take to provide your request, you may contact the FMHA Section 504 Coordinator at :

**Name of Section 504/ADA Coordinator: Assistant Director  
Fairmont/Morgantown Housing Authority  
103 12<sup>th</sup>. Street  
P.O. Box 2738  
Fairmont, WV 26554-2738  
Telephone - (304) 363-0860 ext. 103  
Dedicated Toll-Free Telephone Number – 1-800-637-7464  
Facsimile Number – (304) 366-0469**

In addition, you may exercise your right to appeal a FMHA decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development  
Baltimore HUB Office  
City Crescent Building, Fifth Floor  
10 South Howard Street  
Baltimore, MD 21201-2525  
Telephone; (410) 962-2520  
Facsimile: ( 410) 209-6678

Sincerely,

Name/Title

**FAIRMONT/MORGANTOWN HOUSING AUTHORITIES  
DENIAL OF REQUEST FOR REASONABLE ACCOMMODATION**

Date: \_\_\_\_\_

To: **[Provide Applicant/Resident’s Name & Address]**

Dear Applicant or Resident:

We have received your request for reasonable accommodation. Specifically, you requested **[describe specific accommodation request(s)]**. Following our review of your request we have denied your request for the following reason(s):

\* \_\_\_\_\_ You do not meet the definition of a “qualified individual with a disability” as explained in the “Reasonable Accommodation Policy” and therefore, we are not required to provide you with a reasonable accommodation.

\* \_\_\_\_\_ We have determined that your request is not “reasonable” for the following reasons: **[describe specific basis for unreasonable determination]** \_\_\_\_\_

\_\_\_\_\_

\* \_\_\_\_\_ Your requested accommodation is structurally infeasible for the following reasons: **[describe reasons for structural infeasibility determination]**

\_\_\_\_\_

\_\_\_\_\_

\* \_\_\_\_\_ Your requested accommodation would result in a fundamental alteration in the nature of our program for the following reasons: **[describe reasons for the fundamental alteration determination.]** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\* \_\_\_\_\_ Your requested accommodation would result in an undue financial and administrative burden for the FMHA for the following reasons: **[describe reasons for undue financial and administrative burden determination.]**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Although we were unable to approve your specific reasonable accommodation request(s), we would like to meet with you to discuss an equally effective accommodation that may meet your needs. You may bring a friend, advocate or attorney with you to meet with us. We would like to meet with you on **[insert date, time and location, including address, of proposed meeting.]** If you are unable to meet with us at this scheduled time, please contact our office at (304) 363-0860 ext. 103 to reschedule a mutually convenient date and time for the meeting

If you disagree with our decision, you may contact FMHA Section 504/ADA Coordinator at:

**Section 504/ADA Coordinator: Assistant Director  
Fairmont/Morgantown Housing Authority  
103 12<sup>th</sup>. Street  
P.O. Box 2738  
Fairmont, WV 26554-2738**

**Telephone - (304) 363-0860 ext. 103  
Dedicated Toll-Free Telephone Number – 1-800-637-7464  
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In addition, you may exercise your right to appeal a FMHA decision through your local HUD office or the U.S. Department of Justice. You may contact the local HUD office at:

U.S. Department of Housing and Urban Development  
Baltimore HUB Office  
City Crescent Building, Fifth Floor  
10 South Howard Street  
Baltimore, MD 21201-2525  
Telephone: (410) 962-2520  
Facsimile: (410) 209-6678

Sincerely

Name/Title

**FMHA**  
**EXAMPLES OF REASONABLE ACCOMMODATION METHODS**

The following list of reasonable accommodation methods are examples of modifications that may constitute reasonable accommodations for individual FMHA residents. These accommodations may not necessarily be “reasonable” for all individuals. In addition, each accommodation may not be available to every resident in every unit and/or in every development.

Section 504 states that the design, construction or alteration of buildings in conformance with paragraphs 3-8 of the Uniform Federal Accessibility Standards (UFAS), Appendix A to 24 C.F.R. paragraph 40, shall be deemed to comply with the requirements of 24 C.F.R. paragraphs 8.21; 8.22; 8.23 and 8.25. However, the UFAS citations noted below are provided as a reference to assist in providing a reasonable accommodation and are not intended to govern every request for a modification. In order to meet the individual’s specific disability-related need(s), the FMHA may need to deviate from the UFAS. In addition, the reference to a UFAS section does not require all elements in that section to be made accessible. Rather, only the specific reasonable accommodation item requested is required to be accessible per the needs of the individual requesting the reasonable accommodation.

However, some modifications may not be structurally feasible in all units or all developments; in addition, some modifications may represent an undue financial and administrative burden. In such situations, the requirement to provide a reasonable accommodation is not alleviated, but must be provided by some other means such as transferring a family with a disabled member to a unit/development where the reasonable accommodation can be provided; or, offering a Housing Choice voucher if such a unit would address the reasonable accommodation(s) requested. Nevertheless, FMHA will work with each qualified resident with a disability who requests a reasonable accommodation in order to identify a reasonable, effective and appropriate accommodation.

6

**Common Areas –**

- \* Add edge protection to ramps and ramp landings with drop-offs
  - \* Widen doors
  - \* Provide accessible, lever-type door hardware
  - \* Re-hang door to lay flat against a wall when opened
  - \* Re-hang door to swing outward instead of into the accessible space
  - \* Provide accessible or adjustable closet rods and shelves
  - \* Provide lever faucets in public restrooms
  - \* Provide grab bars in public restrooms
  - \* Provide accessible toilets in public restrooms
  - \* Lower mirrors in public restrooms
-

6 Common Areas include, but are not limited to: FMHA offices, community room; senior center; meeting room; mail room; laundry room; trash disposal; and, day care facilities.

- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments.
- \* Provide visual alarms for individuals who are deaf or hard of hearing.
- \* Provide accessible cabinets and countertops in public kitchens.
- \* Provide accessible appliances [i.e. refrigerator, oven, stove] in public kitchens.

7

### **Elevators –**

- \* Elevators shall be located on an accessible route
- \* Residential or fully enclosed wheelchair lifts may be used, when appropriate, and when approved by local administrative authorities. See UFAS paragraphs 4.10.1; 4.11

8

### **Building Entrances and Accessible Routes -**

- \* Accessible signage;
- \* Add edge protection to ramp landings with drop-offs
- \* Widen doors
- \* Provide accessible, lever-type door hardware
- \* Re-hang door to lay flat against a wall when opened
- \* Re-hang door to swing outward instead of into the accessible space
- \* Add or adjust door closures
- \* Provide lever faucets in public restrooms
- \* Provide grab bars in public restrooms
- \* Provide accessible toilets in public restrooms
- \* Lower mirrors in public restrooms
- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- \* Provide visual alarms for individuals who are deaf or hard of hearing
- \* Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- \* Provide an accessible route into a building

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7 Accessible elevators shall be on an accessible route and shall comply with UFAS paragraph 4.10 and with the American National Standard Safety Code for Elevators, Dumbwaiters, Escalators and Moving Walks, ANSI A17.1-1978 and A17.1a-1979. See UFSA paragraph 4.10; Figures 20, 22 and 23. An “accessible route” is a continuous, unobstructed UFAS-compliant path as prescribed in 24 C.R.F. paragraphs 8.3 and 8.32 and UFAS paragraph 4.3.

8 At least one (1) accessible route complying with UFAS paragraph 4.3 shall be provided within the boundary of the site from public transportation stops, accessible parking spaces, passenger loading zones, if provided, and public streets or sidewalks to an accessible building entrance. See UFAS paragraphs 4.1.1(1); 4.3. In addition, UFAS requires that at least on (1) accessible route complying with UFAS paragraph 4.3 shall connect accessible building or facility entrances with all accessible spaces and elements within the building or facility. See UFAS paragraphs 4.1.2(1); 4.3

### **Trash Disposal Facilities –**

- \* Provide accessible route into and through trash disposal facilities.

### **Laundry Facilities –**

\* Provide accessible route into and through common-use laundry facilities. Provide at least one (1) front loading washer and one (1) front-loading dryer in public-use laundry facilities<sup>9</sup>; or, provide an equally effective accommodation such as the provision of a front-loading washer and dryer in resident’s unit.

### **Mail Delivery/Mail Boxes –**

\* Provide accessible route into and through mail boxes/mail facilities. Provide mailbox at lower height, upon request.<sup>10</sup>

### **Apartment Entrance and Interior Doors –**

- \* Widen Doors
- \* Provide accessible, lever-type door hardware
- \* Re-Hang door to lay flat against a wall when opened
- \* Re-Hang door to swing outward instead of into the accessible space
- \* Add or adjust door closure speed
- \* Adjust door opening force required for pushing/pulling the door
- \* Provide lower peep holes or “telescope” peep holes
- \* Provide visual door knocker for individuals with hearing impairments
- \* Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- \* Provide ramp from accessible route to accessible entrance into unit

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<sup>9</sup> If laundry equipment is provided within individual dwelling units, or if separate laundry facilities serve one or more accessible dwelling units, then they shall meet the requirements of UFAS paragraph 4.34.71 through 4.34.7.3.

<sup>10</sup> “Cluster boxes”, common in multi-family housing developments, are routinely placed in sequential order. However, if a customer is unable to access his/her mailbox due to a disability, the customer may submit a request under the U.S. Postal Service’s “Hardship Clause” and request the relocation of the mailbox to a lower, accessible level.

According to paragraph 631.42 of the U.S. Postal Service “Postal Operations Manual”, the customer submits the “Hardship Clause” request directly to his/her postal delivery person; the deliver person then submits the request to his/her manager. The manager evaluates the individual request and takes appropriate action. If the postal service is unable to relocate the mailbox, the postal service may provide an alternate accommodation such as door delivery.

### **Apartment Light Switches & Electrical Outlets 11**

- \* Lower electrical switches and/or raise electrical outlet
- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- \* Lower thermostat controls
- \* Lower circuit breakers, when located in unit

### **Apartment Interior –**

- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- \* Provide visual and audible alarms for individuals who are deaf or hard of hearing; and, provide visual alarms in each room of unit 12
- \* Provide windows which requires five pounds or less of opening force; provide crank type opening mechanism with large levers, when feasible
- \* Provide accessible storage spaces, including lowering clothes rods and/or adjustable closet shelves. Accessible storage spaces shall comply with UFAS paragraph 4.25; Fig. 38

### **Apartment Kitchens - 13**

- \* Lower kitchen sink
- \* Provide lever type hardware on kitchen faucet
- \* Provide accessible kitchen cabinets; provide accessible hardware on kitchen cabinets
- \* Provide accessible kitchen counters and work space

*If the following items are provided to non-disabled residents in a development*

- \* Provide accessible refrigerators. See UFAS paragraph 4.34.6.8
- \* Provide accessible ovens. See UFAS paragraph 4.34.6.7
- \* Provide accessible dishwashers. See UFAS paragraph 4.34.6.9

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<sup>11</sup> The highest operable part of all controls, dispensers, receptacles, and other operable equipment shall be placed within at least one of the reach ranges specified in paragraphs 4.2.5 and 4.2.6. Except where the use of special equipment dictates otherwise, electrical and communications system receptacles on walls shall be mounted no less than 15” above the finish floor. See UFAS 4.27.3

12 If emergency warning systems are provided, they shall include both audible alarms complying with UFAS paragraph 4.28.2 and visual alarms complying with UFAS paragraph 4.28.3. See UFAS paragraph 4.1.2 (13)

13 Accessible or adequate kitchens and their components shall be on an accessible route and shall comply with the requirements of UFAS paragraph 4.34.6. However, the FMHA will not be required to make all elements of the kitchen accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible kitchen elements.

#### **Apartment Bathrooms – 14**

- \* Provide wider door
- \* Provide lever type hardware on lavatory faucet
- \* Lower wash basin
- \* Lower mirror
- \* Provide accessible toilet
- \* Relocate toilet paper dispenser
- \* Provide grab bars at toilet
- \* Provide seat in bathtub and/or shower
- \* Provide seat in bathtub or shower
- \* Provide hand-held shower device
- \* Relocate bathtub and/or shower controls
- \* Provide roll-in shower or shower/bathtub seat

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14 Accessible or adaptable bathrooms shall be on an accessible route and shall comply with UFAS paragraph 4.34.5. However, the FMHA will not be required to make all elements of the bathroom accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible bathroom elements.

## **FAIRMONT/MORGANTOWN HOUSING AUTHORITIES EXAMPLES OF REASONABLE ACCOMMODATION METHODS**

The following list of reasonable accommodation methods are examples of modifications that may constitute reasonable accommodation for individual FMHA residents. These accommodations may not necessarily be “reasonable for all individuals. In addition, each accommodation may not be available to every resident in every unit and/or every development.

Section 504 states that the design, construction or alteration of buildings in conformance with paragraphs 3-8 of the Uniform Federal Accessibility Standards (UFAS), Appendix A to 24 C.F.R. paragraph 40, shall be deemed to comply with the requirements of 24 C.F.R. paragraphs 8.21; 8.22; 8.23 and 8.25. However, the UFAS citations noted below are provided as a reference to assist in providing a reasonable accommodation and are not intended to govern every request for a modification. In order to meet the individual’s specific disability-related need(s), The FMHA may need to deviate from the UFAS. In addition, the reference to a UFAS section does not require all elements in that section to be made accessible. Rather, only the specific reasonable accommodation item requested is required to be accessible per the needs of the individual requesting the reasonable accommodation.

However, some modifications may not be structurally feasible in all units or all developments; in addition, some modifications may represent an undue financial and administrative burden. In such situations, the requirement to provide a reasonable accommodation is not alleviated, but must be provided by some other means such as transferring a family with a disabled member to a unit/development where the reasonable accommodation can be provided; or, offering a Housing Choice voucher if such a unit would address the reasonable accommodation(s) requested. Nevertheless, FMHA will work with each qualified resident with a disability who requests a reasonable accommodation in order to identify a reasonable, effective and appropriate accommodation.

### Common Areas – 1

- \* Add edge protection to ramps and ramp landings with drop-offs
- \* Widen doors
- \* Provide accessible, lever-type door hardware
- \* Re-hang door to lay flat against a wall when opened
- \* Re-hang door to swing outward instead of into the accessible space
- \* Provide accessible or adjustable closet rods and shelves
- \* Provide lever faucets in public restrooms
- \* Provide grab bars in public restrooms
- \* Provide accessible toilets in public restrooms
- \* Lower mirrors in public restrooms
- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments

1 Common Areas include, but are not limited to: FMHA offices, community room; senior center; meeting room; mail room; laundry room; trash disposal; and, day care facilities.

- \* Provide visual alarms for individuals who are deaf or hard of hearing
- \* Provide accessible cabinets and countertops in public kitchens
- \* Provide accessible appliances [i.e., refrigerator, oven, stove] in public kitchens

#### Elevators - 2

- \* Elevators shall be located on an accessible route
- \* Residential or fully enclosed wheelchair lifts may be used, when appropriate, and when approved by local administrative authorities. See UFAS paragraphs 4.10.1; 4.11

#### Building Entrances and Accessible Routes – 3

- \* Accessible signage;
- \* Add edge protection to ramps and ramp landings with drop-offs
- \* Widen doors
- \* Provide accessible, lever-type door hardware
- \* Re-hang door to lay flat against a wall when opened
- \* Re-hang door to swing outward instead of into the accessible space
- \* Add or adjust door closures
- \* Provide lever faucets in public restrooms
- \* Provide grab bars in public restrooms
- \* Provide accessible toilets in public restrooms
- \* Lower mirrors in public restrooms
- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- \* Provide visual alarms for individuals who are deaf or hard of hearing
- \* Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- \* Provide an accessible route into a building

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2 Accessible elevators shall be on an accessible route and shall comply with UFAS paragraph 4.10 and with the American National Standard Safety Code for Elevators, Dumbwaiter, Escalators and moving walks, ANSI A 17.1-1978 and A 17, 1a-1979. See UFAS paragraph 4.10; figures 20, 22, and 23. An “accessible route” is a continuous, unobstructed UFAS-compliant path as prescribed in 24 C.F.R. paragraphs 8.3 and 8.32 and UFAS paragraph 4.3.

3 At least one (1) accessible route complying with UFAS paragraph 4.3 shall be provided within the boundary of the site from public transportation stops, accessible parking spaces, passenger loading zones, if provided, and public street or sidewalks to an accessible building entrance. See UFAS paragraphs 4.1.1(1); 4.3. In addition, UFAS requires that at least one (1) accessible route complying with UFAS paragraph 4.3 shall connect accessible building or facility entrances with all accessible spaces and elements within the building or facility. See UFAS paragraphs 4.1.2(1); 4.3

#### Trash Disposal Facilities –

- \* Provide accessible route into and through trash disposal facilities.

#### Laundry Facilities –

- \* Provide accessible route into and through common-use laundry facilities. Provide at least one (1) front-loading washer and one (1) front-loading dryer in public-use laundry facilities 4;

#### Mail Delivery/Mail Boxes –

- \* Provide accessible route into and through mail boxes/mail facilities. Provide mailbox at lower height, upon request; or, provide equally effective accommodation such as home delivery. 5

#### Apartment Entrance and Interior Doors –

- \* Widen doors
- \* Provide accessible, lever-type door hardware
- \* Re-hang door to lay flat against a wall when opened
- \* Re-hang door to swing outward instead of into the accessible space
- \* Add or adjust door closure speed
- \* Adjust door opening force required for pushing/pulling the door
- \* Provide lower peep holes or “telescoped” peep holes
- \* Provide a visual door knocker for individuals with hearing impairments
- \* Providing contrasting paint on doors, around doorways, at windows, baseboards and/or stairs/risers for individuals with visual impairments
- \* Provide ramp from accessible route to accessible entrance into unit

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4 If laundry equipment is provided within individual dwelling units, or if separate laundry facilities serve one or more accessible dwelling units, then they shall meet the requirements of UFSA paragraphs 4.34.71 through 4.34.7.3.

5 “Cluster boxes”, common in multi-family housing developments, are routinely placed in sequential order. However, if a customer is unable to access his/her mailbox

due to a disability, the customer may submit a request under the U.S. postal Service's "Hardship Clause" and request the relocation of the mailbox to a lower, accessible level. According to paragraph 631.42 of the U.S. Postal Service "Postal Operations Manual", the customer submits the "Hardship Clause: request directly to his/her postal delivery person; the delivery person then submits the request to his/her manager. The manager evaluates the individual request and takes appropriate action. If the postal service is unable to relocate the mailbox, the postal service may provide an alternate accommodation such as door delivery.

#### Apartment Light Switches & Electrical Outlets -

- \* Lower electrical switches and/or raise electrical outlets <sup>6</sup>
- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- \* Lower thermostat controls
- \* Lower circuit breakers, when located in unit

#### Apartment Interior –

- \* Provide heavier electrical circuits to accommodate higher wattage bulbs for individuals with visual impairments
- \* Provide visual and audible alarms for individuals who are deaf or hard of hearing; and, provide visual alarms in each room of unit <sup>7</sup>
- \* Provide windows which requires five pounds or less of opening force; provide crank type opening mechanism with large levers, when feasible
- \* Provide accessible storage spaces, including lowering clothes rods and/or adjustable closet shelves. Accessible storage spaces shall comply with UFAS paragraph 4.25; Fig. 38

#### Apartment Kitchens - 8

- \* Lower kitchen sink
  - \* Provide lever type hardware on kitchen faucet
  - \* Provide accessible kitchen cabinets; provide accessible hardware on kitchen cabinets
  - \* Provide accessible kitchen counters and work space
- If the following items are provided to non-disabled residents in a development:*
- \* Provide accessible refrigerators. See UFAS paragraph 4.34.6.8
  - \* Provide accessible ovens. See UFAS paragraph 4.34.6.7
  - \* Provide accessible dishwashers. See UFAS paragraph 4.34.6.9

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<sup>6</sup> The highest operable part of all controls, dispensers, receptacles, and other operable equipment shall be placed within at least one of the reach ranges specified in

paragraphs 4.2.5 and 4.2.6. Except where the use of special equipment dictates otherwise, electrical and communications system receptacles on walls shall be mounted no less than 15” above the finish floor. See UFAS paragraph 4.27.3

7 If emergency warning systems are provided, they shall include both audible alarms complying with UFAS paragraph 4.28.2 and visual alarms complying with UFAS paragraph 4.28.3. See UFAS paragraph 4.1.2 (13)

8 Accessible or adaptable kitchens and their components shall be on an accessible route and shall comply with the requirements of UFAS paragraph 4.34.6. However, the FMHA will not be required to make all elements of the kitchen accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessibility kitchen elements.

#### Apartment Bathrooms – 9

- \* Provide wider door
- \* Provide lever type hardware on lavatory faucet
- \* Lower wash basin
- \* Lower mirror
- \* Provide accessible toilet
- \* Relocate toilet paper dispenser
- \* Provide grab bars at toilet
- \* Provide grab bars at bathtub and/or shower
- \* Provide seat in bathtub or shower
- \* Provide hand-held shower device
- \* Relocate bathtub and/or shower controls
- \* Provide roll-in shower or shower/bathtub seat

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9 Accessible or adaptable bathrooms shall be on an accessible route and shall comply with UFAS paragraph 4.34.5. However, the FMHA will not be required to make all elements of the bathroom accessible, unless requested by the resident with a disability. Rather, the resident may request specific accessible bathroom elements.

## **ATTACHMENT FOUR**

### **FAIRMONT/MORGANTOWN HOUSING AUTHORITIES**

#### **ENTERPRISE INCOME VERIFICATION POLICY FOR PUBLIC HOUSING AND SECTION 8**

##### **UTILIZING THE EIV SYSTEM:**

The Authority will utilize the Department of Housing and Urban Development's (HUD) Enterprise Income Verification (EIV) system whenever possible during the occupancy process. The EIV system is a source of information for Public Housing Authorities (PHA) to use in verifying reported income by applicants and residents (and each household member) currently assisted in the Public Housing and Section 8 Rental Voucher programs. The PHA will use the EIV system for verification of household income before, during and/or after move-in, annual and interim reexamination time periods.

The data contained and provided by the EIV system will be protected by PHA officials and only used for official housing purposes. Data will not be disclosed in any manner to anyone that would violate the privacy of the individuals represented.

The Authority will establish stringent security awareness measures so that only authorized system users may access the EIV system to maintain overall privacy and security compliance.

##### **EIV DATA:**

The EIV system will assist the PHA in verifying and supplying tenant income on such sources as Social Security, Social Security Disability, SSI, Wages, Unemployment Compensation, etc. for each family member. The EIV system will also be used to compare the income source and amount recorded in the tenant-supplied income data of the HUD-50058, which is maintained in the Public Housing Information Center (PIC) database.

All household members of at least 18 years of age are required to execute HUD form 9886 (Authorization for the Release of Information /Privacy Act Notice). By signing this form, the tenant authorizes HUD and the PHA to obtain and verify income information from various sources.

##### **EIV REPORTS:**

The EIV system was established to reduce errors in income reporting. Currently, HUD has determined that when the EIV income data differs from the tenant-provided income by at least \$200.00 per month, this constitutes a "substantial difference."

In cases where the EIV income data is NOT substantially different than tenant-reported income, the PHA shall:

- \* Use tenant documents to calculate anticipated annual income if the EIV income is less than current tenant-provided documentation.
- \* Use EIV income data unless the tenant provides documentation of a change in circumstances, when the EIV data is more than the current tenant-provided documentation. If, however, acceptable tenant documentation is provided to justify a change in circumstances, the tenant documents will be used to calculate income.

In cases where EIV income is substantially different than the tenant-reported income, the PHA shall:

- \* Request written third-party verification from the income source in question in accordance with 24 CFR 5.236(3)(i).
- \* Review historical income data for patterns of employment, paid benefits, and/or receipt of other income, when the PHA cannot readily anticipate income such as in the cases of seasonal employment, unstable working hours and suspected fraud.
- \* Analyze all data and attempt to resolve the income discrepancy.
- \* Use the most current verified income data (and historical income data if appropriate) to calculate anticipated annual income.

#### **HANDLING OF DISCREPANCY REPORTS:**

Management of the Authority will handle EIV Discrepancy Reports in the following manner:

- (A) If resident disagrees with the Discrepancy Report issued by the EIV system, a meeting will be scheduled by Management with resident to resolve dispute. All details of the Discrepancy Report will be documented and resident will have 15 business days to obtain third-party verification of the discrepancy and submit said verification to Management. All tenant-provided and submitted documentation should be currently dated (not more than 60 days previous to the initial resolution meeting). Once the information is received from tenant (within the 15 day period), Management will review and render a final decision within 10 business days.
- (B) If a situation arises where facts indicate that a resident has unreported or under-reported income, a repayment agreement will be executed between the resident and Management, and a revision to the current and future rental payments will be made. If a resident refuses to enter into a repayment agreement and/or refuses to pay the newly calculated rent, termination of assistance shall occur using the established policies of the Public Housing and Section 8 Programs.

## **ATTACHMENT FIVE**

### **SECTION 8 HOMEOWNERSHIP OPTION**

#### **INTRODUCTION**

FAIRMONT AND MORGANTOWN HOUSING AUTHORITIES (FMHA) HOMEOWNERSHIP OPTION IS DESIGNED TO PROMOTE AND SUPPORT HOMEOWNERSHIP BY A “FIRST-TIME” HOMEOWNER—A FAMILY THAT MEETS THE DEFINITION IN THIS PLAN. IT ALLOWS ONE OR MORE MEMBERS OF THE FAMILY TO PURCHASE A HOME. SECTION 8 PAYMENTS SUPPLEMENT THE FAMILY’S OWN INCOME TO FACILITATE THE TRANSITION FROM RENTAL TO HOMEOWNERSHIP. THE INITIAL AVAILABILITY OF THESE ASSISTANCE PAYMENTS HELPS THE FAMILY PAY THE COSTS OF HOMEOWNERSHIP, AND MAY PROVIDE ADDITIONAL ASSURANCE FOR A LENDER, SO THAT THE FAMILY CAN FINANCE PURCHASE OF THE HOME.

#### **FAMILY PARTICIPATION REQUIREMENTS**

1. In order to assure a successful transition from rental to homeownership, this program shall be open only to those who have been assisted by the Section 8 rental assistance program and have completed homebuyer education sessions an accredited provider. Families currently participating in the Family Self-Sufficiency program will be given first priority.
2. The family is qualified to participate as set forth in Section B of this policy.
3. The unit to be purchased is eligible as set forth in Section C of this policy.
4. The family has satisfactorily completed the required pre-assistance homeownership counseling.
5. If located in a special flood hazard area, the purchaser has obtained flood insurance on the home and agrees to maintain this insurance.

#### **FAMILY ELIGIBILITY REQUIREMENTS**

1. The family has been admitted to the Section 8 Housing Choice Voucher program, is good standing and desires to participate in the homeownership program.
2. At the commencement of homeownership assistance the family must be one of the following :

A first time homeowner; or

A family of which a family member is a person with disabilities and the use of the homeownership option is needed as a reasonable

accommodation so that the program is readily accessible to and usable by such person.

3. At commencement of homeownership assistance for the family, the family must demonstrate that its total annual income (gross income), as determined by FMHA, of all the adult family members who will own the home at commencement of homeownership assistance is not less than the Federal minimum hourly wage multiplied by 2,000 hours.
4. Except in the case of an elderly family or a disabled family, FMHA shall not count any welfare assistance received by the family in determining annual income under this section.
5. The disregard of welfare assistance income under the preceding paragraph only affects the determination of minimum annual income used to determine if a family initially qualifies for commencement of homeownership assistance in accordance with this section, but does not affect:

The determination of income-eligibility for admission to the voucher program:

Calculation of the amount of the family's total tenant payment (gross family contribution); or

Calculation of the amount of homeownership assistance payments on behalf of the family.

In the case of an elderly family or a disabled family, welfare assistance shall be counted in determining annual income.

6. The family must demonstrate that one or more adult members of the family who will own the home at commencement of homeownership assistance:
  - a. Is currently employed on a full-time basis (the term "full-time employment" means not less than an average of 30 hours per week); and
  - b. Has been continuously so employed during the year before commencement of homeownership assistance for the family.

This requirement shall be considered fulfilled if:

The family member is self-employed and earning a net income (income after business expenses have been deducted) that equals the federal minimum hourly wage multiplied by 2000 hours: or

Any employment interruptions either were not the fault of the family member or were for less than 10 working days or two weeks and caused by an effort to improve the family's situation.

7. The employment requirement does not apply to an elderly family or a disabled family. Furthermore, if a family other than an elderly family or a disabled family, includes a person with disabilities, an exemption from the employment requirement shall be granted if FMHA determines that an exemption is needed as a reasonable accommodation so that the program is readily accessible to and usable by persons with disabilities.
8. FMHA shall not commence homeownership assistance for a family if any family member has previously received assistance under the homeownership option, and/or has defaulted on a mortgage securing debt incurred to purchase the home.
9. No family member has a present ownership interest in a residence at the ownership assistance for the purchase of any home.

## **C ELIGIBLE UNITS**

1. Any unit that is eligible under the Section 8 rental assistance program is eligible for this program except the restrictions against purchasing a unit owned by the housing authority or precluding a unit occupied by its owner or by a person with any interest in the dwelling unit are not applicable. The types of units eligible are:  
  
Single family dwellings;  
  
Condominiums;  
  
Cooperatives: and  
  
Manufactured Housing and their sites (i.e., modular and/or double-wides on permanent foundations – not to include trailers/single-wides whether or not on non-permanent or permanent foundations.
2. The unit must be either existing or under construction at the time FMHA determines that the family is eligible for homeownership assistance.
3. The unit must be either a one-unit property or a single dwelling unit in a cooperative or condominium.
4. The unit must satisfy the housing quality standards (HQS) and have been inspected by an independent and licensed or certified inspector designated and paid for by the family.

5. The seller cannot be someone who has been debarred, suspended, or is subject to a limited denial of participation by HUD.

D. **SEARCHING FOR A NEW HOME**

1. Families will normally be given sixty (60) days to locate an appropriate property for purchase with up to two optional thirty (30) days extensions. However, additional time may be granted to a disabled family as a reasonable accommodation if justified by the family's actions and/or marketplace conditions. The family must still demonstrate the ability to meet all required financial, credit and other mortgage related requirements.

E. **HOMEOWNERSHIP COUNSELING**

1. Before the commencement of homeownership assistance for a family, the family must attend and satisfactorily complete a FMHA pre-assistance homeownership and housing counseling program.
2. Among the topics to be covered in the FMHA-required pre-assistance counseling program are:

Home maintenance (including care of the grounds);

Budgeting and money management;

Credit counseling;

How to negotiate the purchase price of a home;

How to obtain homeownership financing and loan preapprovals, including a description of types of financing that may be available, and the pros and cons of different types of financing;

How to find a home, including information about homeownership opportunities, schools, and transportation in the FMHA jurisdiction. Advantages of purchasing a home in an area that does not have a high concentration of low-income families and how to locate homes in such areas;

Information on fair housing, including fair housing lending and local fair housing enforcement agencies; and

Information about the Real Estate Settlement Procedures Act (RESPA), state and federal truth-in-lending laws, and how to identify and avoid loans with oppressive terms and conditions.

3. FMHA will also offer additional counseling after commencement of homeownership assistance (ongoing counseling). This counseling will be voluntary for all homeownership assistance recipients except those requesting their second, fourteenth and fifteenth years of assistance. The reason for this mandatory counseling is to make sure the families are either off to a good start or preparing for the termination of their assistance.

F. **HOME INSPECTIONS**

1. FMHA will not commence homeownership assistance for a family until it has inspected the unit and has determined that the unit passes HQS.
2. The unit must also be inspected by an independent licensed or certified professional inspector selected by and paid for by the family. The independent 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 independent inspector must be qualified to report on property conditions, including major building systems and components. FMHA may not require the family to use an independent inspector selected by the housing authority. The independent inspector may not be a housing authority employee or contractor, or other person under control of the housing authority. The independent inspector shall be certified by the American Society of Home Inspectors or one whose inspections are accepted by three local lenders. It shall be the responsibility of the inspector to verify that the inspector meets this certification qualification.
3. The independent inspector must provide a copy of the inspection report both to the family and to FMHA. The housing authority will not commence homeownership assistance for the family until it has reviewed the inspection report of the independent inspector. Even if the unit otherwise complies with the HQS (and may qualify for assistance under FMHA tenant-based rental voucher program), the housing authority shall have discretion to disapprove the unit for assistance under the homeownership option because of information in the inspection report.

**G. CONTRACT OF SALE**

1. Before commencement of homeownership assistance, a member or members of the family must enter into a contract of sale with the seller of the unit to be acquired by the family. The family must give FMHA a copy of the contract of sale.

The contract of sale must:

Provide that the purchaser can obtain acceptable financing.

Specify the price and other terms of sale by the seller to the purchaser.

Provide that the purchaser will arrange for a pre-purchase inspection of the dwelling unit by an independent inspector selected by the purchaser.

Provide that the purchaser is not obligated to purchase the unit unless the inspection is satisfactory to the purchaser.

2. Provide that the purchaser is not obligated to pay for any necessary repairs.
3. Contain a certification from the seller that the seller has not been debarred, suspended, or subject to a limited denial of participation.

**H. FINANCING THE PURCHASE OF THE HOME**

1. A purchasing family must invest at least three percent of the purchase price of the home they are buying in the property. This can take the form of down payment, closing costs, or a combination of the two. Of this sum, at least one percent of the purchase price must come from the family's personal resources. (NOTE: A family may utilize existing funds in their FSS escrow for down payment and/or closing costs when purchasing a home, and such use will also be considered from their own personal resources.)
2. The family must qualify for the mortgage loan under a lender's normal lending criteria taking into account the fact that this is by definition a low-income family.
3. If the home is purchased using FHA mortgage insurance, it is subject to FHA mortgage insurance requirements.
4. If the loan is financed either by the seller or a non-traditional mortgage lending institution or individual, the loan shall be subject to the review of FMHA. The housing authority may verify that there are no unusual or onerous requirements in the loan documents and that the mortgage is affordable to the purchasing family.

5. Also, the lender must require that an appraisal of the property is conducted and the appraiser must determine that the property is worth at least as much as the purchaser is paying.
6. Unless the purchaser can convince FMHA of unusual circumstances, no balloon payment mortgages or variable rate mortgages shall be allowed in the program.
7. All mortgage loans must close within the period of time established by FMHA at the time the purchaser and seller enter into their sale contract.
8. The FMHA shall approve final financing based on the families affordability and assessing the best possible financing terms.

I. **REQUIREMENTS FOR CONTINUING ASSISTANCE**

1. Homeownership assistance will only be paid while the family is residing in the home. If the family moves out of the home FMHA may not continue homeownership assistance after the month when the family moves out. The family or lender is not required to refund to the PHA the homeownership assistance for the month when the family moves out.
2. The family must comply with the following obligations:

The family must attend and complete ongoing homeownership and housing counseling before the end of the first, thirteenth and fourteenth years of assistance in order for assistance to continue.

The family must comply with the terms of any mortgage securing debt incurred to purchase the home (or any refinancing of such debt).
3. As long as the family is receiving homeownership assistance, use and occupancy of the home is subject to the following requirements:

The family must use the assisted unit for residence by the family.

The unit must be the family's only residence.
4. The composition of the assisted family residing in the unit must be approved by FMHA. The family must promptly inform the housing authority of the birth, adoption or court-awarded custody of a child. The family must request housing authority approval to add any other family member as an occupant of the unit. No other such person (i.e., nobody but members of the assisted family) may reside in the unit (except for a foster child or live-in aide).

5. The family must promptly notify FMHA if any family member no longer resides in the unit.
6. If FMHA has given approval, a foster child or a live-in aide may reside in the unit.
7. Members of the household may engage in legal profit-making activities in the unit, but only if such activities are incidental to primary use of the unit for residence by members of the family.
8. The family must not sublease or sublet the unit.
9. The family must supply any information or certification requested by the housing authority to verify that the family is living in the unit, or relating to family absence from the unit, including any housing authority requested information or certification on the purposes of family absences. The family must cooperate with the housing authority for these purposes. The family must promptly notify the housing authority of their absence from the unit.
10. The family may grant a mortgage on the home for debt incurred to finance purchase of the home or any refinancing of such debt.
11. Upon death of a family member who holds, in whole or in part, title to the home or ownership of cooperative membership shares for the home, homeownership assistance may continue pending settlement of the decedent's estate, notwithstanding transfer of title by operation of law to the decedent's executor or legal representative, so long as the home is solely occupied by remaining family members in accordance with Paragraph C above. In the case of a divorce or family separation, the assistance shall follow what a court decrees.
12. The family shall supply FMHA with any required information requested by the housing authority. In particular this shall include information relating to the following:
  - Citizenship or related immigration matters;
  - Family income and composition;
  - Social Security numbers;
  - Any mortgage or other debt placed on the property;
  - Any sale or other transfer of any interest in the home; and

The family's homeownership expenses.

13. The family must notify the housing authority before the family moves out of the home.
14. The family must notify FMHA if the family defaults on a mortgage securing and debt incurred to purchase the home.
15. During the time the family receives homeownership assistance under this program, no family member may have any ownership interest in any other residential property.
16. Before commencement of homeownership assistance, the family must execute a statement of family obligations in the form prescribed by HUD. In the statement, the family agrees to comply with all family obligations under the homeownership option.
17. The family must secure the written permission of FMHA before it refinances any debt secured by the home or places any additional secured debt on the property.
18. The family must assure FMHA that all real estate taxes were paid on a timely basis. If they are not paid, assistance shall be terminated.

J. **MAXIMUM TERM OF HOMEOWNERSHIP ASSISTANCE**

1. Except in the case of a family that qualifies as an elderly or disabled family, family members shall not receive homeownership assistance for more than fifteen years if the initial mortgage incurred to finance purchase of the home has a term of twenty years or longer; or ten years, in all other cases.
2. The maximum term described in the preceding paragraph applies to any member of the family who has an ownership interest in the unit during the time the homeownership payments are made or is the spouse of any member of the household who has an ownership interest during the time the homeownership payments are made.
3. As noted in Paragraph 1 of this section, the maximum homeownership assistance term does not apply to elderly and disabled families. In the case of an elderly family, the exception only applies if the family qualifies as an elderly family at the start of homeownership assistance. In the case of a disabled family, the exception only applies if at any time during receipt of homeownership assistance the family qualifies as a disabled family. If, during the course of homeownership assistance, the family ceases to qualify as a disabled or elderly family, the maximum term becomes applicable from the date homeownership assistance

4. commenced. However, such a family must be provide at least 6 months of homeownership assistance after the maximum term becomes applicable (provided the family is otherwise eligible to receive homeownership assistance in accordance with this program).
5. If the family has received such assistance for different homes, or from different housing authorities, the total of such assistance terms is subject to the maximum term described in Paragraph 1 of this section.

K. **AMOUNT AND DISTRUBUTION OF HOMEOWNERSHIP ASSISTANCE**

1. While the family is residing in the home, FMHA shall pay a monthly homeownership assistance payment on behalf of the family that is equal to the lower of:

The payment standard minus the total tenant payment; or

The family's monthly homeownership expenses minus the total tenant payment.

2. The payment standard for a family is the lower of:

The payment standard for the family unit size; or

The payment standard for the size of the home.

3. For the Section 8 homeownership option, Fair Market Rents (FMRs) will be increased to 110% of the existing FMRs.
4. A family's homeownership expenses shall include the following items:

Principal and interest on initial mortgage debt, any refinancing of such debt, and any mortgage insurance premium incurred to finance purchase of the home;

Real estate taxes and public assessments on the home;

Homeowner association fees;

Home insurance;

Maintenance expenses of \$10.00 per month;

An allowance of \$10.00 a month for costs of major repairs and replacements;

FMHA's utility allowance for the home;

If a member of the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the housing authority determines that allowance of such costs as homeownership expenses is needed as a reasonable accommodation so that the homeownership option is readily accessible to and usable by such person.

5. Homeownership expenses for a cooperative member may only include amounts to cover.

The cooperative charge under the cooperative occupancy agreement including payment for real estate taxes and public assessments on the home.

Principal and interest on initial debt incurred to finance purchase of cooperative membership shares and any refinancing of such debt;

Home insurance;

The PHA allowance for maintenance expenses;

The PHA allowance for costs of major repairs and replacements;

The PHA utility allowance for the home; and

Principal and interest on debt incurred to finance major repairs, replacements or improvements for the home. If a member of the family is a person with disabilities, such debt may include debt incurred by the family to finance costs needed to make the home accessible for such person, if the housing authority determines that allowance of such costs as homeownership expenses is needed as a reasonable accommodation so that the homeownership option is readily accessible to and usable by such person.

6. If the home is a cooperative or condominium unit, homeownership expenses may also include cooperative or condominium operating charges or maintenance fees assessed by the condominium or cooperative homeowner association.

7. FMHA will pay homeownership assistance payments directly to the lender on behalf of the family unless the lender does not want the payment to be made directly to them. If there is any excess assistance, it will be paid by the family.
8. Homeownership assistance for a family terminates automatically 180 calendar days after the last housing assistance payment on behalf of the family. However, FMHA retains the discretion to grant relief from this requirement in those cases where automatic termination would result in extreme hardship for the family.

L. **HOMEOWNERSHIP PORTABILITY**

1. A family may qualify to move outside the initial FMHA jurisdiction with continued homeownership assistance under the voucher program. Families determined eligible for homeownership assistance by FMHA may purchase a unit outside our jurisdiction, if:

They are in the FSS program; and

They meet our normal requirements for portability under the rental program; and

The receiving housing authority is administering a FSS program and a voucher homeownership program and the family meets the receiving housing authority's eligibility requirements for both FSS and homeownership; and

The receiving housing authority is accepting new homeownership families and absorb the family.

2. Conversely, if FMHA has slots open in our FSS and homeownership programs we will accept homeowners exercising portability from another program and absorb such families if possible.
3. In general, the portability procedures described previously in this Administrative Plan apply to the homeownership option. The administrative responsibilities of the initial and receiving housing authorities are not altered except that some administrative functions (e.g., issuance of a voucher or execution of a tenancy addendum) do not apply to the homeownership option.
4. The family must attend the briefing and counseling sessions required by the receiving housing authority. The receiving housing authority will determine whether the financing for, and the physical condition of the unit are acceptable. The receiving housing authority must promptly notify the initial housing authority if the family has purchased an eligible unit under the program, or if the family is

5. unable to purchase a home within the maximum time established by the housing authority.
6. Continued assistance under portability procedures is the next Section of this Administrative Plan.

**M. MOVING WITH CONTINUED TENANT-BASED ASSISTANCE**

1. A family receiving homeownership assistance may move to a new unit with continued tenant-based assistance. The family may move either with voucher rental assistance (in accordance with rental assistance program requirements) or with voucher homeownership assistance (in accordance with homeownership option program requirements). FMHA will not commence continued tenant-based assistance for occupancy of the new unit so long as any family member owns any title or other interest in the prior home. No more than one move per year may occur in the program.
2. FMHA must be able to determine that all initial requirements have been satisfied if a family that has received homeownership assistance wants to move to a new unit with continued homeownership assistance.

However the following requirements do not apply:

The requirement for pre-assistance counseling is not applicable.

The requirement that a family must be a first-time homeowner is not applicable.

3. FMHA may deny permission to move with continued assistance in the following circumstances:

FMHA may deny permission to move with continued rental or homeownership assistance if the housing authority determines that it does not have sufficient funding to provide continued assistance.

At any time, FMHA may deny permission to move with continued rental or homeownership assistance in accordance with the next Section.

**N. DENIAL OR TERMINATION OF ASSISTANCE FOR FAMILIES**

1. At any time, FMHA may deny or terminate homeownership assistance in accordance with the same rules that it utilizes for the rental program.

2. The same restrictions on admission or continued assistance in regards to criminal activities, registered sex offenders, shall apply to the homeownership program as the rental program.
3. FMHA may deny or terminate assistance for violations of participant obligations as previously described for the rental program.
4. The PHA shall terminate voucher homeownership assistance for any member of family receiving homeownership assistance that is dispossessed from the home pursuant to a judgment or order of foreclosure on any mortgage (whether FHA-insured or non-FHA) securing debt incurred to purchase the home, or any refinancing of such debt. FMHA in its discretion may permit the family to move to a new unit with continued voucher rental assistance if the family can show that the default was for reasons beyond its control. However, the housing authority will deny such permission, if:

The family defaulted on an FHA-insured mortgage; and

The family fails to demonstrate that;

The family has conveyed title to the home, as required by HUD, to HUD or HUD's designee; and

The family has moved from the home within the period established or approved by HUD.

O. **RECAPTURE OF HOMEOWNERSHIP ASSISTANCE**

1. FMHA shall recapture a percentage of the homeownership assistance provided to the family upon the family's sale or refinancing of the home.
2. Upon purchase of the home, a family receiving homeownership assistance shall execute documentation as required by HUD, and consistent with State and local law, that secures FMHA's to recapture the homeownership assistance in accordance with this section. The lien securing the recapture of homeownership subsidy may be subordinated to a refinanced mortgage at the discretion of the housing authority.
3. In the case of the sale of the home, the recapture shall be in an amount equaling the lesser of:

The amount of homeownership assistance provided to the family, adjusted as described in Paragraph 6 of this section; or

The difference between the sales price and purchase price of the home, minus:

The costs of any capital expenditures;

The costs incurred by the family in the sale of the home (such as sales commission and closing costs);

The amount of the difference between the sales price and purchase price that is being used, upon sale, toward the purchase of a new home under the Section 8 homeownership option; and

Any amounts that have been previously recaptured, in accordance with this section.

4. In the case of refinancing of the home, the recapture shall be in an amount equaling the lesser of:

The amount of homeownership assistance provided to the family, adjusted as described in Paragraph 6 of this section; or

The difference between the current mortgage debt and the new mortgage debt; minus:

The costs of any capital expenditures;

The costs incurred by the family in the refinancing of the home (such as closing costs); and

Any amounts that have been previously recaptured as a result of refinancing.

5. The recapture amount shall be determined using the actual sales price of the home, unless the sale is to an identity-of-interest entity. In the case of identity-of-interest transactions, the housing authority shall establish a sale price based on fair market value.
6. The amount of homeownership assistance subject to recapture will automatically be reduced over a 10 year period, beginning one year from the purchase date, in annual increments of 10 percent. At the end of the 10 year period, the amount of homeownership assistance subject to recapture will be zero.

**15.1 (VAWA) Violence Against Women Act**

The Housing Authority will comply with all requirements of the Violence Against Woman Act, as described, in part, as follows:

The (VAWA) protects tenants and family members of tenants who are victims of domestic violence, dating violence or stalking from being evicted or terminated from housing assistance based on acts of such violence against them. The law provides in part that criminal activity directly relating to domestic violence, dating violence, or stalking, engaged in by a member of a tenant's household or any guest or other person under the tenant's control, shall not be cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant's family is a victim or threatened victim of that abuse. The law also provides that an incident or incidents of actual or threatened domestic violence, dating violence, or stalking will not be construed as serious or repeated violations of the lease by the victim or threatened victim of that violence and will not be "good cause" for termination of the assistance, tenancy, or occupancy rights of a victim of such violence.

Domestic violence, dating violence, or stalking shall not be grounds for denying portability, if all other conditions of portability as stated in **Section 8.1** of this policy are met by an applicant, or tenant seeking to use the provision of portability.

The Housing Authority accepts the definitions of "domestic violence", "dating violence", "stalking", and "immediate family member", as incorporated into **PIH Notice 2006-42 (See Appendix D)**.

A. CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING.

The Housing Authority will require all participants and applicants claiming to be victims of domestic violence, dating violence, or stalking to complete, sign and submit, within 14 business days of the request, a HUD-approved certification form with the name of the perpetrator on it. Such form will be delivered to the person claiming to be a victim of the above acts in a way that does not place the person claiming to be a victim at risk.

In addition to the certification the Housing Authority will require, (1) a Federal, State, tribal, territorial, or local police record or court record of the qualifying incident, (2) documentation signed and attested to 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 domestic violence, dating violence, or stalking, or the effects of such actions, in which the professional attests 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, and the victim has signed or attested to the documentation.

The Housing Authority may provide assistance to an individual based solely on the certification and other substantial corroborating evidence.

- **Substantial evidence** is defined as written statements from witnesses of the alleged domestic violence, dating violence, or stalking, who would be willing to attest to such statements in a court of law, or before Housing Authority staff.

## 22.0 VIOLENCE AGAINST WOMEN

Violence Against Women (Title VI Violence Against Women & Dept of Justice Reauthorization Act of 2005 – Pub. L. 109-162). Reporting incidents of domestic violence, dating violence or stalking to law enforcement, victim's rights advocates, and the PHA may help preserve your housing rights. The PHA may not deny, remove or terminate assistance to a victim of domestic violence, dating violence or stalking based solely on such an incident or threat.

The PHA may deny, remove, or terminate assistance to an individual perpetrator of such actions and continue to allow the victim or other household members to remain in the dwelling unit or receive housing assistance. This does not limit the authority of the PHA to terminate a victim's assistance for other criminal activity or good cause, such as actual or eminent threat to other tenants or employees, inviting the perpetrator into the unit, or damage to PHA owned property.

In processing a request by a victim for continued assistance the PHA may request that you certify that you are a victim of domestic violence, dating violence or stalking, and that the actual or threatened abuse meets the requirements set forth in the Violence Against Women Act. Such certification must include the name of the perpetrator. If the victim does not provide the requested certification within 14 business days, housing assistance may be terminated.



## 19.0 CONTINUED OCCUPANCY AND COMMUNITY SERVICE

### 19.1 General (24C.FR PART 966)

In order to be eligible for continued occupancy, each adult household member must either (1) contribute eight hours or more (96hrs./yr.) per month of community service (not including political activities), or (2) participate in an economic self-sufficiency program,

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or (3) perform eight hours or more (96hrs./yr.) per month of combined activities as previously described unless they are exempt from this requirement.

### **19.2 Exceptions**

The following adult household members are exempt from this requirement.

- A. Household members who are 62 or older.
- B. Household members who are blind or disabled as defined under 216(D)(1) or 1614 of the Social Security Act (42 U.S.C. 416(D)(1) and who certifies that because of this disabled she or he is unable to comply with the community service requirements.
- C. Household members who are the primary care giver for someone who is blind or disabled as set forth in Paragraph B above.
- D. Household members engaged in work activity.

Work activities" defined under Social Security Act, 42 U.S.C. 607 (d), which includes:

- unsubsidized employment;
- subsidized private sector employment;
- subsidized public sector employment;
- work experience (including work associated with the refurbishing of publicly assisted housing) if sufficient private sector employment is not available;
- on-the-job training;
- job search and job readiness assistance;
- community service programs;
- vocational education training (not to exceed 12 months for any individual.);
- job skills training directly related to employment;
- education directly related to employment (high school diploma or equivalency)
- satisfactory attendance at a secondary school;
- provision of child care services to an individual who is participating in a community services program;

E. Household members who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work program.

F. Household members receiving assistance, benefits or services under a State program funded under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

### **19.3 Notification of Requirement**

The Fairmont Housing Authority shall identify all adult household members who are apparently not exempt from the community service requirement.

The Fairmont Housing Authority shall notify all such household members of the community service requirement and of the categories of individuals who are exempt from the requirement. The notification will provide the opportunity for household members to claim and explain an exempt status. The Fairmont Housing Authority shall verify such claims.

The notification will advise household members that their community service obligation will begin upon the effective date of their first annual reexamination on or after 1/1/01. For households paying a flat rent, the obligation begins on the date their annual reexamination would have been effective had an annual reexamination taken place. It will also advise them that failure to comply with the community service requirement will result in ineligibility for continued occupancy at the time of any subsequent annual reexamination.

### **19.4 Volunteer Opportunities**

Community service includes performing work or duties in the public benefit that serve to improve the quality of life and/or enhance resident self-sufficiency, and/or increase the self-responsibility of the resident within the community.

An economic self-sufficiency program is one that is designed to encourage, assist, train or facilitate the economic independence of participants or to provide work for participants. These programs may include programs for job training, work placement, basic skills training, education, English proficiency, work fare, financial or household management, apprenticeship, and any program necessary to ready a participant to work (such as substance abuse or mental health treatment).

Community Service activities could include:

- Improving the physical environment of the resident's development
- Volunteer work in a local school, hospital, child care center, homeless shelter, or other community service organization
- Working with youth organizations
- Helping neighborhood groups on special projects
- Participation in programs that develop and strengthen resident self-responsibility such as:
  - Drug and alcohol abuse counseling and treatment
  - Household budgeting and credit counseling

The Fairmont Housing Authority will coordinate with social service agencies, local schools, and the Human Resources Office in identifying a list of volunteer community

service positions.

Each participant must furnish proof that the required community service has been fulfilled by submission of a written and signed third party verification.

**19.5 The Process**

A. the first annual reexamination on or after 1/1/01, and each annual reexamination thereafter, the Fairmont Housing Authority will do the following:

- A. Provide a list of volunteer opportunities to the household members.
- B. Provide information about obtaining suitable volunteer positions.
- C. Provide a volunteer time sheet to the family member. Instructions for the time sheet require the individual to complete the form and have a supervisor date and sign for each period of work.
- D. Assign household members to a volunteer coordinator who will assist the family members in identifying appropriate volunteer positions and in meeting their responsibilities. The volunteer coordinator will track the household member's progress monthly and will meet with the household member as needed to best encourage compliance.
- E. Thirty (30) days before the household's next lease anniversary date, the volunteer coordinator will advise the Fairmont Housing Authority whether each applicable adult household member is in compliance with the community service requirement. Household members are responsible for locating and arranging appropriate volunteer opportunities.

**19.6 Notification of Non-Compliance With Community Service Requirement**

The Fairmont Housing Authority will notify any household found to be in noncompliance of the following:

- A. The household member (s) has been determined to be in noncompliance;
- B. That the determination is subject to the grievance procedure; and
- C. That, unless the household member (s) enter into an agreement to comply, the lease will not be renewed or will be terminated.

**19.7 Opportunity for Cure**

The Fairmont Housing Authority will offer the household member(s) the opportunity to enter into an agreement prior to the anniversary of the lease. The agreement shall state

that the household member(s) agrees to enter into an economic self-sufficiency program or agrees to contribute to community service for as many hours as needed to comply with the requirement over the past 12-month period. The cure shall occur over the 12-month period beginning from the date of the agreement and the resident shall at the same time stay current with that year's community service requirement. The first hours a resident earns goes toward the current commitment until the current year's commitment is made.

The volunteer coordinator will assist the household member in identifying volunteer opportunities and will track compliance on a monthly basis.

If any applicable household member does not accept the terms of the agreement, does not fulfill their obligation to participate in an economic self-sufficiency program, or falls behind in their obligation under the agreement to perform community service, the Fairmont Housing Authority shall take action to terminate the lease.

**19.8 Prohibition Against Replacement of Agency Employees**

In implementing the service requirement, the Fairmont Housing Authority may not substitute community service or self-sufficiency activities performed by residents for work ordinarily performed by its employees, or replace a job at any location where residents perform activities to satisfy the service requirement.

## **20.0 PET POLICY – (24 CFR PART 960 – SECTION 960.7)**

### **20.1 Exclusions**

This policy does not apply to animals that are used to assist persons with disabilities. Assistive animals are allowed in all public housing facilities with no restrictions other than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

### **20.2 Pets In Public Housing**

The Fairmont Housing Authority allows for pet ownership in its developments with the written pre-approval of the Housing Authority. Residents are responsible for any damage, real or personal caused by their pets, including the cost of fumigating or cleaning their units. In exchange for this right, resident assumes full responsibility and liability for the pet and agrees to hold the Fairmont Housing Authority harmless from any claims caused by an action or inaction of the pet.

### **20.3 Approval**

Residents must have the prior written approval of the Housing Authority before moving a pet into their unit. Residents must request approval on the Authorization for Pet Ownership form that must be fully completed before the Housing Authority will approve

the request. Residents must give the Housing Authority a picture of the pet so it can be identified if it is running loose. All dogs and cats must wear a Housing Authority tag bearing the resident's identification. The tag cost is \$5.00 and remains the property of the Housing Authority. If any owner fails to properly register a pet, the owner shall be given twenty-four (24) hours to do so or be subject to an eviction notice.

#### **20.4 Types and Number of Pets**

The Fairmont Housing Authority will only allow the following domesticated animals: dogs, cats, and small caged birds generally of the parrot family that includes parrots, cockatoos, cockatiels, canaries, and parakeets. No other type of birds than those listed will be allowed. Ten (10) gallon limit fish aquariums, hamsters, gerbils, and guinea pigs will also be allowed. No other animals, including snakes, will be allowed.

All dogs and cats must be spayed or neutered before they become six months old. A licensed veterinarian must verify this fact.

Residents are permitted to have one dog or one cat per unit in addition to one fish aquarium. Beyond that, only one pet per unit is permitted.

All pets except dogs and cats must be kept in a cage or aquarium. No animal may exceed twenty (20) lbs. in weight, projected full adult size.

Any animal deemed to be potentially harmful to the health or safety of others, including attack or trained fight dogs will not be allowed.

The following dog breeds will be prohibited: Pitbulls, Rottweilers, or other breeds commonly known for vicious behavior.

#### **Vicious Dogs.**

(a) Definitions. (According to 505.16 of Fairmont City Ordinance) As used in this section:

- (1) "Owner" means any person, firm, corporation, organization or department possessing or harboring or having the care or custody of a dog.
- (2) "Vicious dog" or "dangerous dog" means:
  - A. Any dog which, when provoked, in a vicious or terrorizing manner, approaches any person in an apparent attitude of attack upon streets, sidewalks or any public grounds or places; or
  - B. Any dog with a known propensity, tendency or disposition to attack unprovoked, to cause injury or to otherwise endanger the safety of human beings or domestic animals; or

- C. Any dog which bites, inflicts injury, assaults or otherwise attacks a human being or domestic animal without provocation on public or private property; or
- D. Any dog owned, harbored or bred primarily or in part for the purpose of dog fighting or any dog trained for dog fighting or in attack; or
- E. Any dog not licensed according to State law.
- F. Notwithstanding the definition of a vicious dog above, no dog may be declared vicious if any injury or damage is sustained by a person who, at the time such injury or damage was sustained, was committing a willful trespass or other tort upon premises occupied by the owner or keeper of the dog, or was teasing, tormenting, abusing or assaulting the dog or was committing or attempting a crime.

**20.5 Inoculations**

In order to be registered, pets must be appropriately inoculated against rabies, distemper and other conditions prescribed by state and/or local ordinances. They must comply with all other state and local public health, animal control, and anti-cruelty laws including any licensing requirements. A certification signed by a licensed veterinarian or state or local official shall be annually filed with the Fairmont Housing Authority to attest to the inoculations.

**20.6 Pet Deposit**

A non-refundable pet deposit of \$250.00 is required in full at the time of registering a dog or cat, and a \$50.00 non-refundable deposit is required in full for all other approved pets at the time of registering the pet, except for birds and hermit crabs for which no pet deposit will be charged.

The pet deposit is a one time only charge. In the event a pet dies and is replaced with another pet through the normal approval process, a new deposit will not be assessed. The resident is required to return the pet tag to the Fairmont Housing Authority for the pet who has died, and obtain a new tag for the new pet at the standard charge of \$5.00.

**20.7 Financial Obligation of Residents**

Any resident who owns or keeps a pet in their dwelling unit will be required to pay for any damages caused by the ownership of the pet. Also, any pet-related insect infestation in the pet owner's unit or adjacent units will be the financial responsibility of the pet owner and the Fairmont Housing Authority reserves the right to exterminate and charge the resident.

**20.8 Nuisance or Threat to Health or Safety**

The pet and its living quarters must be maintained in a manner to prevent odors and any other unsanitary conditions in the owner's unit and surrounding areas.

Repeated substantiated complaints by neighbors or Fairmont Housing Authority personnel regarding pets disturbing the peace of neighbors through noise, odor, animal waste, or other nuisance may result in the owner having to remove the pet. If the pet is not removed, the owner may be evicted.

Pets who make noise continuously and/or incessantly for a period of ten (10) minutes or intermittently for one half hour or more to the disturbance of any person at any time of day or night shall be considered a nuisance.

Any dog which, when unprovoked, in a vicious or terrorizing manner, approaches any person in an apparent attitude of attack upon the streets, sidewalks or any public grounds or places shall be considered a threat.

**20.9 Designation of Pet Areas**

Pets must be kept in the owner's apartment or on a leash at all times when outside the unit. No outdoor cages may be used or constructed. A person must accompany the pet at all times when outside. Pets will be allowed only in designated areas on the grounds of the property if the Fairmont Housing Authority designates a pet area for the particular site. Pet owners must immediately clean up after their pets and are responsible for disposing of pet waste.

With the exception of assistive animals no pets shall be allowed in the community room, community room kitchen, laundry rooms, public bathrooms, lobby, hallways or office in any of our sites.

To accommodate residents who have medically certified allergic or phobic reactions to dogs, cats, or other pets, those pets may be barred from certain areas in our developments or building. This shall be implemented based on demand for this service.

**20.10 Miscellaneous Rules**

Pets may not be left unattended in a dwelling unit for over ten (10) hours. If the pet is left unattended and no arrangements have been made for its care, the Fairmont Housing Authority will have the right to enter the premises and take the un cared for pet to be boarded at a local animal care facility at the total expense of the resident.

Pet bedding shall not be washed in any common laundry facilities.

Residents must take appropriate actions to protect their pets from fleas and ticks.

Pets cannot be kept, bred or used for any commercial purpose.

Residents owning cats shall maintain waterproof litter boxes for cat waste. Refuse from litter boxes shall be cleaned daily and not accumulate or become unsightly or unsanitary. All pet waste shall be placed in a waterproof plastic bag and sealed then placed in a garbage can.

A pet owner shall physically control or confine his/her pet during the times when Housing Authority employees, agents of the Housing Authority or others must enter the pet owner's apartment to conduct business, provide services, enforce lease terms, etc.

If a pet causes harm to any person, the pet's owner shall be required to permanently remove the pet from the Housing Authority's property within 24 hours of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

Housing Authority tagged animals left unattended or loose three times will result in eviction of owner.

A pet owner who violated any other conditions of this policy may be required to remove his/her pet from the development within 10 days of written notice from the Housing Authority. The pet owner may also be subject to termination of his/her dwelling lease.

The Housing Authority's grievance procedures shall be applicable to all individual grievances or disputes arising out of violations or alleged violations of this policy.

Visiting pets shall not be allowed.

#### ***20.11 Removal of Pets***

The Fairmont Housing Authority, or an appropriate municipal community authority, shall require the removal of any pet from a dwelling unit if the pet's conduct or condition is determined to be a nuisance or threat to the health or safety of other occupants of the development/building or of other persons in the community where the development is located.

In the event of illness or death of pet owner, or in the case of an emergency which would prevent the pet owner from properly caring for the pet, the Fairmont Housing Authority has permission to call the emergency caregiver designated by the resident or the local Pet Law Enforcement Agency to take the pet and care for it until family or friends would claim the pet and assume responsibility for it. Any expenses incurred will be the responsibility of the pet owner.

20.12

**Fairmont Housing Authority  
Authorization for Pet Ownership Form  
(To be completed by a Veterinarian)**

Pet Owner's Name: \_\_\_\_\_

Pet Owner's Address: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_

Pet's Name: \_\_\_\_\_

Type or Breed: \_\_\_\_\_ Expected Adult Weight: \_\_\_\_\_

Spayed or Neutered? \_\_\_\_\_ Date of Rabies Shot: \_\_\_\_\_

City/County License ID Number: \_\_\_\_\_

Veterinarian Utilized: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Caregiver for the Pet: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Veterinarian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**I have read and understand the rules governing pets and I and all members of my household promise to fully comply.**

Signature of Pet Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

Please attach to this form the following:

- Picture of the Pet
- Rabies Certification
- City/County License

Housing Authority Tag Number: \_\_\_\_\_

## ATTACHMENT 9

### 2009 Public Housing Policy Changes:

1. Page 5. Section 2.0, *REASONABLE ACCOMMODATION* (ACOP)

Delete text. Replace with the following: “Refer to separate Section 504 Policy.

2. Add: Section 24.0 *LIVE-IN AIDES* (24 CFR 5.403; HB 4350.3 p. 3-9; PH Occ. GB, p. 195; 24 CFR 966.4(d)(3)(i) (ACOP)

A live-in aide is a person who resides with a person or persons who are elderly, near elderly, and/or have a disability. The live-in aide:

1. Must be essential to the care and well-being of the person(s).
2. Must not be obligated for support of the person(s).
3. Would not be living in the unit except to provide necessary supportive services.

While a relative may be considered to be a live-in aide, he/she must meet the above requirements, especially the last. The live-in aide qualifies for occupancy only as long as the individual needing supportive services requires the aide’s services and remains a tenant, and may not qualify for continued occupancy as a remaining family member.

Live-in aides are subject to the same criminal history check that is performed on all other adult applicants.

In requesting the use of a live-in aide the resident must:

1. Put the request for a live-in aide in writing to the Housing Authority’s Housing Manager.
  2. Provide written document from a physician or other similarly qualified professional stating that the resident needs the aide, and for the estimated time period that the aide will be needed.
3. Lease – Section 15 (a): *Rent Decreases*  
ACOP – Section 14.6 (C) (a)

Change from: The rent change decrease will take effect on the first day of the third month after the income change has been reported.

Change to: The rent change decrease will take effect on the 30<sup>th</sup>. day after the change has been reported, in writing, upon verification.

4. **ACOP - Section 13.3 – Minimum Rent – Delete this section.**
  
5. **ACOP – Section 13.3 a. (b) – Eviction for minimum rent – delete this paragraph.**

## ATTACHMENT A

### Public Meeting

A public meeting was held at 2:00 p.m. on Monday, September 14, 2009 at the main office of Fairmont Housing Authority. The meeting was properly advertised as required. No one from the public attended. Seven Public Housing residents attended.

One resident inquired as to how the EIV system worked, and how income discrepancies are resolved. The Public Housing Manager answered this question to the resident's satisfaction.

Other residents raised work order issues:

1. Maple Avenue – 2 locust trees in back of 101 need trimmed  
Trees are overgrown and will be removed.
2. Carlone Street – there is a sink hole by the fence that needs addressed  
Maintenance will take care of.
3. Maple Avenue – one resident requested that satellite dishes be allowed, that every bedroom be cable ready, and also internet accessible.  
Some companies cement a pole in the ground, others attach the pole to the building, depending on the location. In either case it would be unsightly, and labor intensive for maintenance in cases of leak repair and unit turnaround. Staff is opposed to allowing satellite dishes.
4. Not all laundry areas have overhead  
Maintenance will install a light for the tenant who raised the question by running conduit inside the laundry area where it would be exposed but out of site. The Assistant Director will then look at the finished job and discuss with Maintenance as to overall feasibility. There is no other way to run the wire without tearing out a wall and incurring a lot of expense.
5. Two Harlem Street residents complained about non-residents taking over the Arlington Street playground, and getting no cooperation from the city police.  
The Public Housing Manager will contact Officer Brian Stewart who has helped the Housing Authority on other issues.
6. One resident stated she had complained to the city about a pot hole in the road in front of her apartment to no avail.  
Maintenance will take care of the pot hole.
7. A request was made to make all bedrooms cable ready.  
This is not feasible due to the cost to take walls down for the installation and then putting the walls back.

The Assistant Director asked residents to put in work orders as they left from the meeting. Installation of additional cable hookups, installation of overhead lights in laundry areas, and use of satellite dishes will be looked into.

In analyzing the discussion at the meeting, it is felt that residents were more concerned about work orders that should have been called in anyway, rather than the content of the Five Year Plan, capital improvements, or new policy changes.

**Public Meeting  
September 15, 2009  
Attn: Tom, Dave, Linda**

**Resident Concerns:**

**Maple Avenue:** 2 locust trees next to back parking lot (behind 101) need trimmed back. Tom, contact Mt. State and arrange to have this done.

**Carlone Street:** Mrs. Wilfong reports that there is a sink hole next to the fence near the storm drain that was plugged up. She said her grandson had fallen into it. Tom, investigate. Get hole filled in before someone gets hurt.

**915 Harlem:** Shirley Miller reports there is a pot hole in the street. Says she called the city to have it repaired and the city said they didn't have the money. Tom, see if you can get anywhere with the city. If not, get some cold patch and go ahead and fix it.

**Residents complained about non-residents taking over Arlington playground and getting no help from the police. I told them to call the new City Manager. Said these older teenagers are using foul language and tearing up the playground**

**Open for discussion:**

- 1. Not all laundry areas have overhead lights**
- 2. Make all bedrooms cable ready**
- 3. Some residents would like to have satellite tv**

AGENCY PLAN

RESIDENT MEETING WITH RESIDENTS

MONDAY - SEPTEMBER 14, 2009

2:00 PM

1. Arnie Little

Arnie E. Little

112 MAPLE AVENUE -

Address: FAIRMONT, WEST VIRGINIA 26554

2. Shirley Miller

Shirley Miller

Address: 915 Hampton St.

3. Aurdin Priestler

Aurdin E. Priestler

Address: 700 Harden St. Fort. WV 26554

4. Nancy Wakeley

Nancy Wakeley

Address: 107, Maple Ave., Fort. WV 26554

5. Robert Whitmeyer

Robert S. Whitmeyer

Address: 103 Maple Ave

6. Sandra Wilfong

Sandra K. Wilfong

Address: 608 Carlone St

3. W. Dunire, Asst. Dir. of Directors

[Signature]

Linda Loufoger, Public Housing Manager

Linda Loufoger

George McElroy, Sect. 2 Coordinator

George McElroy

**PHA Certifications of Compliance  
with PIA Plans and Related  
Regulations**

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

Hairment Housing Authority (W009)

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the 5-Year and/or Annual PIA Plan for the PHA fiscal year beginning 01/2011 (hereinafter referred to as "the Plan", of which this document is a part and with 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 (whenever 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 15 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 these programs or proposed programs, identify any impediments to fair housing choice within these 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 PHC/TMS Module in an accurate, complete and timely manner (as specified in PHH 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 in 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 each 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 areas 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.

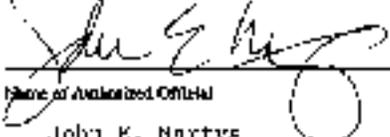
Fairport Housing Authority  
PHA Name

57009  
PHA Number/HA Code

xx 5-Year PHA Plan for Fiscal Years 20<sup>10</sup> - 20<sup>14</sup>

Annual PHA Plan for Fiscal Years 20 - 20

I hereby certify that all the information stated herein, as well as any information provided in the more particular herewith, is true and accurate. Where applicable HUD will process this request and determine. Continued use may result in criminal and/or civil penalties. (18 USC 1001, 1003, 1012, 1115C, 1779, 1782)

 Name of Authorized Official John E. Martys	Title EXECUTIVE DIRECTOR
Signature	Date 10/15/2009

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Fairmont Housing Authority (W0009)

Program/Activity Receiving Federal Grant Funding

5 Year and Annual Plan

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, employees 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.

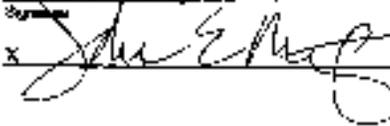
g. Making a good faith effort to continue to maintain a drug free workplace through implementation of paragraphs a. thru f.

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.)

APP 000000000001

Check here:  If there are workplaces on file that were not identified on the attached sheets.

Thereby certify that all the information stated herein, as well as any information provided in the accompanying 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
John E. Nutter	Executive Director
	Date
	10/15/2007

Form HUD-54074 (2/04)  
 and Handbook 441.1, 4479.13, 7485.1 & 2

# Certification of Payments to Influence Federal Transactions

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

Agency Name

Farmout Housing Authority - W0009

Transaction Activity Requiring Federal Grant Funding

5 Year and 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.

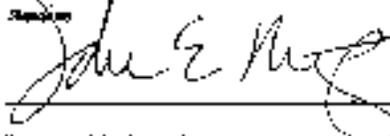
This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to 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 accompanying Schedule, is true and accurate.  
Violation: HUD will prosecute false statements and omissions. Conviction may result in criminal and/or civil penalties.  
(18 U.S.C. 1001, 1011, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

John K. Natta

Signature



Title

Executive Director

Date (mm/dd/yyyy)

10/15/2019

Previous edition is obsolete

Form HUD-2007-1 (02/07)  
ref. Handbooks 7417.1, 7415, 53, 7485.1, & 7405.3





### INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, of the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to 41 CFR section 101-11.6. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is sought, has been secured in influencing the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of the report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawardee includes but is not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DF-004X11".
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the period(s) identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1996 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The lobbying registrant shall sign and date the form, print last name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no person is required to respond to a collection of information unless it displays a valid OMB Control Number. This valid OMB control number for this information collection is OMB No. 0948-0048. The reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0948-0048), Washington, DC 20503.

**DISCLOSURE OF LOBBYING ACTIVITIES  
CONTINUATION SHEET**

Revised by DHS  
11/20/04/16

Reporting Entity: Political Action Subevity - 95002 Page 2 of 2

Nothing to report.

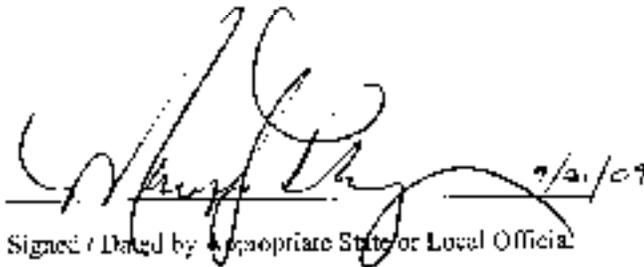
Authorized for Local Reproduction  
Standard Form - LLL-A

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

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

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

I, Mary Jo Thompson the Director Community Development certify that the Five Year and  
Annual PIA Plan of the Farmington Housing Authority is consistent with the Consolidated Plan of  
West Virginia prepared pursuant to 24 CFR Part 91.

  
Signed / Dated by Mary Jo Thompson 7/21/09  
Appropriate State or Local Official

form HUD-50077-SL (1/2009)  
OMB Approval No. 2577-0226

# Fairmont & Morgantown Housing Authorities

103 Twelfth Street  
P.O. Box 2738  
Fairmont, WV 26555-2738  
FH (304) 362-0650 • FAX (304) 366-0469

Morgantown  
(304) 291-4660

Morgantown, Taylor & Preston Counties  
1-800-637-7464

## RESOLUTION

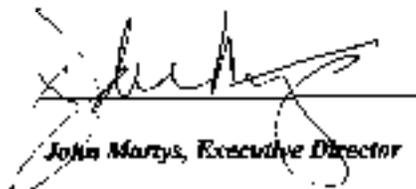
### *2010 Five Year Plan Fairmont Housing Authority*

*It is hereby resolved that on Wednesday, September 30, 2009 the Board of Commissioners of the Fairmont Housing Authority (WV009), Fairmont, WV 26555-2738 resolve to approve the 2010 Five Year Plan as presented.*



*George Johnston, Chairperson*

*September 30, 2009*



*John Marzys, Executive Director*

*September 28, 2009*

