

PHA 5-Year and Annual Plan	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires 4/30/2011
-----------------------------------	---	--

1.0	PHA Information PHA Name: <u>ATHENS METROPOLITAN HOUSING AUTHORITY</u> PHA Code: <u>OH041</u> PHA Type: <input type="checkbox"/> Small <input type="checkbox"/> High Performing <input checked="" type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <u>01/01/2011</u>				
2.0	Inventory (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>71</u> Number of HCV units: <u>698</u>				
3.0	Submission Type <input type="checkbox"/> 5-Year and Annual Plan <input checked="" type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only				
4.0	PHA Consortia <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)				
	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program
	PHA 1:				PH HCV
	PHA 2:				
	PHA 3:				
5.0	5-Year Plan. Complete items 5.1 and 5.2 only at 5-Year Plan update.				
5.1	Mission. State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: N/A				
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. N/A				
6.0	PHA Plan Update (a) Identify all PHA Plan elements that have been revised by the PHA since its last Annual Plan submission: Eligibility, Selection and Admissions Policies, including Deconcentration and Wait List Procedures & Homeownership see Attachment oh041v01a (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. AMHA, 10 HOPE DRIVE, ATHENS, OHIO 45701				
7.0	Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers. Include statements related to these programs as applicable.				
8.0	Capital Improvements. Please complete Parts 8.1 through 8.3, as applicable. Attachment oh041v01d				
8.1	Capital Fund Program Annual Statement/Performance and Evaluation Report. As part of the PHA 5-Year and Annual Plan, annually complete and submit the <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> , form HUD-50075.1, for each current and open CFP grant and CFFP financing. Attachment oh041v01d				
8.2	Capital Fund Program Five-Year Action Plan. As part of the submission of the Annual Plan, PHAs must complete and submit the <i>Capital Fund Program Five-Year Action Plan</i> , form HUD-50075.2, and subsequent annual updates (on a rolling basis, e.g., drop current year, and add latest year for a five year period). Large capital items must be included in the Five-Year Action Plan. Attachment oh041v01d				
8.3	Capital Fund Financing Program (CFFP). <input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.				

9.0	<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. Attachment oh041v01b</p>
9.1	<p>Strategy for Addressing Housing Needs. Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan. Attachment oh041v01b</p>
10.0	<p>Additional Information. Describe the following, as well as any additional information HUD has requested.</p> <p>(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year Plan. Attachment oh041v01c</p> <p>(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA’s definition of “significant amendment” and “substantial deviation/modification” Attachment oh041v01c</p>
11.0	<p>Required Submission for HUD Field Office Review. In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. Note: Faxed copies of these documents will not be accepted by the Field Office.</p> <p>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights) Attachment oh041v01k</p> <p>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) Attachment oh041v01k</p> <p>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) Attachment oh041v01k</p> <p>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) Attachment oh041v01k</p> <p>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only)</p> <p>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. No RAB or comments received. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. No recommendations received. See Attachment oh041v01j</p> <p>(g) Challenged Elements No challenged elements.</p> <p>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) d</p> <p>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) Attachment oh041v01d</p>

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

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

Instructions form HUD-50075

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

1.0 PHA Information

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

2.0 Inventory

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

3.0 Submission Type

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

4.0 PHA Consortia

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

5.0 Five-Year Plan

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

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

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

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

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

PHA Plan Elements. (24 CFR 903.7)

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

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

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

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

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

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

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

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

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

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

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

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

8.2 Capital Fund Program Five-Year Action Plan

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

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

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

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

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

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

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

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

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

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

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

Changes to Administrative Plan for 2011

Added definition to plan of non-elderly page 3-6

3-I.H. ELDERLY AND NEAR-ELDERLY PERSONS, AND ELDERLY FAMILY & NON-ELDERLY
[24 CFR 5.100 and 5.403]

Non-Elderly

Does not meet the definition as elderly for additional information see Exhibit 3-4

and added page 3-44 as Exhibit 3-4 “Definitions Related to Nursing Home & Other Health Care Institutions”

EXHIBIT 3-4 DEFINITIONS RELATED TO NURSING HOME & OTHER HEALTH CARE INSTITUTIONS

- **Non-elderly** does not meet the definition as elderly person or elderly family.
- **Elderly person** A person who is at least 62 years of age.
- **Near-Elderly** A person who is 50-61 years of age.
- **Elderly Family** One in which the head, spouse, co-head, or sole member is 62 years or older. It may include two or more elderly persons living together, or one or more elderly persons living with one or more persons determined under the public housing agency plan to be essential to their care or well being.
- **Nursing Homes** Includes intermediate care facilities and specialized institutions that care for the mentally retarded, developmentally disabled, or mentally ill, but excludes board and care facilities (adult homes, adult day care, adult congregate living).
 - A public facility, proprietary facility or facility of a private nonprofit corporation or association, licensed or regulated by the State, municipality or other political subdivision in which the facility is located.
 - Provides for the accommodation of convalescents or other persons who are not acutely ill and not in need of hospital care, but who require skilled nursing care and related medical services.
 - Corresponds to the Department of Health and Human Services “Skilled Nursing Facility” (SNF)

- **The nursing care and medical services must be prescribed by, or performed under the general direction of, persons licensed to provide such care or services in accordance with the laws of the State where the facility is located.**
- **Intermediate Care Facility**
A proprietary residential facility or a facility of a private non-profit corporation or association licensed or regulated by the State, the municipality or other political subdivision in which the facility is located.
Provides for the accommodation of persons who require minimum but continuous care but not in need of continuous medical or nursing services

Added or changed those preferences in bold type on page 4-14:

4-III.C. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use [24 CFR 982.202(d)].

Local Preferences [24 CFR 982.207; HCV p. 4-16]

PHAs are permitted to establish local preferences, and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources.

PHA Policy

The PHA will offer the following preferences to any applicant that is:

Non-Elderly disabled family transitioning from institutions into the community (6 points) (Head or Co-head)

Non-Elderly disabled family who without housing assistance are at risk of institutionalization. (6 points)(Head or Co-head)

A Veteran (1 point)

Elderly, Handicapped or Disabled Head or Co-Heads of Households (1 point)

A Head or Co-head of the Household that is Employed an average of 20 hrs a week (1 point) (S8 only) Except where income is excluded.

A Head or Co-Head of the Household that is Employed (average of 20 hrs a week) (Except where income is excluded)or enrolled in Secondary Education Classes at an Accredited School with full time status (1 point) (PH only)

Local Resident (1 point) (Live or work in Athens County)

The AMHA will not deny a local preference, nor otherwise exclude or penalize a family in admission to the program, solely because the family resides in Public Housing.

On page 7-20 Added & Changed Verification of Preference Status to read:

7-II.H. VERIFICATION OF PREFERENCE STATUS

The PHA must verify any preferences claimed by an applicant.

PHA Policy

The PHA will offer preferences to any applicant family that:

Non-Elderly disabled family transitioning from institutions into the community (6 points) (Head or Co-head) (A referral form from the partnering agency will serve as confirmation)

Non-Elderly disabled family who without housing assistance are at risk of institutionalization. (6 points)(Head or Co-head) (A referral form from the partnering agency will serve as confirmation)

A Veteran (1 point) (DD214 Form)

Elderly, Handicapped or Disabled Head or Co-Heads of Households (1 point)

A Head or Co-head of the Household that is Employed an average of 20 hrs a week (1 point) (S8 only) except where income is excluded (4 consecutive paystubs or statement from employer)

A Head or Co-Head of the Household that is Employed (average of 20 hrs a week) (Except where income is excluded) (4 consecutive paystubs or statement from employer) or enrolled in Secondary Education Classes at an Accredited School with full time status (1 point) (PH only)(School schedule)

Local Resident (1 point) (Live or work in Athens County) (Residential address will be checked, working address of business will be checked by paystubs or confirmation from employer)

On page 15-24 “HOMEOWNERSHIP” added the statement under title 15-VII.I CONTINUED ASSISTANCE REQUIREMENTS; FAMILY OBLIGATIONS [24 CFR 982.633]

The family must obtain AMHA’s approval for any loans that are secured by the assisted property, including any refinancing or home equity loans. AMHA will use the same criteria used to review the initial mortgage loan, including the qualifications of the lender, the terms of the loan and the affordability for the family.

Changes to ACOP

On page 4-16 changed preferences to read:

4-III.B. SELECTION METHOD

PHAs must describe the method for selecting applicant families from the waiting list, including the system of admission preferences that the PHA will use.

Local Preferences [24 CFR 960.206]

PHAs are permitted to establish local preferences and to give priority to serving families that meet those criteria. HUD specifically authorizes and places restrictions on certain types of local preferences. HUD also permits the PHA to establish other local preferences, at its discretion. Any local preferences established must be consistent with the PHA plan and the consolidated plan, and must be based on local housing needs and priorities that can be documented by generally accepted data sources [24 CFR 960.206(a)].

PHA Policy

The AMHA will select families based on the following preferences and assigned points within each bedroom size category: An applicant may receive a maximum of 4 for Public Housing preference points as described as follows:

1. An applicant will receive one (1) point for each of the following if he/she is:
 - a. a veteran
 - b. a head of household/co-head that is employed an average of 20 hrs a week (except where income is excluded) or enrolled in Secondary Education classes at an Accredited School with full time status
 - c. a head of household/co-head that is handicapped, elderly or disabled
 - d. claiming a local resident point (those that work or reside in the county)

Applicants will be placed on the waiting list by bedroom size and their total preference points. The date and time of application will be utilized to determine the sequence within the above-prescribed preferences. Notwithstanding the above, families who are elderly, disabled, or displaced will be offered housing before other single persons.

On page 7-20 changed verification of preferences to read:

7-II.H. VERIFICATION OF PREFERENCE STATUS

The PHA must verify any preferences claimed by an applicant.

PHA Policy

The PHA offers a preference for working families, described in Section 4-III.B.

The PHA may verify that the family qualifies for the working family preference based on the family's submission of the working member's most recent paycheck stubs indicating that the working member works at least an average of 20 hours per week. The paycheck stubs must have been issued to the working member within the last thirty days. (Income excluded does not count towards employed)

The PHA may also seek third party verification from the employer of the head, spouse, co-head or sole member of a family requesting a preference as a working family.

The PHA also offers preference for the following:

A veteran must provide a copy of DD214 form.

An Elderly, Handicapped or Disabled head or co-head, documentation from credentialed physician certifying disability or handicap. For elderly, confirmation of age such as birth certificate will be acceptable.

A Head or co-head of the household that is enrolled in Secondary Education Classes at an Accredited School with full time status, will need to provide school schedule or statement from school confirming full time status.

Local resident will need to provide documentation of residential address for examples; copy of lease, utility bill, paystub, etc

2. Statement of Financial Resources.

Att: oh041v01a cont'd

Athens Metropolitan Housing Authority
OH041 Annual Plan for FY2011

Financial Resources: Planned Sources and Uses		
Sources	Planned \$	Planned Uses
1. Federal Grants (FY 2011 Grants)		
a) Public Housing Operating Fund	341,771.00	Tenant Rents
b) Public Housing Capital Fund	127,470.00	Roof Replacement
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for S8 Tenant Based Assistance	3,160,370.00	S8 HAP
f) Resident Opportunity and Self- Sufficiency Grants		
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
2. Prior Year Federal Grants (unobligated funds only) list below		
2010 CFP 501-10	123,729.00	Blacktop/Resurface
3. Public Housing Dwelling Rental Income		
	127,304.00	Operating Expenses
4. Other income (list below)		
5. Non-federal sources (list below)		
Total Resources		

3. Rent Determination.

Public Housing Program: AMHA will not adopt optional changes to income-based rents. A tenants rent share will be calculated as the highest of 30% of the family's monthly adjusted income, 10% of the family's monthly gross income (annual income divided by 12), the welfare rent (does not apply to this locality) or a minimum rent between \$0 and \$50 (AMHA minimum rent is \$0.00). At an admission or annual recertification AMHA will offer the choice between flat and income-based rent. AMHA continues to allow discretionary (optional) deductions and/or exclusions policies: for the earned income of a previously unemployed household member and for household heads and allows for a \$25.00 week travel allowance deduction for those families working or attending school (college). The families must report any time their income/household changes and AMHA will determine if an income change is needed.

Section 8 Program: AMHA will not adopt optional changes to income-based rents. A tenants rent share will be calculated as the highest of 30% of the family's monthly adjusted income, 10% of the family's monthly gross income (annual income divided by 12), the welfare rent (does not apply to this locality) or a minimum rent between \$0 and \$50 (AMHA minimum rent is \$0.00). If a family chooses a unit with a gross rent (rent to owner plus an allowance for tenant-paid utilities) that exceeds the PHA's applicable payment standard: (1) the family will pay more than the TTP, and (2) at initial occupancy the PHA may not approve the tenancy if it would require the family share to exceed 40% of the family's monthly adjusted income. The income used for this determination must have been verified no earlier than 60 days before the family's voucher was issued. The PHA will pay a monthly housing assistance payment (HAP) for a family that is equal to the lower of (1) the applicable payment standard for the family minus the family's TTP or (2) the gross rent for the family's unit minus the TTP. AMHA's voucher payment standards are above 100% of the FMR. The payment standards are higher than the FMR's because the FMR's are not adequate to ensure success among assisted families in the PHA's segment of the FMR area and to increase housing options for families to locate housing in the city limits. AMHA is located in a college town and therefore affordable family housing is hard to obtain within the city. The payment standards are reevaluated annually for accuracy.

4. Operations and Management.

AMHA administers 71 Public Housing Units, 698 Section 8 Housing Choice Vouchers, 25 Shelter Plus Care TRA Vouchers, a 5-Unit Shelter Plus Care Project Based Site, Section 8 FSS Housing Choice Voucher Program, a Homeownership Program, 35 HUD VASH Vouchers a 12 unit substantial rehab and many other units in the private sector. The AMHA Maintenance Policy is attached as **attachment oh041v01f**

5. Grievance Procedures.

Residents or applicants of public housing should contact the AMHA's main office to initiate the grievance process. The grievance procedures for Public Housing can be found in the ACOP (Admissions and Continued Occupancy (**Grievance Policies are attached as attachments oh041v01g and oh041v01h**)). Applicants or assisted families of the Section 8 Housing Choice Voucher Program should contact the AMHA main office to initiate the informal hearing processes. The Section 8 Grievance Procedure and Policy can be found in the Administrative Plan, available at AMHA Office located at 10 Hope Drive, Athens, Ohio 45701.

6. Designated Housing for Elderly and Disabled Families.

AMHA currently does not have any designated housing for elderly or disabled families.

7. Community Service and Self-Sufficiency.

AMHA currently has a Section 8 Family Self Sufficiency Program available to Section 8 Housing Choice Voucher participants, in addition AMHA also in collaboration with Community Food Initiatives provided board funds and land for gardening activities to take place at our Public Housing Sites. Also in collaboration with the Gallia, Jackson, Vinton JVSD we provide the classroom space for the Adult Basic Literacy Education Program which is available to all Section 8 and Public Housing tenants to successfully gain their GED's.

8. Safety and Crime Prevention.

AMHA and the local city police department have entered into a verbal agreement to contact our agency by email of any police reports that involves any of our properties. This agreement in place has given the AMHA the tools and supporting documentation to address problems in a more timely manner. The open communication with the city police department has been very helpful in identifying potential problems . AMHA has installed outside parameter lighting to deter any crime activity that could occur during non-daylight hours. AMHA Public Housing Sites; Hope Drive Apartments located within the City Limits and the Scattered Sites Units located in different areas of Athens County has had very little to no crime activity. Most activity has been that of unruly or unwanted guests damaging doors, windows, etc.

9. Pets.

A statement describing AMHA's pet policy and requirements pertaining to the ownership of pets in public housing can be found in the ACOP and a copy of **the pet policy has been attached as attachment oh041v01i.**

10. Civil Rights Certification.

Civil Rights Certification signed by the Chairmen of the AMHA Board of Commissioners is included in the PHA Plan Certifications of Compliance with the PHA Plans and Related Regulations.

11. Fiscal Year Audit.

The most recent fiscal audit conducted by J.L. Uhrig and Associates was released for Fiscal Year Ending 2008 and was submitted to HUD. The fiscal audit stated that no material internal control weaknesses reported at the financial statement level nor were there any findings or questioned costs for federal awards.

12. Asset Management.

Athens Metropolitan Housing Authority (AMHA) has completed in the last five years a 20 year physical needs assessment for each project and has a current five-year capital plan for each project. AMHA has adopted strategies to achieve long-term reduction in energy and utility consumption by adopting a plan to guide energy and utility consumption reductions and using energy star equipment for retrofits. AMHA will work with the City to pursue neighborhood improvements and better access to the city amenities for better marketability of the developments located within the city. Focus management activities to continue improvement of the developments occupancy and turnover rates. Schedule and address current and projected physical needs, with a focus on upgrading and maintaining the property's physical and management needs in a manner that will not compromise the service the agency provides to the occupants but will reduce higher cost in these areas as the homes age.

13. VAWA (Violence Against Women Act).

AMHA's VAWA description is provided as attachment **oh041v01e**

9.0 Housing Needs

Att: oh041v01b

Section 8 Waiting List

AMHA currently has 607 applicants on our Section 8 Housing Choice Voucher Waiting List. Of the 607 applicant families on the list, 469 or 77.3% have listed the head of household as female and 138 or 22.7% applicant families have documented male head of households. Of the 607 applicant families on the waiting list, the family status recap states that 190 applicant families state they are elderly and /or elderly-disabled families, 417 applicant families state that they are non elderly and non disabled households. Of those applicants on the Section 8 Housing Choice Voucher Waiting List the Primary Race Recap states that 550 applicants or 90.6% are White, 47 applicants or 7.7% are black, 4 applicants or 0.7% are Indian, 2 applicants or 0.3% are Asian and 1 or 0.2% document multi-race and 3 primary races are unknown. The Ethnicity Recap states that 597 or 98.4% are Non Hispanic and 7 or 1.2% are Hispanic Applicants and 3 are unknown. Based on the family recap, 431 or 71% of the 607 applicants on the waiting list are families with household members of; 165 families having 2 members, 156 families have 3 members, 78 families have 4 members, 20 families have 5 members, 8 families have 6 members, 2 families have 7 members, 1 family has 8 members and 1 family has 11 members AMHA's Section 8 Housing Choice Voucher Waiting List is currently open.

Public Housing Waiting List

There are currently 228 applicants on the Public Housing Waiting List, of these 228 applicants 168 requires 2 bedroom unit, 44 applicants require 3 bedroom units, 13 applicants require a 4 bedroom unit, 3 applicants require a 5 bedroom unit. Of the 228 applicant families on the waiting list, 191 or 83.3% have listed the head of household as female and 37 or 16.2% applicant families have documented male head of households. Of the 228 applicant families on the waiting list, the family status recap states that 39 applicant families report that they are elderly and/or elderly-disabled families, while 189 applicant families report that they are non-elderly non- disabled families. Of those applicants on the Public Housing Waiting List the Primary Race Recap states that 215 applicants or 94.3% are White, 12 applicants or 5.3% are Black, and 1 applicant or 0.4% are Asian.. The Ethnicity Recap states that 226 or 99.1% of the applicants are Non-Hispanic and 2 or 0.9% are Hispanic Applicants. Based on the family recap 214 applicants or 94% of the 228 applicants on the waiting list are families with household members of; 93 families have 2 members, 86 families have 3 members, 25 families have 4 members, 4 families have 5 members, 3 families have 6 members, 1 family has 7 members and 2 families have 8 members.. AMHA's Public Housing Waiting List is currently open.

Housing Needs of Families in the Jurisdiction

Scale <1 - 5>

by Family Type

Family Type	Overall	Affordability	Supply	Quality	Accessibility	Size	Location
Extremely low income <=30% AMI	3,764	5	5	5	5	1	N/A
Very low income Income (>30% but <=50% AMI)	6,009	5	5	5	5	3	N/A
Low income (>50% but <80% AMI)	3,178	4	1	4	4	1	N/A
Elderly families	5397	5	4	3	5	2	N/A
Families with Disabilities	9,740	5	5	5	5	4	N/A
Race/ethnicity White	58,099	5	N/A	N/A	N/A	N/A	N/A
Race/ethnicity Black	1,518	5	N/A	N/A	N/A	N/A	N/A
Race/ethnicity Hispanic	650	5	N/A	N/A	N/A	N/A	N/A
Race/ethnicity Asian	1,119	5	N/A	N/A	N/A	N/A	N/A

9.1 Strategy for Addressing Housing Needs

Att: oh041v01b

(1) Strategies

Need: Shortage of affordable housing for all eligible populations

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

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

Reduce turnover time for vacated public housing units

Maintain or increase section 8 lease-up rates by establishing payment standards that will enable families to rent throughout the jurisdiction

Undertake measures to ensure access to affordable housing among families assisted by the PHA, regardless of unit size required

Maintain or increase section 8 lease-up rates by marketing the program to owners, particularly those outside of areas of minority and poverty concentration

Maintain or increase section 8 lease-up rates by effectively screening Section 8 applicants to increase owner acceptance of program

Participate in the Consolidated Plan development process to ensure coordination with broader community strategies

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

Apply for additional section 8 units should they become available

Pursue housing resources other than public housing or Section 8 tenant-based assistance.

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

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

Exceed HUD federal targeting requirements for families at or below 30% of AMI in public housing

Employ admissions preferences aimed at families with economic hardships

Adopt rent policies to support and encourage work

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

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

Employ admissions preferences aimed at families who are working

Adopt rent policies to support and encourage work

Need: Specific Family Types: The Elderly

Strategy 1: Target available assistance to the elderly:

Apply for special-purpose vouchers targeted to the elderly, should they become available

Need: Specific Family Types: Families with Disabilities

Strategy 1: Target available assistance to Families with Disabilities:

Apply for special-purpose vouchers targeted to families with disabilities, should they become available

Affirmatively market to local non-profit agencies that assist families with disabilities

Att: oh041v01b cont'd

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

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

Affirmatively market to races/ethnicities shown to have disproportionate housing needs

Strategy 2: Conduct activities to affirmatively further fair housing

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

Market the section 8 program to owners outside of areas of poverty /minority concentrations

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

(2) Reasons for Selecting Strategies

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

Funding constraints

Staffing constraints

Limited availability of sites for assisted housing

Evidence of housing needs as demonstrated in the Consolidated Plan and other information available to the PHA

10.0 Progress Report

Att: oh041v01c

- (a) **Progress in Meeting Mission and Goals** 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. (Progress report is located at 10.0)

HUD Strategic Goal: Increase Homeownership Opportunities.

PHA Goal #1 Increase and expand homeownership opportunities

Objective: Make the home buying process less complicated and less expensive

Objective: Help HUD-assisted renters become homeowners

AMHA has administered a Homeownership Program since January 1, 2002 and has provided for a total of five (5) Section 8 Housing Choice Voucher Participants, who met the criteria to qualify for this option, the opportunity to participate in the homeownership program, AMHA will continue in this manner up to and including year ten (10) AMHA has set the maximum number of homeownership participants to be at a cap of fifty (50). AMHA in conjunction with the Hocking Metropolitan Housing Authority provides Homeownership Pre-Assistance Counseling Classes. **AMHA has had a total of 25 closings utilizing the Section 8 Homeownership Voucher Assistance with 16 still being active and 9 participants leaving the program.**

Such counseling will include topics of home maintenance, budgeting, money management, credit counseling, how to negotiate the purchase price of a home, obtaining financing and loan preapprovals, finding a home in the AMHA jurisdiction, advantages of purchasing a home in an area that does not have a high concentration of low-income families, fair housing, and real estate settlement procedures and predatory lending issues.

AMHA will remind Section 8 Participants of the Homeownership Program at each annual & interim recertification and provide them the Homeownership Coordinator contact information.

HUD Strategic Goal: Promote Decent Affordable Housing:

PHA Goal #2 Promote Decent Affordable Housing and Improve the quality of assisted housing

Objective: Expand access to and the availability of decent, affordable rental housing

Objective: Improve the management accountability and physical quality of public and assisted housing

Objective: Promote housing self-sufficiency.

AMHA will continue to conduct annual meetings with owners and landlords regarding tenant-based assistance to increase assisted housing choices. AMHA will continue to partnership with other local agencies and non-profit organizations to engage in innovative financing with the private financial industry and seek other public funds from local, state and federal entities to acquire or build units or developments of at least 3 units within the next 5 years. **AMHA has exceeded the goal of acquiring 3 units within the next 5 years by purchasing and rehabilitating 18 units of scattered housing in partnership with Ohio Housing Finance Agency and Chase Bank of Athens. The units are located in The Plains, Glouster and Jacksonville, Ohio. These homes are affordable as AMHA is required to use the HUD High and Low Home Rents on 11 of these units.**

AMHA will strive to lessen turnaround time to 25 days or less and increase PHAS Score to that of a High Performer.

AMHA currently promotes self-sufficiency by offering a FSS Program to the Section 8 Voucher Participants and have agreed to provide 25 FSS Slots. AMHA will continue to work closely with the Department of Job and Family Services which offers job training course, resume writing, computer and interview skills at the Work Station. AMHA also continues to provide classroom space for the Gallia, Jackson, Vinton JVSD to provide the Adult Basic Literacy Education Program which is available for our Section 8 clients and our Public Housing tenants to successfully gain their GED. AMHA will continue to partnership with Tri-County Community Action Agency who provides employment training and educational opportunities. **In 2010 AMHA has recruited 10 participants into the FSS Program, 5 families left the program; 3 successfully completed their FSS Contract of Participation, 1 family ported to another PHA jurisdiction and 1 family withdrew from the FSS Program. To date the average enrollment has been 19 participants and currently 21 participants are actively enrolled in the AMHA FSS Program.**

HUD Strategic Goal: Strengthen Communities:

PHA Goal #3 Strengthen Communities

Objective: Foster a suitable living environment in communities by improving physical conditions and quality of life

Objective: End chronic homelessness and move homeless families and individuals to permanent housing

AMHA provided the land located at our 2 Public Housing Developments to allow Community Food Initiatives to plant gardens to teach the residents about gardening, preparation of fresh fruits and vegetable and food nutrition. The residents were able to grow their own food and some even took their produce to the Farmers Market for sell. The children of Hope Drive participate daily during the summer months and the gardens were very successful. AMHA will continue this collaboration with CFI for it is a very valuable tool for low, very low, and extremely low income individuals to have a way to feed their families with fresh fruits and vegetables without the high cost incurred if buying at a grocery store. **Our building served as an USDA Summer Feeding Site, on Tuesday's and Thursday's the children prepared their lunch and was provided with lessons in nutrition, cooking and gardening. On Wednesday's a snack and lesson was provided to the children. Community Food Initiatives reported that they had approximately 20 children participating in the lunch and gardening programs. 8 adult gardeners participated. In addition Community Food Initiatives had a group of seven 12-18 year old children that participated in the YEAH! Program (Youth Entrepreneurs at Hope) who prepared pickles, jams, pestos, energy bars, etc. to sell at the Athens Farmers Market. This program continues to be a great success and AMHA looks forward to continuing this partnership.**

In collaboration with the Athens County Continuum of Care AMHA will continue to build and apply for monies available to construct 3 units of additional housing opportunities over the next 5 years. **In partnership with the 317 Board, Ohio Department of Mental Health, Federal Home Loan Bank and Integrated Services, AMHA applied as grantee of a Shelter Plus Grant to provide 4 units of Project-Based Shelter Plus Care.**

HUD Strategic Goal: Ensure Equal Opportunity in Housing:

PHA Goal #4 Ensure Equal Opportunity in Housing

Objective: Improve public awareness of rights and responsibilities under fair housing laws

Objective: Improve housing accessibility for persons with disabilities

AMHA will continue to provide Fair Housing Booklets to applicants, tenants and clients and will assist the family if additional help is needed to file a claim. In addition to making the family aware of their Fair Housing Rights, AMHA will also distribute "A Good Place to Live Booklet" to inform the families and potential landlords of what requirements units would have to meet to ensure adequate Housing Standards.

AMHA in collaboration with other local agencies will continue to have annual meetings with landlords to discuss, Fair Housing Laws, Housing Quality Standards, Housing Assistance Payments Contracts, etc. **AMHA actively improves public awareness of rights and responsibilities under fair housing laws.**

At the application process, the family is required to read and sign a Reasonable Accommodation Form instructing the family of their rights to request a reasonable accommodation or adjustment in the program's rules, policies, practices or services or a modification of their Public Housing Unit or its associated premises if a disability is present or arises. Once a participant, AMHA will review at each recertification with the family the Reasonable Accommodation Information and instruct the family on what measures to take if the need arises. **AMHA continues to improve housing accessibility for persons with disabilities by making them aware at application & annual of their rights to request a reasonable accommodation or adjustment in the program's rules, policies, practices or services.**

HUD Strategic Goal: Embrace High Standards of Ethics, Management and Accountability;

PHA Goal #5 Embrace High Standards of Ethics, Management and Accountability

Objective: Strategically manage human capital to increase employee satisfaction and improve AMHA Performance.

AMHA will concentrate efforts on the financial, occupancy and maintenance staff to provide updated materials, handbooks, computer software and training related to the Public Housing and Section 8 Programs. **AMHA has sent staff to maintenance clinics, Ohio Housing Authorities Conferences in the spring and fall of 2010 for various trainings, and AMHA has installed new housing software.**

10.0 Significant Amendment & Substantial Deviation/Modification

Substantial Deviation from the 5-Year Plan

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that has **a change of major significance** in the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Significant Amendment or Modification to the Annual Plan

Substantial deviations or significant amendments or modifications are defined as discretionary changes in the plans or policies of the housing authority that has **a change of major significance** in the mission, goals, objectives, or plans of the agency and which require formal approval of the Board of Commissioners.

Part I: Summary

PHA Name: Athens Metropolitan Housing Authority

Grant Type and Number: OH16P041501-11 RHF Grant No.

CFP Grant No. Date of CFFP:

FFY of Grant: 2011

FFY of Grant Approval: 2011

Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies

Performance and Evaluation Report for Period Ending: _____

Revised Annual Statement (Revision No.: _____)

Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) ³	\$23,807.00	\$0.00	\$0.00	\$0.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$7,500.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$92,422.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$123,729.00	\$0.00	\$0.00	\$0.00
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: _____ Date: 9/24/2010

Signature of Public Housing Director: _____ Date: _____

¹ To be completed for the Performance and Evaluation Report

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages		PHA Name:		Athens Metropolitan Housing Authority		Grant Type and Number		Federal FY of Grant:		2011	
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work			
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²				
HOPE DRIVE				\$0.00	\$0.00	\$0.00	\$0.00				
OH041-000001P	OPERATIONS	1406		\$15,534.00	\$0.00	\$0.00	\$0.00				
SCATTERED SITES				\$0.00	\$0.00	\$0.00	\$0.00				
OH041-000002P	OPERATIONS	1406		\$8,273.00	\$0.00	\$0.00	\$0.00				
	ARCHITECT FEES AND COSTS	1430	1	\$7,500.00	\$0.00	\$0.00	\$0.00				
	ROOF REPLACEMENT	1460	16	\$92,422.00	\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.00	\$0.00				
				\$0.00	\$0.00	\$0.00	\$0.00				
				\$123,729.00	\$0.00	\$0.00	\$0.00				

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

² To be completed for the Performance and Evaluation Report

Capital Fund Program -- Five Year Action Plan

Part I: Summary		Locality (City/County & State):		Athens County		Revision No.	
PIA Name/Number		Athens Metropolitan Housing Authority - OH041				<input checked="" type="checkbox"/> Original 5-Year <input type="checkbox"/>	
Development No./Name/PIA-wide		Work Statement for Year 1	Work Statement for Year 2	Work Statement for Year 3	Work Statement for Year 4	Work Statement for Year 5	
		FFY	FFY: 2012	FFY: 2013	FFY: 2014	FFY: 2015	
A.			\$91,859.00	\$91,700.00	\$71,984.00	\$89,350.00	
B.	Physical Improvements		\$0.00	\$0.00	\$0.00	\$0.00	
C.	Management Improvements		\$0.00	\$0.00	\$0.00	\$0.00	
D.	PHA-Wide Non-dwelling Structures and Equipment		\$0.00	\$0.00	\$0.00	\$0.00	
E.	Administration		\$0.00	\$0.00	\$0.00	\$0.00	
F.	Other		\$7,500.00	\$7,284.00	\$27,000.00	\$9,634.00	
G.	Operations		\$24,370.00	\$24,745.00	\$24,745.00	\$24,745.00	
H.	Demolition		\$0.00	\$0.00	\$0.00	\$0.00	
I.	Development		\$0.00	\$0.00	\$0.00	\$0.00	
J.	Capital Fund Financing - Debt Service		\$0.00	\$0.00	\$0.00	\$0.00	
K.	Total CFP Funds		\$0.00	\$0.00	\$0.00	\$0.00	
L.	Total Non-CFP Funds		\$0.00	\$0.00	\$0.00	\$0.00	
M.	Grand Total		\$123,729.00	\$123,729.00	\$123,729.00	\$123,729.00	

See Annual Statement

Part I: Summary
 PHIA Name: Athens Metropolitan Housing Authority
 Grant Type and Number: CFP Grant No: OH16P041501-05 RHF Grant No: 2005
 Date of CFFP: FFY of Grant Approval: 2005

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²		Obligated
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) ³	\$5,875.00	\$0.00	\$5,875.00	\$5,875.00
3	1408 Management Improvements	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$19,025.00	\$0.00	\$19,025.00	\$19,025.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$89,100.00	\$0.00	\$89,100.00	\$89,100.00
11	1465 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$5,000.00	\$0.00	\$5,000.00	\$5,000.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHIA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$129,000.00	\$0.00	\$129,000.00	\$129,000.00
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: *[Signature]* Date: 11/27/2010
 Signature of Public Housing Director: _____ Date: _____

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

Part II: Supporting Pages		Grant Type and Number		Federal FY of Grant:		
PHA Name:		OHI16P04150105		2005		
Athens Metropolitan Housing Authority		CEP Grant No		CEFP (Yes/No)		
		RHF Grant No				
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Status of Work
				Original	Revised ¹	
PHA-wide	Operations	1406		\$5,875.00	\$0.00	Funds Obligated ²
PHA-wide	Contracting Services	1408		\$10,000.00	\$0.00	\$5,875.00
PHA-wide	Architect Fees & Costs	1430		\$10,000.00	\$0.00	\$10,000.00
PHA-wide	Energy Audit	1430		\$9,025.00	\$0.00	\$9,025.00
OH041-001	Replacing Furnaces	1460		\$89,100.00	\$0.00	\$89,100.00
OH041-001	Heating for Maintenance Bldg.	1470		\$5,000.00	\$0.00	\$5,000.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$0.00	\$0.00	\$0.00
				\$129,000.00	\$0.00	\$129,000.00
						\$129,000.00

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary
 PHIA Name: **Athens Metropolitan Housing Authority**
 Grant Type and Number: CFP Grant No: **OH16P041501-06** RHF Grant No: **2006**
 Date of CFP: **2006** FFY of Grant Approval: **2006**

Type of Grant:
 Original Annual Statement Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: Final Performance and Evaluation Report

Line	Summary by Development/Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) ³	\$3,000.00	\$0.00	\$3,000.00	\$3,000.00
3	1408 Management Improvements	\$10,000.00	\$0.00	\$10,000.00	\$10,000.00
4	1410 Administration (may not exceed 10% of line 20)	\$3,574.00	\$0.00	\$3,574.00	\$3,574.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$9,957.00	\$0.00	\$9,957.00	\$9,957.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$98,000.00	\$0.00	\$98,000.00	\$98,000.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHIA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$124,531.00	\$0.00	\$124,531.00	\$124,531.00
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: *[Signature]* Date: *11/22/06*
 Signature of Public Housing Director: _____ Date: _____

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

Part I: Summary

PHA Name: **Athens Metropolitan Housing Authority**

Grant Type and Number: CFP Grant No: **OH16P041501-07** RHE Grant No. **2007**

Date of CFFP: **2007**

Type of Grant

Original Annual Statement Reserve for Disasters/Emergencies (Revision No.:)

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) ³	\$7,000.00	\$5,533.00	\$5,533.00	\$5,533.00
3	1408 Management Improvements	\$10,000.00	\$17,980.00	\$17,980.00	\$17,980.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$93,957.00	\$93,957.00	\$93,957.00	\$93,957.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization of Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$120,957.00	\$127,470.00	\$127,470.00	\$127,470.00
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: *[Signature]* Signature of Public Housing Director: _____ Date: **1/22/2010** Date: _____

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

Part II: Supporting Pages												
PHA Name: Athens Metropolitan Housing Authority												
Development Number/ Name/PHA-wide Activities		General Description of Major Work Categories		Grant Type and Number CFP Grant No.: RHF Grant No.:		OH16P04150107		CJFP (Yes/No)		Federal FFY of Grant: 2007		
				Development Account No.		Quantity		Total Estimated Cost		Total Actual Cost		
								Original		Revised ¹		
										Funds Obligated ²		
										Funds Expended ²		
										Status of Work		
OH041-000001P	Operations	1406		1406				\$7,000.00	\$2,767.00	\$2,767.00	\$2,767.00	
OH041-000002P	Operations	1406		1406				\$0.00	\$2,766.00	\$2,766.00	\$2,766.00	
OH041-000001P	Contracting Services	1408		1408				\$10,000.00	\$11,820.00	\$11,820.00	\$11,820.00	
OH041-000002P	Contracting Services	1408		1408				\$0.00	\$6,160.00	\$6,160.00	\$6,160.00	
OH041-000001P	Architect Fees and Costs	1430		1430				\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	
OH041-000001P	Exterior Doors	1460	132	1460	132			\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	
OH041-000001P	Exterior Storm Doors	1460	88	1460	88			\$25,384.00	\$25,384.00	\$25,384.00	\$25,384.00	
OH041-000001P	Entrance Locks	1460	132	1460	132			\$18,573.00	\$18,573.00	\$18,573.00	\$18,573.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$0.00	\$0.00	\$0.00	\$0.00	
								\$120,957.00	\$127,470.00	\$127,470.00	\$127,470.00	

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary
 PHA Name: Athens Metropolitan Housing Authority
 Grant Type and Number: CFP Grant No: OH16P041501-08 RHF Grant No: _____
 Date of CFFP: _____

FFY of Grant: 2008
 FFY of Grant Approval: 2008

Type of Grant
 Original Annual Statement
 Reserve for Disasters/Emergencies
 Performance and Evaluation Report for Period Ending: _____
 Revised Annual Statement (Revision No.: _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFF Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) ³	\$5,000.00	\$5,000.00	\$5,000.00	\$5,000.00
3	1408 Management Improvements	\$17,980.00	\$17,980.00	\$17,980.00	\$17,980.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$94,490.00	\$91,818.00	\$91,818.00	\$91,818.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 5% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$127,470.00	\$124,798.00	\$124,798.00	\$124,798.00
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: _____ Date: 11/24/2010
 Signature of Public Housing Director: _____ Date: _____

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

Part II: Supporting Pages											
PHA Name: Athens Metropolitan Housing Authority											
Grant Type and Number											
OH16P04150108 CFTP (Yes/No).											
Federal FY of Grant: 2008											
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		CFTP (Yes/No).	Total Actual Cost		Status of Work		
				Original	Revised ¹		Funds Obligated ²	Funds Expended ²			
OH041-000001P	Operations	1406		\$3,098.00	\$3,098.00		\$3,098.00	\$3,098.00			
OH041-000001P	Contracting Services	1408		\$11,820.00	\$11,820.00		\$11,820.00	\$11,820.00			
OH041-000001P	Architect Fees and Costs	1430		\$6,700.00	\$6,700.00		\$6,700.00	\$6,700.00			
OH041-000001P	Shower Valves & Supplies	1460	57	\$18,279.00	\$17,833.00		\$17,833.00	\$17,833.00			
OH041-000001P	Commodities & Supplies	1460	71	\$30,565.00	\$30,119.00		\$30,119.00	\$30,119.00			
OH041-000001P	Kitchen Faucets & Valves	1460	44	\$11,790.00	\$11,348.00		\$11,348.00	\$11,348.00			
OH041-000002P	Operations	1406		\$1,902.00	\$1,902.00		\$1,902.00	\$1,902.00			
OH041-000002P	Contracting Services	1408		\$6,160.00	\$6,160.00		\$6,160.00	\$6,160.00			
OH041-000002P	Architect Fees and Costs	1430		\$3,300.00	\$3,300.00		\$3,300.00	\$3,300.00			
OH041-000002P	Kitchen Faucets & Valves	1460	27	\$7,235.00	\$6,789.00		\$6,789.00	\$6,789.00			
OH041-000002P	Storm Doors	1460	54	\$15,212.00	\$14,766.00		\$14,766.00	\$14,766.00			
OH041-000002P	Entrance Door Locks	1460	81	\$11,409.00	\$10,963.00		\$10,963.00	\$10,963.00			
				\$0.00	\$0.00		\$0.00	\$0.00			
				\$0.00	\$0.00		\$0.00	\$0.00			
				\$127,470.00	\$124,798.00		\$124,798.00	\$124,798.00			

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary

PHA Name: Athens Metropolitan Housing Authority

Grant Type and Number: CFP Grant No: OH16P041501-09 RHF Grant No: _____
 Date of CFP: _____

FFY of Grant: 2009
 FFY of Grant Approval: _____

Type of Grant
 Original Annual Statement
 Performance and Evaluation Report for Period Ending: _____
 Reserve for Disasters/Emergencies
 Revised Annual Statement (Revision No.: _____)
 Final Performance and Evaluation Report

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) ³	\$5,000.00	\$0.00	\$5,000.00	\$5,000.00
3	1408 Management Improvements	\$17,328.00	\$0.00	\$17,328.00	\$17,328.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$3,828.00	\$0.00	\$3,828.00	\$3,828.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$0.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$41,515.00	\$0.00	\$41,515.00	\$41,515.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$55,219.00	\$0.00	\$55,219.00	\$55,219.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$1,256.00	\$0.00	\$1,256.00	\$1,256.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PHA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$124,146.00	\$0.00	\$124,146.00	\$124,146.00
21	Amount of line 20 Related to LBP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: [Signature] Date: 09/24/2010
 Signature of Public Housing Director: _____ Date: _____

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

Part II: Supporting Pages		Grant Type and Number		Federal FFY of Grant:				
PHA Name:		CFP Grant No.	RHF Grant No.	CFPP (Yes/No)	2009			
Albans Metropolitan Housing Authority		OH16P041501-09						
Development Number/ Name/PHA-wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²	
HOPE DRIVE								
OH041-000001P	OPERATIONS	1406	0	\$3,098.00	\$3,098.00	\$3,098.00	\$3,098.00	
	CONTRACT SERVICES	1408	0	\$11,168.00	\$11,168.00	\$11,168.00	\$11,168.00	
	ARCHITECT FEES AND COSTS	1430	0	\$4,500.00	\$3,828.00	\$3,828.00	\$3,828.00	
	Living, Bathroom, Bedroom, Interior Door Repl	1460	245	\$43,515.00	\$41,515.00	\$41,515.00	\$41,515.00	
	Kitchens, Refrigerator Replacement	1465.1	44	\$17,000.00	\$17,000.00	\$17,000.00	\$17,000.00	
	Kitchens, Range Replacement	1465.1	44	\$17,219.00	\$17,219.00	\$17,219.00	\$17,219.00	
	Maintenance Equipment	1475	0	\$778.00	\$778.00	\$778.00	\$778.00	
SCATTERED SITES								
				\$0.00	\$0.00	\$0.00	\$0.00	
OH041-000002P	OPERATIONS	1406	0	\$1,902.00	\$1,902.00	\$1,902.00	\$1,902.00	
	CONTRACT SERVICES	1408	0	\$6,160.00	\$6,160.00	\$6,160.00	\$6,160.00	
	Kitchens, Refrigerator Replacement	1465.1	27	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	
	Kitchens, Range Replacement	1465.1	27	\$11,000.00	\$11,000.00	\$11,000.00	\$11,000.00	
	Maintenance Equipment	1475	0	\$478.00	\$478.00	\$478.00	\$478.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$0.00	\$0.00	\$0.00	\$0.00	
				\$127,470.00	\$124,146.00	\$124,146.00	\$124,146.00	

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary

PBA Name: Athens Metropolitan Housing Authority

Grant Type and Number: CFP Grant No: OH16P041501-10 RHP Grant No: 2010
 Date of CFP: FFY of Grant Approval: 2010

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

Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost ¹	
		Original	Revised ²	Obligated	Expended
1	Total non-CFP Funds	\$0.00	\$0.00	\$0.00	\$0.00
2	1406 Operations (may not exceed 20% of line 20) ³	\$23,356.00	\$0.00	\$23,356.00	\$23,356.00
3	1408 Management Improvements	\$0.00	\$0.00	\$0.00	\$0.00
4	1410 Administration (may not exceed 10% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
5	1411 Audit	\$0.00	\$0.00	\$0.00	\$0.00
6	1415 Liquidated Damages	\$0.00	\$0.00	\$0.00	\$0.00
7	1430 Fees and Costs	\$8,400.00	\$0.00	\$0.00	\$0.00
8	1440 Site Acquisition	\$0.00	\$0.00	\$0.00	\$0.00
9	1450 Site Improvement	\$91,973.00	\$0.00	\$0.00	\$0.00
10	1460 Dwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
11	1465.1 Dwelling Equipment - Nonexpendable	\$0.00	\$0.00	\$0.00	\$0.00
12	1470 Nondwelling Structures	\$0.00	\$0.00	\$0.00	\$0.00
13	1475 Nondwelling Equipment	\$0.00	\$0.00	\$0.00	\$0.00
14	1485 Demolition	\$0.00	\$0.00	\$0.00	\$0.00
15	1492 Moving to Work Demonstration	\$0.00	\$0.00	\$0.00	\$0.00
16	1495.1 Relocation Costs	\$0.00	\$0.00	\$0.00	\$0.00
17	1499 Development Activities ⁴	\$0.00	\$0.00	\$0.00	\$0.00
18a	1501 Collateralization or Debt Service paid by the PBA	\$0.00	\$0.00	\$0.00	\$0.00
18b	9000 Collateralization or Debt Service paid Via System of Direct Payment	\$0.00	\$0.00	\$0.00	\$0.00
19	1502 Contingency (may not exceed 8% of line 20)	\$0.00	\$0.00	\$0.00	\$0.00
20	Amount of Annual Grant: (sum of lines 2-19)	\$123,729.00	\$0.00	\$23,356.00	\$23,356.00
21	Amount of line 20 Related to LHP Activities:	\$0.00	\$0.00	\$0.00	\$0.00
22	Amount of line 20 Related to Section 504 Activities	\$0.00	\$0.00	\$0.00	\$0.00
23	Amount of line 20 Related to Security - Soft Costs	\$0.00	\$0.00	\$0.00	\$0.00
24	Amount of line 20 Related to Security - Hard Costs	\$0.00	\$0.00	\$0.00	\$0.00
25	Amount of Line 20 Related to Energy Conservation Measures	\$0.00	\$0.00	\$0.00	\$0.00

Signature of Executive Director: *[Signature]* Date: 1/22/2010

Signature of Public Housing Director: _____ Date: _____

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

TERMINATING THE ASSISTANCE OF DOMESTIC VIOLENCE, DATING VIOLENCE, OR STALKING VICTIMS AND PERPETRATORS [Pub.L. 109-162, Pub.L. 109-271]

The Violence Against Women Reauthorization Act of 2005 (VAWA) provides 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 a cause for termination of assistance, tenancy, or occupancy rights if the tenant or an immediate member of the tenant’s family is the victim or threatened victim of that domestic violence, dating violence, or stalking.”

VAWA also gives PHAs the authority to “terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others, without evicting, removing, terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.”

VAWA does not limit the authority of the PHA to terminate the assistance of any participant if the PHA “can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant is not evicted or terminated from assistance.”

The Athens Metropolitan Housing Authority will make every effort to assist those victims and their families by adherence to the law, notification of victim rights, assistance to relocate and guidance concerning what services are available within the county to make their transition to independent living possible and successful.

Listed are the steps taken by the AMHA to meet the goals for which the law was enacted:

-Notification of Rights:

On July 24, 2006 a letter was mailed to each client and landlord participating in the Section 8 Programs administered by AMHA including all Public Housing residents. AMHA developed and retains a brochure to explain applicant and tenant rights under the law for those wishing to use or are using housing assistance. Brochures will be maintained in the AMHA lobby and placed in briefing and leasing packets. In addition, brochures will also be mailed to landlords upon execution of the HAP Contract.

Upon disclosure from a victim of domestic violence, dating violence, sexual assault or stalking a brochure will be supplied and reviewed with the individual and, if applicable, the individual’s family.

-Notification of Available Services:

AMHA has developed and retains a listing of services available within the county to assist those victims of violence or stalking. This listing of services will be maintained in the AMHA lobby and was also added to the brochures that are placed in the briefing and leasing packets.

-Services conducted by the AMHA:

The AMHA will send a letter scheduling a face to face conference to the participant family after information has been received directly or indirectly that an incident has occurred. Prior to AMHA taking any action to terminate the abuser, the household will be notified of their rights and available services and made aware of the requirements of the AMHA to take action against the abuser. The individual will be given the opportunity for the HA to take action against the abuser and change household composition, or if they elect not to remove the abuser from the household, AMHA will start termination proceedings under the Section 8 Housing Choice Voucher Program or will terminate the tenancy of a Public Housing resident if the participants do not give a notice to withdraw from the Section 8 Housing Choice Voucher Program or in the case of a Public Housing resident an intent to vacate.

When meeting with family concerning the incident of domestic violence the staff will provide the family or victim with the VAWA brochure and the VAWA Certification Form to be filled out, the staff member will provide the family/victim the names of the agencies that provide services, gather further information and make referrals if requested by the family.

-Victim Documentation:

PHA Policy

When a participant family is facing assistance termination because of the actions of a participant, household member, guest, or other person under the participant's control and a participant or immediate family member of the participant's family claims that she or he is the victim of such actions and that the actions are related to domestic violence, dating violence, or stalking, the PHA will require the individual to submit documentation affirming that claim.

The documentation must include two elements:

A signed statement by the victim that provides the name of the perpetrator and certifies that the incidents in question are bona fide incidents of actual or threatened domestic violence, dating violence, or stalking, and

One of the following:

A police or court record documenting the actual or threatened abuse, or

A statement signed by an employee, agent, or volunteer of a victim service provider; an attorney; a medical professional; or another knowledgeable professional from whom the victim has sought assistance in addressing the actual or threatened abuse. The professional must attest under penalty of perjury that the incidents in question are bona fide incidents of abuse, and the victim must sign or attest to the statement.

The required certification and supporting documentation must be submitted to the PHA within 14 business days after the PHA issues their written request. The 14-day deadline may be extended at the PHA's discretion. If the individual does not provide the required certification and supporting documentation within 14 business days, or the approved extension period, the PHA may proceed with assistance termination.

If the PHA can demonstrate an actual and imminent threat to other participants or those employed at or providing service to the property if the participant's tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family's assistance.

-Terminating the Assistance of a Domestic Violence Perpetrator:

Although VAWA provides assistance termination protection for victims of domestic violence, it does not provide protection for perpetrators. VAWA gives the PHA the explicit authority to “terminate assistance to any individual who is a tenant or lawful occupant and who engages in criminal acts of physical violence against family members or others...without terminating assistance to, or otherwise penalizing the victim of such violence who is also a tenant or lawful occupant.” This authority supersedes any local, state, or other federal law to the contrary. However, if the PHA chooses to exercise this authority, it must follow any procedures prescribed by HUD or by applicable local, state, or federal law regarding termination of assistance [Pub.L. 109-271].

PHA Policy

When the actions of a participant or other family member result in a PHA decision to terminate the family’s assistance and another family member claims that the actions involve criminal acts of physical violence against family members or others, the PHA will request that the victim submit the above required certification and supporting documentation in accordance with the stated time frame. If the certification and supporting documentation are submitted within the required time frame, or any approved extension period, the PHA will terminate the perpetrator’s assistance. If the victim does not provide the certification and supporting documentation, as required, the PHA will proceed with termination of the family’s assistance.

If the PHA can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if the participant’s tenancy is not terminated, the PHA will bypass the standard process and proceed with the immediate termination of the family’s assistance.

-PHA Confidentiality Requirements:

All information provided to the PHA regarding domestic violence, dating violence, or stalking, including the fact that an individual is a victim of such violence or stalking, must be retained in confidence and may neither be entered into any shared data base nor provided to any related entity, except to the extent that the disclosure (a) is requested or consented to by the individual in writing, (b) is required for use in an eviction proceeding, or (c) is otherwise required by applicable law.

PUBLIC HOUSING MAINTENANCE POLICY

The Athens Metropolitan Housing Authority (AMHA) was formed to provide safe, decent, sanitary and affordable housing to low income individuals and families in Athens County. AMHA has pursued the development of affordable housing with a variety of funding sources. This policy has been developed to maintain AMHA's assets and assure the maximum benefit to the residents, the community and AMHA.

This policy has been developed in a cooperative effort by staff and AMHA Board of Commissioners to meet current state, local and federal requirements. It is the Director's responsibility to implement the policy.

Staffing

The Executive Director is responsible for the day to day operation of the Authority. The maintenance Coordinator is responsible for the physical condition of AMHA property as well as work schedules of the maintenance staff. The managers, Housing Specialist, and Occupancy Specialist are responsible for screening, eligibility, and leasing of the housing units. All parties are required to work in concert to ensure the quick turnaround of vacant units.

The number of maintenance positions shall be determined by the Director and submitted to the Board of Commissioners for approval. The total number of units, building type, age of facilities and budget shall be used in determining the labor force requirement.

Goals and Objectives

The goals and objectives of the AMHA maintenance department are to maintain each development in a condition to exceed AMHA housing quality standards and the U.S. Department of Housing and Urban Development's uniform physical condition standards; to meet and exceed all maintenance related PHAS indicators; to utilize AMHA resources in a manner to assure such performance within time and budgetary limitations.

Maintenance Services

In order to utilize the skills of AMHA staff and to meet all specialty requirements of certain building systems, AMHA will contract the following services;

Trash Collection

Collection at the Hope Drive Apartments, will be contracted out to ensure the most reasonable cost to AMHA. All other residents have individual contracts with the service of their choice.

Pest Control

AMHA shall employ a licensed pest control company to prevent infestation of vermin and rodents to ensure the safety of the residents.

Painting

Vacant units shall be painted by an outside contractor in order to assist in completing the turnaround process within the required time period.

Apartments shall be painted every 5 years at a minimum or as tenant's use indicates. Painting will be prorated over a 3 year period for the purpose of billing to the tenant at unit turnaround.

Annually, interested painting contractors, will be invited to bid by bedroom size for painting services. To be considered a contractor must provide proof of current workman compensation and liability insurance.

HVAC

Outside contractors may be used for HVAC work when the repair requires greater skill or equipment than what is available to staff. AMHA will enter into preventative maintenance agreements for a contractor to provide preventative maintenance and equipment safety checks prior to the heating/cooling seasons and to conduct routine service calls throughout the year to ensure the safety of equipment and residents.

Plumbing

AMHA staff will perform routine plumbing repairs that do not require special licensing or permits from the State of Ohio. All plumbing work or major plumbing repair work requiring state licensure or permits shall be contracted out. Major plumbing repairs include the replacement of underground piping (gas, water & sewer).

Electrical

AMHA staff will perform electrical repair that do not require special licensure or permits from the State of Ohio. All electrical work requiring state permits or licensure shall be contracted out.

Work Orders

In the course of operation AMHA, the maintenance department shall be responsible for the completion of all work orders assigned to their department. Work orders can be generated in the following manner.

1. **Emergency:** Those work items that are a threat to the health and safety of the resident or fire related. Emergency work orders will be corrected in 24 hours.
2. **Routine:** Those work orders generated by tenant request to repair or service non-emergency items.

3. **Preventive Maintenance:** Those work orders that are generated to complete service functions on AMHA equipment to comply with warranty or longevity issues and to prevent equipment or product failure.
4. **Vacancy:** work orders generated to initiate the unit turn around process of a vacant unit.
5. **Inspection:** Work orders generated by defective items found during regular maintenance/annual inspections of systems, buildings and individual units.

Assignment

Routine work order request will be received by the receptionist or any AMHA staff working in the AMHA office. Routine request shall be placed in the in-coming box to be picked up by the maintenance staff assigned to the project for completion.

Emergency work orders shall be brought to the immediate attention of the maintenance staff on duty, for repairs or call the appropriate outside contractor.

If work orders are received over the phone from public housing residents including the scattered site residents, AMHA personnel taking the request shall inquire if AMHA maintenance staff has permission to enter the unit to make necessary repairs and shall record reply on the work order.

The AMHA staff member taking the work order shall record the work order in the work order log book maintained in the AMHA office. Upon completion of a work order this will also be recorded in the work order log.

Uniform Physical Condition Standards (UPCS) Inspections

AMHA will conduct annual UPCS inspections of all public housing units operated by the authority. Inspections will be contracted out to and conducted by a qualified firm specializing in the Uniform Physical Condition Standards Protocol of the U.S. Department of Housing and Urban Development's Real Estate Assessment Center in order to ensure that 100% of AMHA owned and operated public housing units are inspected on an annual basis in accordance with the UPCS Protocol. A record of each unit inspected and the inspection results will be maintained at the AMHA office.

Systems Inspections

HVAC Systems: Each unit shall be inspected at the beginning of each heating and cooling season and appropriate preventive maintenance completed.

Hot Water Tanks: Each unit shall be checked during annual inspections, including safety valves and flues, if applicable.

Building Exterior: Each building exterior will be inspected during annual inspections including doors, windows, screens, siding, gutters and handrails.

Plumbing: Fixture and lines will be checked for proper operation , leak and deterioration during annual inspections.

Smoke Alarms: Will be inspected during annual inspections and when maintenance staff is performing furnace filter replacement which typically occurs every three months. Tenants will be encouraged to test smoke detectors monthly and report any malfunction to the AMHA for immediate repair.

Stove

And refrigerators: Will be inspected during annual inspection for proper operation.

Att: oh041v01g

GRIEVANCE PROCEDURES FOR PUBLIC HOUSING RESIDENTS

ATHENS METROPOLITAN HOUSING AUTHORITY

ATHENS, OHIO

APPROVED: OCTOBER 5, 2009

ATHENS METROPOLITAN HOUSING AUTHORITY (AMHA)
PUBLIC HOUSING RESIDENTS GRIEVANCE PROCEDURE

RIGHT TO A HEARING:

This grievance procedure is a place through which residents of public housing are provided an opportunity to grieve any AMHA action or failure to act involving the lease or AMHA policies which adversely affect their rights, duties, welfare, or status.

This grievance procedure has been included in, or incorporated by reference in, the lease.

Residents and resident organizations will have 30 calendar days from the date they are notified by the AMHA of any proposed changes in the AMHA grievance procedure, to submit written comments to the AMHA.

The AMHA must furnish a copy of the grievance procedure to each tenant and to resident organizations.

DEFINITIONS:

There are several terms used by HUD with regard to public housing grievance procedures, which take on specific meanings different from their common usage. These terms are as follows:

- **Grievance** – any dispute which a tenant may have with respect to AMHA action or failure to act in accordance with the individual tenant’s lease or AMHA regulations which adversely affect the individual tenant’s rights, duties, welfare or status
- **Complainant** – any tenant whose grievance is presented to the AMHA or at the project management office
- **Due Process Determination** – a determination by HUD that law of the jurisdiction requires that the tenant must be given the opportunity for a hearing in court which provides the basic elements of due process before eviction from the dwelling unit
- **Elements of Due Process** – an eviction action or a termination of tenancy in a state or local court in which the following procedural safeguards are required:
 - Adequate notice to the tenant of the grounds for terminating the tenancy and for eviction
 - Right of the tenant to be represented by counsel
 - Opportunity for the tenant to refute the evidence presented by the AMHA including the right to confront and cross-examine witnesses and to present any affirmative legal or equitable defense which the tenant may have
 - A decision on the merits

- **Hearing Officer**– a person selected in accordance with HUD regulations to hear grievances and render a decision with respect thereto
- **Tenant** – the adult person (or persons) (other than a live-in aide)
 - Who resides in the unit, and who executed the lease with the AMHA as lessee of the dwelling unit, or, if no such person now resides in the unit,
 - Who resides in the unit, and who is the remaining head of household of the tenant family residing in the dwelling unit
- **Resident Organization** – includes a resident management corporation
- **Reasonable Time** – any time not to exceed 30 working days

APPLICABILITY

Potential grievances could address most aspects of AMHA’s operation. However, there are some situations for which the grievance procedure is not applicable.

The grievance procedure is applicable only to individual tenant issues relating to the AMHA. It is not applicable to disputes between tenants not involving the AMHA. Class grievances are not subject to the grievance procedure and the grievance procedure is not to be used as a forum for initiating or negotiating policy changes of the AMHA.

The AMHA is located in a due process state, therefore it will not grant opportunity for grievance hearings for all lease terminations regarding any criminal activity that threatens the health, safety or right to peaceful enjoyment of the premises of other residents or employees of the AMHA, any violent or drug-related criminal activity on or off such premises, any criminal activity that resulted in felony conviction of a household member. In accordance with termination notices located in Chapter 13 of AMHA, Admissions & Continued Occupancy Policy for related policies on the content of termination.

INFORMAL SETTLEMENT OF GRIEVANCE

The AMHA will accept requests for an informal settlement of a grievance either orally or in writing, to the AMHA office within 15 days of the grievable event. Within 10 business days of receipt of the request the AMHA will arrange a meeting with the tenant at a mutually agreeable time and confirm such meeting in writing to the tenant.

If a tenant fails to attend the scheduled meeting without prior notice, the AMHA will reschedule the appointment only if the tenant can show good cause for failing to appear, or if it is needed as a reasonable accommodation for a person with disabilities.

Good cause is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family.

The AMHA will prepare a summary of the informal settlement within a reasonable time; one copy to be given to the tenant and one copy to be retained in the AMHA’s tenant file.

The summary must specify the names of the participants, dates of meeting, the nature of the proposed disposition of the complaint and the specific reasons therefore, and will specify the procedures by which a hearing may be obtained if the complainant is not satisfied.

PROCEDURES TO OBTAIN A HEARING

Requests for Hearing and Failure to Request

All grievances must be presented in accordance with the informal procedures prescribed above as a condition prior to a grievance hearing. However, if the complainant can show good cause for failure to proceed with the informal settlement process to the hearing officer, the hearing officer may waive this provision.

The complainant must submit the request in writing for a grievance hearing within a reasonable time after receipt of the summary of informal discussion. The request must specify the reasons for the grievance and the action or relief sought.

The resident must submit a written request for a grievance hearing to the AMHA within 5 business days of the tenant's receipt of the summary of the informal settlement.

If the complainant does not request a hearing, the AMHA's disposition of the grievance under the informal settlement process will become final. However, failure to request a hearing does not constitute a waiver by the complainant of the right to contest the AMHA's action in disposing of the complaint in an appropriate judicial proceeding.

Escrow Deposits

Before a hearing is scheduled in any grievance involving the amount of rent that the AMHA claims is due, the family must pay an escrow deposit to the AMHA. When a family is required to make an escrow deposit, the amount is the amount of rent the AMHA states is due and payable as of the first of the month preceding the month in which the family's act or failure to act took place. After the first deposit the family must deposit the same amount monthly until the family's complaint is resolved by decision of the hearing officer.

The AMHA must waive the requirement for an escrow deposit where the family has requested a financial hardship exemption from minimum rent requirements or is grieving the effect of welfare benefits reduction in calculation of family income.

The AMHA will not waive the escrow requirement for grievances involving rent amounts except where required to do so by regulations. The family's failure to make the escrow deposit will terminate the grievance procedure. A family's failure to pay the escrow deposit does not waive the family's right to contest the AMHA's disposition of the grievance in any appropriate judicial proceeding.

Scheduling of Hearings

If the complainant has complied with all requirements for requesting a hearing as described above, a hearing must be scheduled by the hearing officer promptly for a time and place

reasonably convenient to both the complainant and the AMHA. A written notification specifying the time, place and the procedures governing the hearing must be delivered within a reasonable number of days of receiving a written request for a hearing, the hearing officer will schedule and send written notice of the hearing to both the complainant and the AMHA.

The tenant may request to reschedule a hearing for good cause, or if it is needed as a reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety, or welfare of the family. Requests to reschedule a hearing must be made orally or in writing prior to the hearing date. At its discretion, the AMHA may request documentation of the “good cause” prior to rescheduling the hearing.

SELECTION OF HEARING OFFICER

The grievance hearing must be conducted by an impartial person or persons appointed by the AMHA, other than the person who made or approved the AMHA action under review, or a subordinate of such person.

AMHA grievance hearings will be conducted by a single hearing officer and not a panel. The AMHA will appoint a person who has been selected in the manner required under the grievance procedure. Efforts will be made to assure that the person selected is not a friend, nor enemy, of the complainant and that they do not have a personal stake in the matter under dispute or will otherwise have an appearance of a lack of impartiality.

The AMHA has designated the following to serve as hearing officers:

Informal Settlement-Project Management

Informal Hearing-Executive Director

Formal Hearing-Hearing Officers: Thomas Cornn or James Sillery

PROCEDURES GOVERNING THE HEARING

Rights of Complainant

The complainant will be afforded a fair hearing. This includes:

- The opportunity to examine before the grievance hearing any AMHA documents, including records and regulations that are directly relevant to the hearing. The tenant must be allowed to copy any such document at the tenant’s expense. If the AMHA does not make the document available for examination upon request by the complainant, the AMHA may not rely on such document at the grievance hearing.
- The tenant will be allowed to copy any documents related to the hearing at a cost of \$.07 per page. The family must request discovery of AMHA documents no later than 12:00 p.m. on the business day prior to the hearing.
- The rights to be represented by counsel or other person chosen as the tenant’s representative and to have such person make statements on the tenant’s behalf.
- Hearings may be attended by the following applicable persons:

A AMHA representative(s) and any witnesses for the AMHA

The tenant and any witnesses for the tenant

The tenant's counsel or other representative

Any other person approved by the AMHA as a reasonable accommodation for a person with a disability

- The right to a private hearing unless the complainant requests a public hearing.
- The right to present evidence and arguments in support of the tenant's complaint, to controvert evidence relied on by the AMHA or project management, and to confront and cross-examine all witnesses upon whose testimony or information the AMHA or project management relies.
- A decision based solely and exclusively upon the facts presented at the hearing.

Decision without Hearing

The hearing officer may render a decision without proceeding with the hearing if the hearing officer determines that the issue has been previously decided in another proceeding.

Failure to Appear

If the complainant or the AMHA fails to appear at a scheduled hearing, the hearing officer may make a determination to postpone the hearing for not to exceed five business days or may make a determination that the party has waived his/her right to a hearing. Both the complainant and the AMHA must be notified of the determination by the hearing officer: Provided, That a determination that the complainant has waived his/her right to a hearing will not constitute a waiver of any right the complainant may have to contest the AMHA's disposition of the grievance in an appropriate judicial proceeding. Any court may take into account, however, the complainant's waiver of his right to a hearing, or his failure to appear.

There may be times when a complainant does not appear due to unforeseen circumstances which are out of their control and are no fault of their own.

If the tenant does not appear at the scheduled time of the hearing, the hearing officer will wait up to 30 minutes. If the tenant appears within 30 minutes of the scheduled time, the hearing will be held. If the tenant does not arrive within 30 minutes of the scheduled time, they will be considered to have failed to appear.

If the tenant fails to appear and was unable to reschedule the hearing in advance, the tenant must contact the AMHA within 24 hours of the scheduled hearing date, excluding weekends and holidays. The hearing officer will reschedule the hearing only if the tenant can show good cause for the failure to appear, or it is needed as a reasonable accommodation for a person with disabilities. "Good cause" is defined as an unavoidable conflict which seriously affects the health, safety, or welfare of the family.

General Procedures

At the hearing, the complainant must first make a showing of an entitlement to the relief sought and thereafter the AMHA must sustain the burden of justifying the AMHA action or failure to act against which the complaint is directed.

The hearing must be conducted informally by the hearing officer. The AMHA and the tenant must be given the opportunity to present oral or documentary evidence pertinent to the facts and issues raised by the complaint and question any witnesses. In general, all evidence is admissible and may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

Any evidence to be considered by the hearing officer must be presented at the time of the hearing. There are four categories of evidence.

Oral evidence: the testimony of witnesses

Documentary evidence: a writing which is relevant to the case, for example, a letter written to the AMHA. Writings include all forms of recorded communication or representation, including letters, emails, words, pictures, sounds, videotapes or symbols or combinations thereof.

Demonstrative evidence: Evidence created specifically for the hearing and presented as an illustrative aid to assist the hearing officer, such as a model, a chart or other diagram.

Real evidence: A tangible item relating directly to the case.

Hearsay Evidence is evidence of a statement that was made other than by a witness while testifying at the hearing and that is offered to prove the truth of the matter. Even though evidence, including hearsay, is generally admissible, hearsay evidence alone cannot be used as the sole basis for the hearing officer's decision.

If the AMHA fails to comply with the discovery requirements (providing the tenant with the opportunity to examine AMHA documents prior to the grievance hearing), the hearing officer will refuse to admit such evidence.

Other than the failure of the AMHA to comply with discovery requirements, the hearing officer has the authority to overrule any objections to evidence.

The hearing officer must require the AMHA, the complainant, counsel and other participants or spectators to conduct themselves in an orderly fashion. Failure to comply with the directions of the hearing officer to obtain order may result in exclusion from the proceedings or in a decision adverse to the interests of the disorderly party and granting or denial of the relief sought, as appropriate.

The complainant or the AMHA may arrange, in advance and at the expense of the party making the arrangement, for a transcript of the hearing. Any interested party may purchase a copy of such transcript.

If the complainant would like the AMHA to record the proceedings by audiotape, the request must be made to the AMHA by 12:00 p.m. on the business day prior to the hearing.

The AMHA will consider that an audio tape recording of the proceedings is a transcript.

Accommodations of Persons with Disabilities

The AMHA must provide reasonable accommodation for persons with disabilities to participate in the hearing. Reasonable accommodation may include qualified sign language interpreters, readers, accessible locations, or attendants.

If the tenant is visually impaired, any notice to the tenant which is required in the grievance process must be in an accessible format.

See Chapter 2, located in AMHA, Admission and Continued Occupancy Policy for a thorough discussion of the AMHA's responsibilities pertaining to reasonable accommodation.

DECISION OF THE HEARING OFFICER

The hearing officer must issue a written decision, stating the reasons for the decision, within a reasonable time after the hearing. Factual determinations relating to the individual circumstances of the family must be based on a preponderance of evidence presented at the hearing. A copy of the decision must be sent to the tenant and the AMHA. The AMHA must retain a copy of the decision in the tenant's folder. A copy of the decision, with all names and identifying references deleted, must also be maintained on file by the AMHA and made available for inspection by a prospective complainant, his/her representative, or the hearing officer.

In rendering a decision, the hearing officer will consider the following matters:

AMHA Notice to the Family: The hearing officer will determine if the reasons for the AMHA's decision are factually stated in the notice.

Discovery: The hearing officer will determine if the family was given the opportunity to examine any relevant documents in accordance with AMHA policy.

AMHA Evidence to Support the PHA Decision: The evidence consists of the facts presented. Evidence is not conclusion and it is not argument. The hearing officer will evaluate the facts to determine if they support the AMHA's conclusion.

Validity of Grounds for Termination of Tenancy (when applicable): The hearing officer will determine if the termination of tenancy is for one of the grounds specified in the HUD regulations and AMHA policies. If the grounds for termination are not specified in the regulations or in compliance with AMHA policies, then the decision of the AMHA will be overturned.

The hearing officer will issue a written decision to the family and the AMHA within a reasonable time after the hearing. The report will contain the following information:

Hearing information:

Name of the complainant

Date, time and place of the hearing

Name of the hearing officer

Name of the AMHA representative(s)

Name of family representative (if any)

Names of witnesses (if any)

Background: A brief, impartial statement of the reason for the hearing and the date(s) on which the informal settlement was held, who held it, and a summary of the results of the informal settlement. Also includes the date the complainant requested the grievance hearing.

Summary of the Evidence: The hearing officer will summarize the testimony of each witness and identify any documents that a witness produced in support of his/her testimony and that are admitted into evidence.

Findings of Fact: The hearing officer will include all findings of fact, based on a preponderance of the evidence. *Preponderance of the evidence* is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. Preponderance of the evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

Conclusions: The hearing officer will render a conclusion derived from the facts that were found to be true by a preponderance of the evidence. The conclusion will result in a determination of whether these facts uphold the AMHA's decision.

Order: The hearing report will include a statement of whether the AMHA's decision is upheld or overturned. If it is overturned, the hearing officer will instruct the AMHA to change the decision in accordance with the hearing officer's determination. In the case of termination of tenancy, the hearing officer will instruct the AMHA to restore the family's status.

Procedures for Further Hearing

The hearing officer may ask the family for additional information and/or might adjourn the hearing in order to reconvene at a later date, before reaching a decision. If the family misses an appointment or deadline ordered by the hearing officer, the action of the AMHA will take effect and another hearing will not be granted.

Final Decision

The decision of the hearing officer is binding on the AMHA which must take the action, or refrain from taking the action cited in the decision unless the AMHA Board of Commissioners determines within a reasonable time, and notifies the complainant that:

- The grievance does not concern AMHA action or failure to act in accordance with or involving the complainant's lease on AMHA policies which adversely affect the complainant's rights, duties, welfare, or status; or
- The decision of the hearing officer is contrary to Federal, state, or local law, HUD regulations or requirements of the annual contributions contract between HUD and the AMHA.

- When the AMHA considers the decision of the hearing officer to be invalid due to the reasons stated above, it will present the matter to the AMHA Board of Commissioners within a reasonable number of business days of the date of the hearing officer's decision. The Board has 30 calendar days to consider the decision. If the Board decides to reverse the hearing officer's decision, it must notify the complainant within 10 business days of this decision.

A decision by the hearing officer, or Board of Commissioners in favor of the AMHA or which denies the relief requested by the complainant in whole or in part must not constitute a waiver of any rights the complainant may have to a subsequent trial or judicial review in court.

Att: oh041v01h

GRIEVANCE PROCEDURES FOR SECTION 8

ATHENS METROPOLITAN HOUSING AUTHORITY

ATHENS, OHIO

APPROVED: OCTOBER 5, 2009

INFORMAL REVIEWS AND HEARINGS

When the AMHA makes a decision that has a negative impact on a family, the family is often entitled to appeal the decision. For applicants, the appeal takes the form of an informal review; for participants, or for applicants denied admission because of citizenship issues, the appeal takes the form of an informal hearing.

INFORMAL REVIEWS

Informal reviews are provided for program applicants. An applicant is someone who has applied for admission to the program, but is not yet a participant in the program. Informal reviews are intended to provide a “minimum hearing requirement and need not be as elaborate as the informal hearing requirements.

Decisions Subject to Informal Review

The AMHA must give an applicant the opportunity for an informal review of a decision denying assistance. Denial of assistance may include any or all of the following:

- Denying listing on the AMHA waiting list
- Denying or withdrawing a voucher
- Refusing to enter into a HAP contract or approve a lease
- Refusing to process or provide assistance under portability procedures
- Denial of assistance based on an unfavorable history that may be the result of domestic violence, dating violence or stalking. (See Section 3-III.G.)

Informal reviews are *not* required for the following reasons:

- Discretionary administrative determinations by the AMHA
- General policy issues or class grievances
- A determination of the family unit size under the AMHA subsidy standards
- A AMHA determination not to grant approval of the tenancy
- A AMHA determination that the unit is not in compliance with the HQS
- A AMHA determination that the unit is not in accordance with the HQS due to family size or composition

The AMHA will only offer an informal review to applicants for whom assistance is being denied. Denial of assistance includes: denying listing on the PHA waiting list; denying or withdrawing a voucher; refusing to enter into a HAP contract or approve a lease; refusing to process or provide assistance under portability procedures.

Notice to the Applicant

The AMHA must give an applicant prompt notice of a decision denying assistance. The notice must contain a brief statement of the reasons for the PHA decision, and must also state that the applicant may request an informal review of the decision. The notice must describe how to obtain the informal review.

Scheduling an Informal Review

A request for an informal review must be made in writing and delivered to the PHA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of the PHA's denial of assistance.

Except as provided in Section 3-III.G, the AMHA Section 8 Administrative Plan the AMHA must schedule and send written notice of the informal review within 10 business days of the family's request.

Informal Review Procedures

The informal review must be conducted by a person other than the one who made or approved the decision under review, or a subordinate of this person.

The applicant must be provided an opportunity to present written or oral objections to the decision of the AMHA.

The person conducting the review will make a recommendation to the AMHA, but the AMHA is responsible for making the final decision as to whether assistance should be granted or denied.

Informal Review Decision

The AMHA must notify the applicant of the AMHA's final decision, including a brief statement of the reasons for the final decision.

In rendering a decision, the AMHA will evaluate the following matters:

Whether or not the grounds for denial were stated factually in the Notice.

The validity of grounds for denial of assistance. If the grounds for denial are not specified in the regulations, then the decision to deny assistance will be overturned.

The validity of the evidence. The AMHA will evaluate whether the facts presented prove the grounds for denial of assistance. If the facts prove that there are grounds for denial, and the denial is required by HUD, the AMHA will uphold the decision to deny assistance.

If the facts prove the grounds for denial, and the denial is discretionary, the AMHA will consider the recommendation of the person conducting the informal review in making the final decision whether to deny assistance.

The AMHA will notify the applicant of the final decision, including a statement explaining the reason(s) for the decision. The notice will be mailed within 10 business days of the informal review, to the applicant and his or her representative, if any, along with proof of mailing.

If the decision to deny is overturned as a result of the informal review, processing for admission will resume.

If the family fails to appear for their informal review, the denial of admission will stand and the family will be so notified.

INFORMAL HEARINGS FOR PARTICIPANTS

AMHA must offer an informal hearing for certain determinations relating to the individual circumstances of a participant family. A participant is defined as a family that has been admitted to the AMHA's HCV program and is currently assisted in the program. The purpose of the informal hearing is to consider whether the AMHA's decisions related to the family's circumstances are in accordance with the law, HUD regulations and AMHA policies.

The AMHA is not permitted to terminate a family's assistance until the time allowed for the family to request an informal hearing has elapsed, and any requested hearing has been completed. Termination of assistance for a participant may include any or all of the following:

- Refusing to enter into a HAP contract or approve a lease
- Terminating housing assistance payments under an outstanding HAP contract
- Refusing to process or provide assistance under portability procedures

Decisions Subject to Informal Hearing

Circumstances for which the AMHA must give a participant family an opportunity for an informal hearing are as follows:

- A determination of the family's annual or adjusted income, and the use of such income to compute the housing assistance payment
- A determination of the appropriate utility allowance (if any) for tenant-paid utilities from the AMHA utility allowance schedule
- A determination of the family unit size under the AMHA's subsidy standards
- A determination that a certificate program family is residing in a unit with a larger number of bedrooms than appropriate for the family unit size under the AMHA's subsidy standards, or the AMHA determination to deny the family's request for exception from the standards
- A determination to terminate assistance for a participant family because of the family's actions or failure to act
- A determination to terminate assistance because the participant has been absent from the assisted unit for longer than the maximum period permitted under AMHA policy and HUD rules

- A determination to terminate a family's Family Self Sufficiency contract, withhold supportive services, or propose forfeiture of the family's escrow account
- A determination to deny admission based on an unfavorable history that may be the result of domestic violence, dating violence, or stalking.

Circumstances for which an informal hearing is not required are as follows:

- Discretionary administrative determinations by the AMHA
- General policy issues or class grievances
- Establishment of the AMHA schedule of utility allowances for families in the program
- A AMHA determination not to approve an extension or suspension of a voucher term
- A AMHA determination not to approve a unit or tenancy
- A AMHA determination that a unit selected by the applicant is not in compliance with the HQS
- A AMHA determination that the unit is not in accordance with HQS because of family size
- A determination by the AMHA to exercise or not to exercise any right or remedy against an owner under a HAP contract.

The AMHA will only offer participants the opportunity for an informal hearing when required to by regulations.

Informal Hearing Procedures

Notice to the Family

When the AMHA makes a decision that is subject to informal hearing procedures, the AMHA must inform the family of its right to an informal hearing at the same time that it informs the family of the decision.

For decisions related to the family's annual or adjusted income, the determination of the appropriate utility allowance, and the determination of the family unit size, the AMHA must notify the family that they may ask for an explanation of the basis of the determination, and that if they do not agree with the decision, they may request an informal hearing on the decision.

For decisions related to the termination of the family's assistance, or the denial of a family's request for an exception to the AMHA's subsidy standards, the notice must contain a brief statement of the reasons for the decision, a statement that if the family does not agree with the decision, the family may request an informal hearing on the decision, and a statement of the deadline for the family to request an informal hearing.

In cases where the AMHA makes a decision for which an informal hearing must be offered, the notice to the family will include all of the following:

The proposed action or decision of the PHA.

A brief statement of the reasons for the decision including the regulatory reference.

The date the proposed action will take place.

A statement of the family's right to an explanation of the basis for the AMHA's decision.

A statement that if the family does not agree with the decision the family may request an informal hearing of the decision.

A deadline for the family to request the informal hearing.

To whom the hearing request should be addressed.

A copy of the AMHA's hearing procedures.

Scheduling an Informal Hearing

When an informal hearing is required, the AMHA must proceed with the hearing in a reasonably expeditious manner upon the request of the family.

A request for an informal hearing must be made in writing and delivered to the AMHA either in person or by first class mail, by the close of the business day, no later than 10 business days from the date of the AMHA's decision or notice to terminate assistance.

The AMHA must schedule and send written notice of the informal hearing to the family within 10 business days of the family's request.

The family may request to reschedule a hearing for good cause, or if it is needed as a reasonable accommodation for a person with disabilities. Good cause is defined as an unavoidable conflict which seriously affects the health, safety or welfare of the family. Requests to reschedule a hearing must be made orally or in writing prior to the hearing date. At its discretion, the AMHA may request documentation of the "good cause" prior to rescheduling the hearing.

If the family does not appear at the scheduled time, and was unable to reschedule the hearing in advance due to the nature of the conflict, the family must contact the AMHA within 24 hours of the scheduled hearing date, excluding weekends and holidays. The AMHA will reschedule the hearing only if the family can show good cause for the failure to appear, or if it is needed as a reasonable accommodation for a person with disabilities.

Pre-Hearing Right to Discovery

Participants and the AMHA are permitted pre-hearing discovery rights. The family must be given the opportunity to examine before the hearing any AMHA documents that are directly relevant to the hearing. The family must be allowed to copy any such documents at their own expense. If the AMHA does not make the document available for examination on request of the family, the AMHA may not rely on the document at the hearing.

The AMHA hearing procedures may provide that the AMHA must be given the opportunity to examine at the AMHA offices before the hearing, any family documents that are directly relevant to the hearing. The AMHA must be allowed to copy any such document at the AMHA's

expense. If the family does not make the document available for examination on request of the AMHA, the family may not rely on the document at the hearing.

For the purpose of informal hearings, *documents* include records and regulations.

The family will be allowed to copy any documents related to the hearing at a cost of \$.07 per page. The family must request discovery of AMHA documents no later than 12:00 p.m. on the business day prior to the scheduled hearing date

The AMHA must be given an opportunity to examine at the AMHA offices before the hearing any family documents that are directly relevant to the hearing. Whenever a participant requests an informal hearing, the AMHA will automatically mail a letter to the participant requesting a copy of all documents that the participant intends to present or utilize at the hearing. The participant must make the documents available no later than 12:00 pm on the business day prior to the scheduled hearing date.

Participant's Right to Bring Counsel

At its own expense, the family may be represented by a lawyer or other representative at the informal hearing.

Informal Hearing Officer

Informal hearings will be conducted by a person or persons approved by the AMHA, other than the person who made or approved the decision or a subordinate of the person who made or approved the decision.

The AMHA has designated the following to serve as hearing officers:

Executive Director

Coordinator of Property Management & Administration

Attendance at the Informal Hearing

Hearings may be attended by a hearing officer and the following applicable persons:

A AMHA representative(s) and any witnesses for the AMHA

The participant and any witnesses for the participant

The participant's counsel or other representative

Any other person approved by the AMHA as a reasonable accommodation for a person with a disability

Conduct at Hearings

The person who conducts the hearing may regulate the conduct of the hearing in accordance with the AMHA's hearing procedures.

The hearing officer is responsible to manage the order of business and to ensure that hearings are conducted in a professional and businesslike manner. Attendees are expected to comply with all hearing procedures established by the hearing officer and guidelines for conduct. Any person demonstrating disruptive, abusive or otherwise inappropriate behavior will be excused from the hearing at the discretion of the hearing officer.

Evidence

The AMHA and the family must be given the opportunity to present evidence and question any witnesses. In general, all evidence is admissible at an informal hearing. Evidence may be considered without regard to admissibility under the rules of evidence applicable to judicial proceedings.

Any evidence to be considered by the hearing officer must be presented at the time of the hearing. There are four categories of evidence.

Oral evidence: the testimony of witnesses

Documentary evidence: a writing which is relevant to the case, for example, a letter written to the AMHA. Writings include all forms of recorded communication or representation, including letters, words, pictures, sounds, videotapes or symbols or combinations thereof.

Demonstrative evidence: Evidence created specifically for the hearing and presented as an illustrative aid to assist the hearing officer, such as a model, a chart or other diagram.

Real evidence: A tangible item relating directly to the case.

Hearsay Evidence is evidence of a statement that was made other than by a witness while testifying at the hearing and that is offered to prove the truth of the matter. Even though evidence, including hearsay, is generally admissible, hearsay evidence alone cannot be used as the sole basis for the hearing officer's decision.

If either the AMHA or the family fail to comply with the discovery requirements described above, the hearing officer will refuse to admit such evidence.

Other than the failure of a party to comply with discovery, the hearing officer has the authority to overrule any objections to evidence.

Hearing Officer's Decision

The person who conducts the hearing must issue a written decision, stating briefly the reasons for the decision. Factual determinations relating to the individual circumstances of the family must be based on a preponderance of evidence presented at the hearing. A copy of the hearing must be furnished promptly to the family.

In rendering a decision, the hearing officer will consider the following matters:

AMHA Notice to the Family: The hearing officer will determine if the reasons for the AMHA's decision are factually stated in the Notice.

Discovery: The hearing officer will determine if the AMHA and the family were given the opportunity to examine any relevant documents in accordance with AMHA policy.

PHA Evidence to Support the PHA Decision: The evidence consists of the facts presented. Evidence is not conclusion and it is not argument. The hearing officer will evaluate the facts to determine if they support the AMHA's conclusion.

Validity of Grounds for Termination of Assistance (when applicable): The hearing officer will determine if the termination of assistance is for one of the grounds specified in the HUD regulations and AMHA policies. If the grounds for termination are not specified in the regulations or in compliance with AMHA policies, then the decision of the AMHA will be overturned.

The hearing officer will issue a written decision to the family and the AMHA no later than 30 business days after the hearing. The report will contain the following information:

Hearing information:

Name of the participant;

Date, time and place of the hearing;

Name of the hearing officer;

Name of the AMHA representative; and

Name of family representative (if any).

Background: A brief, impartial statement of the reason for the hearing.

Summary of the Evidence: The hearing officer will summarize the testimony of each witness and identify any documents that a witness produced in support of his/her testimony and that are admitted into evidence.

Findings of Fact: The hearing officer will include all findings of fact, based on a preponderance of the evidence. *Preponderance of the evidence* is defined as evidence which is of greater weight or more convincing than the evidence which is offered in opposition to it; that is, evidence which as a whole shows that the fact sought to be proved is more probable than not. Preponderance of the evidence may not be determined by the number of witnesses, but by the greater weight of all evidence.

Conclusions: The hearing officer will render a conclusion derived from the facts that were found to be true by a preponderance of the evidence. The conclusion will result in a determination of whether these facts uphold the AMHA's decision.

Order: The hearing report will include a statement of whether the AMHA's decision is upheld or overturned. If it is overturned, the hearing officer will instruct the AMHA to change the decision in accordance with the hearing officer's determination. In the case of termination of assistance, the hearing officer will instruct the AMHA to restore the participant's program status.

Procedures for Rehearing or Further Hearing

The hearing officer may ask the family for additional information and/or might adjourn the hearing in order to reconvene at a later date, before reaching a decision. If the family misses an appointment or deadline ordered by the hearing officer, the action of the AMHA will take effect and another hearing will not be granted.

In addition, within 10 business days after the date the hearing officer's report is mailed to the AMHA and the participant, the AMHA or the participant may request a rehearing or a further hearing. Such request must be made in writing and postmarked or hand-delivered to the hearing officer and to the other party within the 10 business day period. The request must demonstrate cause, supported by specific references to the hearing officer's report, why the request should be granted.

A rehearing or a further hearing may be requested for the purpose of rectifying any obvious mistake of law made during the hearing or any obvious injustice not known at the time of the hearing.

It shall be within the sole discretion of the AMHA to grant or deny the request for further hearing or rehearing. A further hearing may be limited to written submissions by the parties, in the manner specified by the hearing officer.

AMHA Notice of Final Decision

The AMHA is not bound by the decision of the hearing officer for matters in which the AMHA is not required to provide an opportunity for a hearing, decisions that exceed the authority of the hearing officer, decisions that conflict with or contradict HUD regulations, requirements, or are otherwise contrary to Federal, State or local laws.

If the AMHA determines it is not bound by the hearing officer's decision in accordance with HUD regulations, the AMHA must promptly notify the family of the determination and the reason for the determination.

The AMHA will mail a "Notice of Final Decision" including the hearing officer's report, to the participant and their representative. This Notice will be sent by first-class mail, postage pre-paid with an affidavit of mailing enclosed. The participant will be mailed the original "Notice of Final Decision" and a copy of the proof of mailing. A copy of the "Notice of Final Decision" along with the original proof mailing will be maintained in the AMHA's file.

I. SELECTION CRITERIA:

A. APPROVAL

Prior to accepting a pet for residency in Public Housing, the pet owner must enter into a “Pet Agreement”. In addition, the pet owner must provide to AMHA proof of the pet’s good health and suitability under the standards set fourth under “Basic Guidelines in criteria”. In addition, for the case of dogs and cats, proof must be given, and renewed annually, of the animal licensing and vaccination record together with proof of spaying or neutering which will be reviewed at recertification. Pet deposit will be placed in a non-interest bearing account.

B. BASIC GUIDELINES

The following types of common household pets will be permitted under the following criteria:

a. Dogs

- (1) Maximum Number – One (1) – Must have ID Tag
- (2) Maximum Adult weight – approximately 50 lbs at maturity
- (3) Must be housebroken
- (4) Must be spayed or neutered (minimum age 6 months or in the case of being older, prior to approval)
- (5) Must have all required vaccinations
- (6) Must be licensed (Athens County requirement)
- (7) Cannot be of an dangerous breed, AMHA discretion

b. Cats

- (1) Maximum Number – One (1) – Must have ID Tag
- (2) Must be spayed or neutered (minimum age 6 months or in the case of being older, prior to approval)
- (3) Must have all required vaccinations
- (4) Must be trained to the litter box

AMHA’s lease authorizes for caged bird and fish, no more than (2) guinea pigs, gerbils or mice, reptiles and other animals will not be considered for pet ownership. Each household will have the option of selecting one pet (a dog or cat). All approved pets will be photographed by the AMHA.

II. PET DEPOSIT

A. A refundable pet deposit of \$150 plus a \$5 non-refundable processing fee shall be required for a pet. The processing fee and first installment of \$50 will be paid at execution of the pet policy. The remaining payments must be collected in (3) consecutive installments. Any person failing to make payments as required will result in immediate pet removal, failure to remove pet will result in termination of tenancy. AMHA reserves the right to change amounts consistent with Federal law.

B. Resident’s liability for damages caused by his/her pet is not limited to the amount of the pet deposit and the resident will be required to reimburse AMHA for the real cost of any and all damages caused by pets where they exceed the deposit.

- C. All units occupied by a pet will be fumigated upon being vacated. Infestation of a unit by fleas carried by his/her pet shall be the responsibility of the pet owner. Infestation of adjacent units or common areas attributable to a specific pet shall be the responsibility of the pet owner who shall be liable for the cost of correcting the infestation.

III. DOGS AND CATS

- A. Dogs and cats shall be maintained within the resident pet owner's unit. When outside, the pet shall be kept on a leash and under control of the resident at all times. Under no circumstances shall any pet be permitted in a lounge area or to roam free in any common area or ground.
- B. All animal waste or litter from litter boxes shall be picked up immediately by the pet owner and disposed of in sealed plastic bags and placed in trash containers. Cat litter shall be changed at least two (2) times a week and separate waste from litter once a day.

Cat litter may not be disposed of by flushing down the toilet. Charges for toilets needing unclogged or clean-up of a common area or ground because of any pet nuisance shall be billed to and paid by the resident pet owner.
- C. Resident pet owner's agree to be responsible for the immediate clean-up of any dirt or waste caused by a pet.
- D. Pet owner's shall keep their pets under control at all times and shall assume sole responsibility for liability arising from any injury sustained by any person that has been attributed to their pet. Pet owners agree to hold AMHA harmless in such proceedings, and it is strongly recommended that the owner purchase insurance.
- E. Resident pet owners agree to control the noise of his/her pet such that it does not constitute a nuisance to other tenants. Failure to control pet noise may result in the removal of the pet from the premises.
- F. Any pet that causes bodily injury to any tenant, guest, staff member, or other person shall be immediately and permanently removed from the premises without prior notice.
- G. No pet shall be left unattended in any unit for longer than 12-hour period.
- H. All resident pet owners shall provide adequate care, nutrition, exercise and medical attention for his/her pet. Pets which appear to be poorly cared for or which are left attended for longer than 12 hours will be reported to an appropriate authority and will be removed from the premises at the owners expense.
- I. In the event of a tenant's sudden illness the resident pet owner agrees that AMHA shall have discretion with respect to the provision of care to the pet consistent with federal guidelines and at the expense of the written instructions with respect to such area are provided in advance by the resident to AMHA and all care shall be at the resident's expense.
- J. In the event of the death of a resident, the resident pet owner agrees that AMHA shall have discretion to dispose of the pet consistent with federal guidelines unless written instructions with respect to such disposal has been provided in advance to AMHA by the resident.
- K. Unwillingness on the part of named caretakers of a pet per item I & J of this

section to assume custody of the pet shall relieve AMHA of any requirement to adhere to any written instruction with respect to the care or disposal of a pet shall be considered as authorization to AMHA to exercise discretion in such regard consistent with federal guidelines.

L. Resident pet owners acknowledge that other residents may have chemical sensitivities or allergies related to pets or are easily frightened by such animals. The resident, therefore, agrees to exercise common sense and common courtesy with respect to such other resident's rights to peaceful and quiet enjoyment of the premises.

M. AMHA may remove or require the removal of a pet from the premises on a temporary or permanent basis for the following:

1. Creation of a nuisance after proper notice consistent with section IV of these pet rules.
2. Excessive pet noises or odor with proper notification.
3. Unruly or dangerous behavior.
4. Excessive damage to the resident's unit and/or common area.
5. Repeated problems with vermin or flea infestation.
6. Failure of the tenant to provide adequate care of his/her unit.
7. Leaving a pet unattended for longer than 12 hours.

8. Failure of the tenant to provide adequate and appropriate vaccinations.
9. Tenant death and/or serious illness.
10. Failure to observe any other rule contained in this section & not here listed, upon proper notice.
11. Animal does not have an identification tag.

N. Pets of visitors/guest not owned by the resident are strictly prohibited with the exception of seeing eye dogs.

IV. NOTIFICATION POLICY

In the event that any pet owner violates these pet rules, AMHA shall provide notice of such violation as follows:

A. CREATION OF NOISE

1. The owner of any pet which creates a nuisance upon the grounds or by excessive noise, odor or unruly behavior shall be notified of such nuisance in writing by AMHA and shall be given no more than ten (10) days to correct such nuisance.
2. Consistent with local and state ordinance, AMHA shall take appropriate steps to remove a pet from the premises in the event that the pet owner fails to correct such a nuisance within the ten (10) day compliance period.

B. DANGEROUS BEHAVIOIR

1. Any pet which physically threatens a resident, guest, staff member or other person on the premises shall be considered dangerous.
2. AMHA shall provide written notice to the pet owner of dangerous behavior and the pet owner shall have no more than ten (10) days to correct the animal's behavior or remove the pet from the premises.

3. Consistent with local and state ordinance, AMHA shall take appropriate steps to remove a pet from the premises in the event that the pet owner fails to correct the dangerous behavior of his/her pet within the compliance period.
4. Any pet which causes physical harm to any resident, guest, staff member, authorized representatives or other person upon the grounds shall be immediately removed from the premises by the owner or AMHA.

TENANT'S SIGNATURE UPON THESE RULES SHALL CONSTITUTE PERMISSION FOR AMHA TO TAKE THIS ACTION IN THE EVENT OF BODILY INJURY CAUSED BY HIS/HER PET.

I/We have read and understand the above pet policies for Public Housing and agree to comply fully with the provisions. I/We understand that failure to comply may constitute reason for removal of the pet. Where required by AMHA to remove the pet from the premises, I/We agree to such removal and understand that our failure to do so shall constitute grounds for termination of tenancy.

Tenant: _____ Date: _____

Tenant: _____ Date: _____

Address: _____

Pet Name: _____

AMHA Staff : _____ Date: _____

**ATHENS METROPOLITAN HOUSING AUTHORITY
AUTHORIZATION FOR PET OWNERSHIP**

Pet Owner's Name: _____

Pet Owner's Address: _____

Home Telephone: _____ **Work Telephone:** _____

Pet's Name: _____ **Type or Breed:** _____

Weight at Maturity? _____ **Height at Maturity?** _____

Spayed or Neutered? _____ **Approximate Date:** _____

Housebroken? _____ **License or ID Number:** _____

Veterinarian: _____

Address: _____ **Phone:** _____

Emergency Caregiver for the Pet: _____

Address: _____ **Phone:** _____

I have read and understand the rules governing pets and I and all members of my household promise to fully comply. I also understand that until I have been approved and signed a pet policy with AMHA I cannot board or lodge a pet.

Signature of Pet Owner: _____ **Date:** _____

Approved: ___ **Denied:** ___ **By:** _____ **Date:** _____

Attached:

- 1. Picture of Animal**
- 2. Rabies Certification**



Athens Metropolitan Housing Authority

10 HOPE DRIVE, ATHENS, OHIO 45701

740-592-4481

TDD: Ohio Relay Service (800) 750-0750

FAX: 740-594-2410

amha@athensmha.org

September 24, 2010

ATT: oh041v01j

Public Hearing for 2011 Annual Agency Plan

AMHA Staff: Keith C. Andrews, Executive Director
Erica S. Flanders, Coordinator of Property Management &
Administration

Hearing was published in several publications of the Sunday Edition of the Athens Messenger

Hearing began at 3:00 PM

No public attended

If you or anyone in your family is a person with disabilities and you require a specific accommodation in order to fully utilize our programs and services, contact Erica Flanders at the AMHA office during office hours.



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

Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the ___ 5-Year and/or Annual PHA Plan for the PHA fiscal year beginning 2011, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA certifies that there has been no change, significant or otherwise, to the Capital Fund Program (and Capital Fund Program/Replacement Housing Factor) Annual Statement(s), since submission of its last approved Annual Plan. The Capital Fund Program Annual Statement/Annual Statement/Performance and Evaluation Report must be submitted annually even if there is no change.
4. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Board or Boards in developing the Plan, and considered the recommendations of the Board or Boards (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
5. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
6. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
7. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identify any impediments to fair housing choice within those programs, address those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and maintain records reflecting these analyses and actions.
8. For PHA Plan that includes a policy for site based waiting lists:
 - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2006-24);
 - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
 - Adoption of site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
 - The PHA shall take reasonable measures to assure that such waiting list is consistent with affirmatively furthering fair housing;
 - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
9. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
10. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
11. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.

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

Athens Metropolitan Housing Authority
PHA Name

OH041
PHA Number/HA Code

 5-Year PHA Plan for Fiscal Years 20 - 20

 X Annual PHA Plan for Fiscal Years 20 11 - 20 11

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. **Warning:** HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official	Title
Timothy J. Foran	Chairperson, Board of Commissioners
Signature	Date
	10/14/10

Civil Rights Certification

Annual Certification and Board Resolution

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

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

Athens Metropolitan Housing Authority

OH041

PHA Name

PHA Number/HA Code

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate. Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Timothy J. Foran

Title

Chairperson, AMHA Board of Commissioners

Signature



Date

10/4/10

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Athens Metropolitan Housing Authority, 10 Hope Drive, Athens, Ohio 45701 amha@athensmha.org

Program/Activity Receiving Federal Grant Funding

Section 8 Housing Choice Voucher Program

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Name of Authorized Official

Title

Keith C. Andrews

Executive Director

Signature

Date



September 24, 2010

Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

Applicant Name

Athens Metropolitan Housing Authority, 10 Hope Drive, Athens, Ohio 45701 amha@athensmha.org

Program/Activity Receiving Federal Grant Funding

Public Housing Programs

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

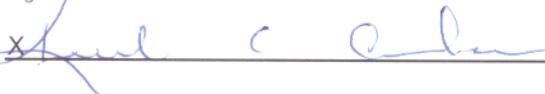
Name of Authorized Official

Keith C. Andrews

Title

Executive Director

Signature

X 

Date

September 24, 2010

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

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Athens Metropolitan Housing Authority, 10 Hope Drive, Athens, Ohio 45701

Program/Activity Receiving Federal Grant Funding

Section 8 Housing Choice Voucher Program

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

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

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

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

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

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

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

Name of Authorized Official	Title
Keith C. Andrews	Executive Director
Signature	Date (mm/dd/yyyy)
	9/24/2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

Certification of Payments to Influence Federal Transactions

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

Applicant Name

Athens Metropolitan Housing Authority, 10 Hope Drive, Athens, Ohio 45701

Program/Activity Receiving Federal Grant Funding

Public Housing Program

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

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

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

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

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

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

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

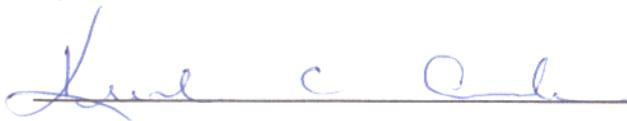
Name of Authorized Official

Keith C. Andrews

Title

Executive Director

Signature



Date (mm/dd/yyyy)

9/24/2010

Previous edition is obsolete

form HUD 50071 (3/98)
ref. Handbooks 7417.1, 7475.13, 7485.1, & 7485.3

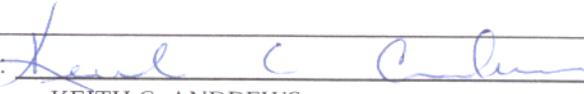
DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known:	
6. Federal Department/Agency: U.S. DEPT. OF HUD	7. Federal Program Name/Description: SECTION 8 HOUSING CHOICE VOUCHER CFDA Number, if applicable: N/A	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant (if individual, last name, first name, MI):	b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, MI):	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: <u></u> Print Name: <u>KEITH C. ANDREWS</u> Title: <u>EXECUTIVE DIRECTOR</u> Telephone No.: <u>(740) 592-4481</u> Date: <u>9/24/2010</u>	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. 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 a 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 and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup 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. Subawards include but are 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-DE-90-001."
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 prime entity 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 1995 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 certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public 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 the 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 (0348-0046), Washington, DC 20503.

DISCLOSURE OF LOBBYING ACTIVITIES

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

(See reverse for public burden disclosure.)

1. Type of Federal Action: <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	3. Report Type: <input checked="" type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change For Material Change Only: year _____ quarter _____ date of last report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known: 4c	5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime: N/A Congressional District, if known:	
6. Federal Department/Agency: U.S. DEPT. OF HUD	7. Federal Program Name/Description: PUBLIC HOUSING PROGRAM CFDA Number, if applicable: N/A	
8. Federal Action Number, if known:	9. Award Amount, if known: \$	
10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i>	b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i>	
11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: KEITH C. ANDREWS Title: EXECUTIVE DIRECTOR Telephone No.: (740) 592-4481 Date: 9/24/2010	
Federal Use Only:		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

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, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. 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 a 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 and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup 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. Subawards include but are 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-DE-90-001."
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 prime entity 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 1995 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 certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public 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 the 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 (0348-0046), Washington, DC 20503.

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

I, Michael A. Hiler, Chief, OHCP, Ohio Department of Development certify
that the Five-Year Plan and 2011 Annual PHA Plan of
the Athens Metropolitan Housing Authority is consistent with the Consolidated Plan
of the State of Ohio prepared pursuant to 24 CFR Part 91.

Michael A. Hiler

Date: October 13, 2010

Michael A. Hiler, Chief
Office of Housing and Community Partnerships
Ohio Department of Development

Athens County Commissioners



15 South Court St.
Athens, Ohio 45701

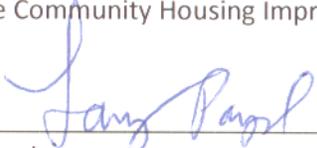
Visit us at our website:
athenscountygovernment.com

Lenny Eliason
Mark Sullivan
Larry Payne

JoAnn Sikorski
Clerk/Admin. Assistant
Telephone (740) 592-3292
Fax (740) 594-8010

Statement of Consistency of the Public Housing Authority Plan with the Community Housing Improvement Strategy

The 2011 (year) Annual and/or _____ (years) Five-Year Plan for the
Athens Metropolitan Housing Authority _____ (housing authority name) is consistent with
the Community Housing Improvement Strategy of Athens County _____ or county).



Signature

Larry Payne _____
Printed Name of Signatory

President, Board of Commissioners _____
Title

9/28/10

Date



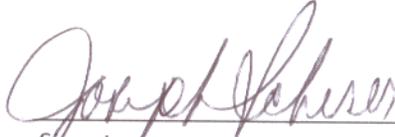
The Board of Athens County Commissioners is an Affirmative Action employer
and does not discriminate for reasons of race, gender, age, religion or disability.



Printed on recycled paper

**Statement of Consistency of the Public Housing Authority Plan With the
Community Housing Improvement Strategy**

The 2011 (year) Annual and/or N/A (years) Five-Year Plan for the
Athens Metropolitan Housing Authority (housing authority name) is consistent with
the Community Housing Improvement Strategy of City of Nelsonville (city
or county).



Signature

Joseph Scherer

Printed Name of Signatory

City Manager

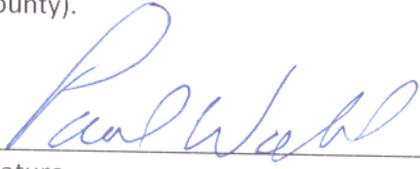
Title

23 September 2010

Date

**Statement of Consistency of the Public Housing Authority Plan With the
Community Housing Improvement Strategy**

The 2011 (year) Annual and/or _____ (years) Five-Year Plan for the
Athens Metropolitan Housing Authority (housing authority name) is consistent with
the Community Housing Improvement Strategy of City of Athens (city
or county).



Signature

Paul Wiehl

Printed Name of Signatory

Mayor, City of Athens

Title

9/28/10

Date