



# Housing Authority of Sylvester

## AGENCY PLAN

# 2017

**For questions or comments, please contact**

**Michael Wayne Allen Sr., Executive Director**

**Housing Authority of Sylvester**

**411 N. Jefferson Sylvester, Ga. 31791**

**(229)776-7621**

<b>Annual PHA Plan</b> <i>(Standard PHAs and Troubled PHAs)</i>	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires: 02/29/2016
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**Purpose.** 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, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families.

**Applicability.** Form HUD-50075-ST is to be completed annually by **STANDARD PHAs** or **TROUBLED PHAs**. PHAs that meet the definition of a High Performer PHA, Small PHA, HCV-Only PHA or Qualified PHA do not need to submit this form.

**Definitions.**

- (1) **High-Performer PHA** – A PHA that owns or manages more than 550 combined public housing units and housing choice vouchers, and was designated as a high performer on both of the most recent Public Housing Assessment System (PHAS) and Section Eight Management Assessment Program (SEMAP) assessments if administering both programs, or PHAS if only administering public housing.
- (2) **Small PHA** - A PHA that is not designated as PHAS or SEMAP troubled, or at risk of being designated as troubled, that owns or manages less than 250 public housing units and any number of vouchers where the total combined units exceeds 550.
- (3) **Housing Choice Voucher (HCV) Only PHA** - A PHA that administers more than 550 HCVs, was not designated as troubled in its most recent SEMAP assessment and does not own or manage public housing.
- (4) **Standard PHA** - A PHA that owns or manages 250 or more public housing units and any number of vouchers where the total combined units exceeds 550, and that was designated as a standard performer in the most recent PHAS or SEMAP assessments.
- (5) **Troubled PHA** - A PHA that achieves an overall PHAS or SEMAP score of less than 60 percent.
- (6) **Qualified PHA** - A PHA with 550 or fewer public housing dwelling units and/or housing choice vouchers combined, and is not PHAS or SEMAP troubled.

A.	PHA Information.																																
A.1	<p>PHA Name: <u>Sylvester Housing Authority</u> <span style="float: right;">PHA Code: <u>GA104</u></span>            PHA Type: <input checked="" type="checkbox"/> Standard PHA <input type="checkbox"/> Troubled PHA            PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>2017</u>            PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)            Number of Public Housing (PH) Units <u>260</u> Number of Housing Choice Vouchers (HCVs) _____ Total Combined Units/Vouchers <u>260</u>            PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <p><b>Availability of Information.</b> PHAs must have the elements listed below in sections B and C readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection 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 their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <p><input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a Joint PHA Plan and complete table below)</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th rowspan="2" style="width: 25%;">Participating PHAs</th> <th rowspan="2" style="width: 10%;">PHA Code</th> <th rowspan="2" style="width: 25%;">Program(s) in the Consortia</th> <th rowspan="2" style="width: 15%;">Program(s) not in the Consortia</th> <th colspan="2" style="width: 25%;">No. of Units in Each Program</th> </tr> <tr> <th style="width: 12.5%;">PH</th> <th style="width: 12.5%;">HCV</th> </tr> </thead> <tbody> <tr> <td>Lead PHA:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td> </td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program		PH	HCV	Lead PHA:																							
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<b>B. Annual Plan Elements</b>						
<b>B.1</b>	<p><b>Revision of PHA Plan Elements.</b></p> <p>(a) Have the following PHA Plan elements been revised by the PHA?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Operation and Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Grievance Procedures.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Community Service and Self-Sufficiency Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Safety and Crime Prevention.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Pet Policy.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Asset Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each revised element(s):</p> <p>(c) The PHA must submit its Deconcentration Policy for Field Office review.</p>					
<b>B.2</b>	<p><b>New Activities.</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Designated Housing for Elderly and/or Disabled Families.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Occupancy by Over-Income Families.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Occupancy by Police Officers.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Non-Smoking Policies.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project-Based Vouchers.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p>					
<b>B.3</b>	<p><b>Civil Rights Certification.</b></p> <p>Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>					


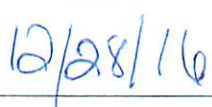
B.4	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>
B.5	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year and Annual Plan. Through the use of Capital Fund Grant, we are continually improving the quality of our housing stock. Significant improvement include: the installation of energy efficient windows; the installation of energy efficient air conditioning. Our Capital Fund Program along with routine maintenance program continues to keep our public housing units in good condition. We are making sure staff attends training of all ranges in public housing.</p>
B.6	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y N  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(c) If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p>
B.7	<p><b>Certification by State or Local Officials.</b></p> <p><i>Form HUD 50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan, must be submitted by the PHA as an electronic attachment to the PHA Plan.</i></p>
B.8	<p><b>Troubled PHA.</b></p> <p>(a) Does the PHA have any current Memorandum of Agreement, Performance Improvement Plan, or Recovery Plan in place?</p> <p>Y N N/A  <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>
C.	<p><b>Statement of Capital Improvements.</b> Required for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).</p>
C.1	<p><b>Capital Improvements.</b> Include a reference here to the most recent HUD-approved 5-Year Action Plan (HUD-50075.2) and the date that it was approved by HUD.</p>

<b>Part I: Summary</b>					
<b>PHA Name: Housing Authority of the City of Sylvester</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA01P104501-17</b> Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant: 2017</b> <b>FFY of Grant Approval: 2017</b>	
<b>Type of Grant</b>					
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>		60,294		
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)		2,000		
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs		15,000		
8	1440 Site Acquisition				
9	1450 Site Improvement		17,000		
10	1460 Dwelling Structures		189,178		
11	1465.1 Dwelling Equipment—Nonexpendable		6,000		
13	1470 Non-dwelling Structures		8,000		
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs		4,000		
17	1499 Development Activities <sup>4</sup>				

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

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<b>Part I: Summary</b>					
<b>PHA Name:</b> Housing Authority of the City of Sylvester	<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P104501-17</b> Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2017</b> <b>FFY of Grant Approval: 2017</b>			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no:                      ) <input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant:: (sum of lines 2 - 19)	<b>315,461</b>			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
<b>Signature of Executive Director</b>		<b>Date</b>		<b>Signature of Public Housing Director</b>	
					

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<b>Part II: Supporting Pages</b>								
<b>PHA Name: Housing Authority of the City of Sylvester</b>			<b>Grant Type and Number</b> Capital Fund Program Grant No: <b>GA06P104501-17</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2017</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
<b>AMP #1</b>	<b><u>Fees &amp; Costs</u></b>	<b>1430</b>	Lump Sum					
	Fees for architectural services for the unit renovation			15.000				
	<b>Subtotal Acct 1430</b>			<b>15,000</b>				
<b>AMP #1 &amp; AMP2</b>	<b><u>Dwelling Structures</u></b>	<b>1460</b>						
	Lead-based paint abatement		9 units					
	Asbestos abatement		9 units					
	General Demolition		9 units					
	Termite treatment		9 units					
	Interior doors, frames, & hardware (lever handles)		9 units					
	Exterior doors		9 units					
	Closet rods and shelves		9 units					
	Curtain bracket supports		9 units					
	Ceramic tile floor and base		9 units					
	Interior and exterior painting		9 units					
	Toilet accessories		9 units					
	Modify kitchen layouts		9 units					
	Kitchen cabinets, rangehoods & backsplashes		9 units					
	Dryer vents and circuits		9 units					

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



Part II: Supporting Pages								
PHA Name: <b>Housing Authority of the City of Sylvester</b>		Grant Type and Number Capital Fund Program Grant No: <b>GA06P104501-17</b> CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2017</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	Laminated plastic backsplash on kitchen walls		9 units					
	Remove 2 layers of floor tile; new VCT and base		9 units					
	Electric water heaters		9 units					
	Extend T & P to outside		9 units					
	Install new central HVAC system		9 units					
	Replace wood plenum with sheetmetal plenum		9 units					
	Rewire & replace service, panels, devices, & lights		9 units					
	Kitchen fittings (lever handles), traps and stops		9 units					
	Lavatory fittings (lever handles), traps and stops		9 units					
	Vanities in baths		9 units					
	CATV & phone in Living Room and all bedrooms		9 units					
	Electric address plaques		9 units					
	Minor unspecified repairs due to modernization		9 units					
	Add furring at cabinets		9 units					
	Tub and shower fittings		9 units					
	Locking attic access panels		9 units					
	1-hour rated walls in attic		9 units					

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

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				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	New prefinished porch ceilings & cladding/clean fascia & soffit		9 units					
	Remove frames at exterior screen walls		9 units					
	Termite treatment that is a required part of the complete renovation		LS					
	Siding replacement (as required)		LS					
	<b>Subtotal Acct 1460</b>			<b>189,178</b>				
<b>AMP #1 &amp; AMP #2</b>	<b><u>Administration</u></b>	<b>1410</b>						
	Operations for the COCC			2,000				
	<b>Subtotal Acct 1410</b>			<b>2,000</b>				
<b>AMP #1 &amp; AMP #2</b>	<b><u>Site Improvements</u></b>	<b>1450</b>						
	Add 2 HC accessible parking spaces		LS	1,300				
	Sidewalk repairs		LS	4,500				
	Fencing (security)		LS	4,500				
	New parking spaces / new handrails		LS	5,200				
	New handrails		LS	1,500				
	<b>Subtotal Acct 1450</b>			<b>17,000</b>				
<b>PHA WIDE</b>	<b><u>Operations</u></b>	<b>1406</b>						
	<b>PHA Operation</b>			<b>60,294</b>				
	<b>Subtotal Acct 1406</b>			<b>60,294</b>				

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