

# FHEO Monitoring Strategy

## POD/Category A Office Monitoring of Public Housing Agency

U.S. Department of Housing and Urban Development  
Office of Fair Housing and Equal Opportunity



03357

### Section I. Housing Authority

Name		Date of Review
Address		Person(s) Interviewed
Director's Name		Board Chair's Name
Telephone Number		Telephone Number
Check One <input type="checkbox"/> Countywide <input type="checkbox"/> Citywide PHA	Telephone Number	Address

Population in PHA Jurisdiction					
No. of White	No. of Black	No. of Hispanic	No. of American Indian	No. of Asian/Pacific Islander	Combined Total

Form HUD-51234 Attached?  Yes  No      Form HUD-951 on file at HUD?  Yes  No

Program Units Under Management	Number Occupied	Total Number of Units		Program Units Under Management	Number Occupied	Total Number of Units	
		Elderly	Other			Elderly	Other
LIPH				CIAP			
Section 8/ Certificate				Other HUD Assisted Housing			
Voucher				Other Non-HUD Assisted (FmHA, etc)			
Mod Rehab							

### Section II. Previous Monitoring Data

No. of Previous Reviews	Date of Last Monitoring Review: Occupancy Audit	Management Review	FHEO	<input type="checkbox"/> Review at HUD <input type="checkbox"/> On-Site
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### Section III. Monitoring Plan

Check One  Full (Comprehensive)  Limited (Focused)

Areas to be Reviewed (Check as applicable)

<input type="checkbox"/> Management and Administration	<input type="checkbox"/> EOHP
<input type="checkbox"/> Lease and Grievance Procedures	<input type="checkbox"/> CIAP
<input type="checkbox"/> EEO and Training	<input type="checkbox"/> Admissions and Suitability
<input type="checkbox"/> Outreach and Affirmative Marketing	<input type="checkbox"/> Site and Location Data
<input type="checkbox"/> Recordkeeping	<input type="checkbox"/> Applications and Waiting Lists
<input type="checkbox"/> Section 504	<input type="checkbox"/> Relocation / Displacement
<input type="checkbox"/> Occupancy and Tenant Data	<input type="checkbox"/> Other

Persons to Contact:	Name(s)	Division and Section

Findings or concerns noted from review at HUD. List areas as indicated above. Documentation attached?  Yes  No (If "No", please explain.)

List of Files Inspected

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**Section IV. On-Site Monitoring Conclusions**

Monitoring Findings

Monitoring Concerns

List Program Area (e.g. Marketing) and attach all monitoring findings and concerns in the appropriate section above.

Prepared by:

Date