# Table of Contents

**Introduction: Public Housing Management Certification Program**

Course Learning Outcomes . . . . . I-i
Purpose of PHM Certification . . . . . I-ii
Beyond the Regulatory Requirement . . . . . I-iii
Online Resources . . . . . I-v

**Unit 1 Roles and Responsibilities of the Public Housing Manager**

Learning Outcomes . . . . . 1-1
Post-Test for Unit 1 . . . . . 1-3

**Unit 2 Organization and Administration of PHAs and Programs**

Learning Outcomes . . . . . 2-1
Post-Test for Unit 2 . . . . . 2-3

**Unit 3 Managing Non-discrimination Compliance**

Learning Outcomes . . . . . 3-1
Learning Activity 3-1: Reasonable Accommodation . . . . . 3-3
Post-Test for Unit 3 . . . . . 3-6
Sample Forms . . . . . 3-9

**Unit 4 Eligibility**

Learning Outcomes . . . . . 4-1
Post-Test for Unit 4 . . . . . 4-3

**Unit 5 Tenant Selection**

Learning Outcomes . . . . . 5-1
Tenant Selection Policies . . . . . 5-2
Method for Achieving Deconcentration . . . . . 5-5
Post-Test for Unit 5 . . . . . 5-9

**Unit 6 Income**

Learning Outcomes . . . . . 6-1
Learning Activity 6-1: Income Inclusions and Exclusions for Different Household Members . . . . . 6-2
Learning Activity 6-2: Imputed Welfare Income . . . . . 6-3
Learning Activity 6-3: Asset Inclusions and Exclusions . . . . . 6-5
Learning Activity 6-4: Dependent and Childcare Allowance . . . . . 6-8
Learning Activity 6-5: Health and Medical Care Expenses . . . . . 6-10
Post-Test for Unit 6 . . . . . 6-12

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**Unit 7** **Rent Calculations**

Learning Outcomes . . . . . 7-1
Learning Activity 7-1: Rent Calculation . . . . . 7-2
**Case Studies** . . . . . 7-5
Case Study 1: Alabaster Family . . . . . 7-5
Case Study 2: Butler Family . . . . . 7-11
Case Study 3: Crimson Family . . . . . 7-17

**Unit 8** **Leasing**

Learning Outcomes . . . . . 8-1
Overview of Leasing Procedures . . . . . 8-2
Post-Test for Unit 8 . . . . . 8-6

**Unit 9** **Continued Occupancy**

Learning Outcomes . . . . . 9-1
Post-Test for Unit 9 . . . . . 9-3

**Unit 10** **Terminations**

Learning Outcomes . . . . . 10-1
Learning Activity 10-1: Termination Exercise . . . . . 10-2
Learning Activity 10-2: Hearing Exercise . . . . . 10-4
Post-Test for Unit 10 . . . . . 10-6

**Unit 11** **Resident Relations and Self-Sufficiency**

Learning Outcomes . . . . . 11-1
Post-Test for Unit 11 . . . . . 11-2

**Unit 12** **Understanding and Managing the Budget**

Learning Outcomes . . . . . 12-1
Learning Activity 12-1: PUM . . . . . 12-2
Learning Activity 12-2: Hilldale Budgets . . . . . 12-6
Learning Activity 12-3: Shared Resources . . . . . 12-7
Post-Test for Unit 12 . . . . . 12-10

**Unit 13** **Property Management**

Learning Outcomes . . . . . 13-1
Learning Activity 13-1: Security Learning Exercise . . . . . 13-2
Post-Test for Unit 13 . . . . . 13-4

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**Unit 14** **Public Housing Assessment System**

Learning Outcomes . . . . . 14-1
Vacant Unit Turnaround Time . . . . . 14-1
How to Track Vacant Unit Turnaround Time . . . . . 14-4
Analyzing Make-Ready and Lease-Up Time . . . . . 14-5
Learning Activity 14-1: Vacant Unit Turnaround Time . . . . . 14-7
Learning Activity 14-2: Vacant Unit Turnaround Time . . . . . 14-8
Learning Activity 14-3: Occupancy Rate . . . . . 14-9
Learning Activity 14-4: Non-Emergency Work Orders . . . . . 14-10
Post-Test for Unit 14 . . . . . 14-26

**Unit 15** **Post-Test Answer Keys**

**PHA Case Study**

**Training Action Plan**

**Improving Test-Taking Skills**

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# Introduction: Public Housing Management Certification Program

## COURSE LEARNING OUTCOMES

- Explain and apply HUD regulations and guidance in order to gain the skills needed to effectively manage public housing developments.
- Upon completion of Public Housing Management, you should be able to:
  - Describe the key components of project-based management (PBM)
  - Define the roles, relationships, and functions of the board of commissioners, management, and staff in a public housing authority (PHA)
  - Recognize key civil rights and fair housing obligations of PHAs
  - Analyze proper policies and practices related to reasonable accommodation
  - Identify basic program eligibility factors
  - Describe how to maintain waiting lists
  - Recognize the importance, functions, and requirements of screening for suitability
  - Calculate correct annual income under various scenarios
  - Calculate adjusted income, total tenant payment, tenant rent, and utility reimbursement payments
  - Recognize the minimum HUD requirements for the public housing lease
  - Identify the HUD requirements and PHA policy options pertaining to annual and interim reexaminations
  - Identify PHA grounds for termination of tenancy, including provisions for drug-related and other criminal activity and noncompliance with community service requirements

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*Notes*

- Review requirements for the community service program
- Recognize how to develop an overall budgeting process and monitor actual-to-budget performance
- Identify the three categories of maintenance required in public housing and evaluate and prioritize maintenance needs based on these categories
- Apply a system of inventory control, including recording and monitoring expendable and nonexpendable inventory
- Recognize key elements of the capital fund
- List key components of a risk management assessment
- Identify the Public Housing Assessment System (PHAS) indicators and documentation requirements

## PURPOSE OF PHM CERTIFICATION

- The overall goal of the Public Housing Management Certification program is to improve the quality of PHA management.
- The seven objectives set by HUD for the certification of public housing personnel are:
  1. Establish minimum qualification standards to be met as conditions for employment in housing manager and assistant housing manager positions.
  2. Provide PHAs with a reliable and convenient method for determining whether individuals meet minimum qualification standards for employment.
  3. Provide individuals interested in employment as housing managers with well-defined standards for professional development.
  4. Encourage qualified or potentially qualified individuals to work in the public housing field.

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*Notes*

5. Protect the rights of individual applicants and employees.
6. Enhance the professional prestige of public housing management by assuring a high degree of professional competence.
7. Assure that the tenants served receive competent management service.

- All persons who are responsible for the day-to-day management and operation of low-income public housing are considered to be housing managers.

## BEYOND THE REGULATORY REQUIREMENT

### Reaching for Excellence as a PHM

- The Public Housing Management Certification Program by Nan McKay & Associates, Inc. (NMA) provides more than an opportunity for participants to attain personal and professional growth empowering them to make a difference in their community and in their job.
- The PHM course and test provide a foundation including:
  - Training to improve skills and performance on the job
  - Education to inspire continued expansion of knowledge, skills, and abilities.
- Through skill development and continued professional growth after this course and test, the public housing manager can positively impact the housing agency, the community, and the housing industry.
- A public housing manager manages a facility that adds to neighborhood aesthetics and generates a community feeling. In addition, the manager serves as a community leader of people who help residents achieve a higher standard of living which in turn enhances the neighborhood.

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*Notes*

- The PHM certification program gives participants a perspective on:
  - Their clients: the residents.
  - Their customer: the management of their agency.
- To better serve the resident clients, managers will gain insight into the "big picture" of their agency, housing, and the community in this certification program. They will enhance knowledge and skills in order to fit together all the PHA departments and services, thereby, providing more effective client service.
- To better serve the management customers, participants will gain a perspective on the requirements for successful housing program management. Managers will enhance their knowledge and skills in order to achieve personal and professional success. This success in turn improves the overall quality of management in a PHA.
- Managers will understand how to implement and manage required Reform Act provisions.
- Managers will analyze best practices and innovative strategies to make their public housing programs a financially viable asset in their communities.

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*Notes*

- Ultimately, this program enhances the personal power of the public housing manager. Participants enhance their confidence to function independently in their positions. This program is intended to promote these values leading to personal power:
  - **Empowerment** to perform confidently and competently.
  - **Self-reliance** to bring the “big picture” into daily performance.
  - **Service** to maintain a focus on meeting the needs of clients and customers.
  - **Collaboration** to reinforce the benefits of bringing diverse people, ideas, and services together.
  - **Integrity** to reinforce the human aspects of the PHA and fairness.
  - **Excellence**, the essential ingredient to go beyond what is merely expected in order to make a difference.

## ONLINE RESOURCES

- Resources and references relevant to this course are available for download at PHMgmtresources.nanmckay.com. The materials may be accessed and downloaded as often as needed. Additional HUD references can be also found on the NMA References site at: http://nmareferences.com.

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# Notes

# UNIT 1 Roles and Responsibilities of the Public Housing Manager

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Identify and explain key functions of the manager
  - Describe the key components of project-based management (PBM)
  - Distinguish between the internal and external relationships in which the manager works

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# Notes

## POST-TEST FOR UNIT 1

1. Public housing management is modeled on HUD's multifamily industry. The two components of this model are:
   a. Project-based management and HUD
   b. Project-based management and asset management
   c. Project-based management and PHAS
   d. HUD and the PHA
   e. The internal and external environment

2. The manager's ability to work closely with community-based service providers is important because:
   a. Community-based service providers are competitors of the public housing program
   b. The PHA has a contractual relationship with community agencies through the cooperation agreement
   c. With welfare time limits, community services are critical in helping families build knowledge, skills, and abilities
   d. Community-based agencies report to HUD
   e. None of the above

3. It is important for a PHA to work with the judicial system because:
   a. Laws are passed by the judiciary branch
   b. Hearings must be presided over by a judge or magistrate
   c. The judicial system develops public housing regulations
   d. It is important that judges and magistrates understand the mandates of the public housing program

4. The executive director is an internal customer of the public housing manager.
   a. True
   b. False

5. As an administrator, the public housing manager is responsible for building all the following internal relationships ***except***:
   a. The executive director
   b. The maintenance director
   c. The Department of Housing and Urban Development
   d. Board of commissioners
   e. Public housing staff

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# Notes

# UNIT 2 Organization and Administration of PHAs and Programs

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Identify in general terms the laws that created and shaped public housing
  - Recognize how the public housing authority is related to Congress and the U.S. Department of Housing and Urban Development, including their respective functions
  - Define the roles, relationships, and functions of the board of commissioners, management, and staff in a PHA

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# Notes

## POST-TEST FOR UNIT 2

1. The public housing program is a tenant-based subsidy program
   a. True
   b. False

2. The PHA plan replaces the admissions and continued occupancy policy.
   a. True
   b. False

3. All the following are written by HUD ***except***:
   a. Regulations
   b. Handbooks
   c. PHA policies
   d. Notices

4. The contract between the city and the PHA is called the PILOT agreement.
   a. True
   b. False

5. The contract between the PHA and HUD is called the annual contributions contract.
   a. True
   b. False

6. HUD's response to comments from the public can be found:
   a. In the appropriate HUD handbook
   b. In the rule summary
   c. In the preamble of a final rule
   d. In the CFR

7. What legal document from HUD requires that the PHA follow HUD rules?
   a. Annual contributions contract (ACC)
   b. Admissions and continued occupancy policy
   c. Cooperation agreement
   d. PILOT agreement
   e. None of the above

8. Congress required state enabling legislation to create local public housing through the Housing Act of 1937.
   a. True
   b. False

9. Who is responsible for the supervision of staff?
   a. HUD
   b. City council
   c. Executive director
   d. Board of commissioners

10. The Admissions and continued occupancy policy must be approved by:
    a. Negotiated rule making committee
    b. The mayor
    c. HUD
    d. The resident advisory board
    e. The board of commissioners

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11. The laws relevant to public housing are made by HUD.
    a. True
    b. False

12. The number of commissioners and their method of appointment are regulated by HUD.
    a. True
    b. False

13. Regulations published as proposed rules:
    a. Must be implemented immediately
    b. Are for comment only
    c. Must be implemented within 60 days
    d. Should be implemented by the end of the comment period
    e. None of the above

14. The executive director of a PHA reports to:

    _____

15. The primary role of HUD headquarters is to:
    a. Write regulations to interpret and implement housing laws
    b. Approve legislation
    c. Write housing legislation
    d. Allocate funds to OMB
    e. Enforce the Public Housing Assessment System

16. HUD's budget is established by:

    _____

17. HUD requires PHAs to submit certifications, PIC documents, and the PHA plan.
    a. True
    b. False

18. Mandatory HUD references include all the following ***except***:
    a. HUD regulations
    b. Current HUD notice
    c. HUD guidebooks
    d. HUD required form

19. PHAs are required to follow HUD guidance because it is "safe harbor."
    a. True
    b. False

20. Court decisions are important for all the following ***except***:
    a. Court decisions interpret the application of laws
    b. Court decisions set new laws at the local level
    c. Court decisions set legal precedent on landlord-tenant law
    d. Understanding court decisions can help the PHA avoid legal challenges

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21. The ACOP:
    a. Must be included in its entirety in the PHA plan
    b. Must be revised at least annually
    c. Is replaced by the PHA plan
    d. Is a supporting document to the PHA plan
    e. Supersedes HUD regulations

22. PHAs (public housing authorities) have a contractual relationship with:
    a. Congress
    b. HUD
    c. The state
    d. The city
    e. Both b and d

23. The contract between HUD and the PHA is the:
    a. Cooperation agreement
    b. MOU
    c. Annual contributions contract (ACC)
    d. Voluntary compliance agreement
    e. Consent decree

24. One of the criteria for successful conversion to project-based and asset management is that the PHA must identify its nonperforming properties.
    a. True
    b. False

25. Congress:
    a. Passes housing laws
    b. Has a contract with PHAs
    c. Establishes HUD's budget
    d. Establishes each PHA's budget
    e. Both a and c

26. The public housing program:
    a. Is a project-based program
    b. Is a tenant-based subsidy program
    c. Must follow federal laws but not state laws
    d. None of the above

27. The contract between the PHA and the public housing tenants is the:
    a. Annual contributions contract (ACC)
    b. Cooperation agreement
    c. Lease
    d. PILOT
    e. ACOP

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# Notes

# UNIT 3 Managing Non-discrimination Compliance

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Recognize key civil rights and fair housing obligations of PHAs
  - Apply the principles of fair housing obligations to avoid discriminatory behavior
  - Distinguish between the HUD definition of disabled used for purposes of eligibility and the definition of disabled used for purposes of reasonable accommodation
  - Analyze proper policies and practices related to reasonable accommodation

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# Notes

## Learning Activity 3-1: Reasonable Accommodation

- How to approach reasonable accommodations
  - Manner in which PHA will respond to request
  - Decision-making process
  - Time period for implementation
  - Procedure for handling confidential information

***Evaluate the following requests for "reasonable accommodation." What steps do you take?***

1. A resident requests a reserved parking space based on the resident's disability. The PHA staff fears that if they grant one request, they will be faced with numerous requests of a similar nature in the future. In other words, the PHA believes that a "damaging precedent" will be set by agreeing to the accommodation request.

2. In the case above, the resident making the fourth request for reserved parking, requests that her name be placed on a waiting list for reserved parking.

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3. A public housing development has open yard space. Each household has an individual clothesline behind the unit. A resident who uses a wheelchair full-time cannot reach his clothesline and requests that it be lowered. The PHA is concerned that children running by could be injured by the clothesline.

4. A very elderly applicant wants to move into public housing. The PHA is concerned that the applicant is too frail to live independently.

5. Who can be held liable if the PHA is found to have engaged in a prohibited practice?

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6. How does a PHA respond to a fair housing complaint?

## POST-TEST FOR UNIT 3

1. For purposes of reasonable accommodation, the definition of "disability":
   a. Is the same definition used by HUD for eligibility/allowances of a disabled family
   b. Is defined by the PHA in the ACOP
   c. Is more broadly defined than the HUD definition
   d. Is not defined

2. To provide reasonable accommodation, the PHA needs to know:
   a. The nature and severity of a person's disability
   b. The details about a disability
   c. Enough to verify the necessity of a request for a reasonable accommodation
   d. What a qualified physician has to say about the nature of the disability

3. A reasonable accommodation:
   a. Allows a person with a disability to meet essential requirements of the lease
   b. Requires the PHA to reduce or waive essential program requirements
   c. Must be defined exactly in the ACOP

4. Accommodations are not considered reasonable if:
   a. They are inconvenient for the housing authority
   b. They impose undue administrative and financial burdens on the public housing program
   c. They require alteration of the unit in any way
   d. If the applicant or tenant is not mobility impaired

5. The housing authority should document requests for reasonable accommodation:
   a. Only if accommodation is approved
   b. In all cases, including the considerations and response of the housing authority, even if denied
   c. Only if required by FHEO
   d. Only in cases of physical disability

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6. A person with a disability:
   a. Must be afforded the exact same opportunity to that afforded to others
   b. May not sue for discrimination under ADA if he or she is no longer disabled
   c. Is given opportunity equal to others only if he or she meets the HUD definition of disability
   d. Must be afforded an opportunity equal to that afforded to others

7. Before the applicant or tenant requests an accommodation, the PHA should offer a specific accommodation when the disability is noticed.
   a. True
   b. False

8. Receipt of SSI is proof that a person is disabled and requires a particular accommodation.
   a. True
   b. False

9. In deciding whether to grant a request for a reasonable accommodation, the PHA can require a third-party verification from a competent professional that the accommodation will allow equal access to the program.
   a. True
   b. False

10. PHAs must determine the severity of a disability before granting a request for an accommodation.
    a. True
    b. False

11. It is acceptable for a PHA to keep confidential medical records in a tenant's file as long as the tenant volunteers the information.
    a. True
    b. False

12. A public housing resident, Sandy Clark, requests that grab bars be installed in her shower stall. Ms. Clark's disability is obvious or otherwise known to the PHA, and the need for the accommodation is readily apparent or known. The PHA:
    a. May require verification of the nexus from a competent third-party who is knowledgeable about the situation
    b. May not request any additional information
    c. Must require third-party verification, in order to ensure consistency and compliance
    d. May establish policy for any of the above options

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13. Under a PHA's Limited English Proficiency (LEP) requirements:
    a. PHAs are not required to have a Language Assistance Plan (LAP)
    b. The PHA must hire bilingual staff for any language group of 1,000 persons or 5 percent of the eligible population in the jurisdiction
    c. The PHA must provide written translation for key documents in any language spoken by an LEP individual
    d. The PHA must offer interpretation, free of charge, for any language requested

14. An elderly family with a minor child may not reside in a mixed population or designated elderly development even if they have been awarded custody of the child.
    a. True
    b. False

15. An elderly person with a minor child may be offered a unit in:
    a. A general occupancy development
    b. A mixed population development
    c. A designated elderly development
    d. a, b, and c
    e. Only where there are two-bedroom units available

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## SAMPLE FORMS

## Notice of Right to Reasonable Accommodation

If you have a disability and as a result of your disability you need:

- A change in the rules or policies to give you an equal opportunity to take part in or use the facilities of the public housing program,
- A change in the way we communicate with you or give you information,
- A modification to your public housing unit, or
- A transfer to another public housing unit,

you may ask for this kind of change, which is called a reasonable accommodation.

If you can show that you have a disability and if your request is reasonable (does not pose "an undue financial or administrative burden"), we will try to grant your request.

We will give you an answer within 10 calendar/working days unless there is a problem getting the information we need or unless you agree to a longer time. We will let you know if we need more information or verification from you or if we would like to talk to you about other ways to meet your needs.

If we turn down your request, we will explain the reasons, and you can give us more information if you think that will help.

If you need help filling out a ***Request for a Reasonable Accommodation*** form or if you want to give us your request in some other way, we can help you.

You can get a ***Request for a Reasonable Accommodation*** form at the front desk of the housing agency.

***Note: All information you provide will be kept confidential and will be used only to help you have an equal opportunity to participate in the public housing program.***

## PUBLIC HOUSING OR OTHER PHA-OWNED PROPERTY

## Request for Reasonable Accommodation or Physical Modification

*(THIS FORM IS AVAILABLE IN LARGER FONT OR ALTERNATIVE FORMAT UPON REQUEST)*

**PLEASE PRINT CLEARLY**

**Head of Household:** _____ **TDD/Phone:** _____

**Address:** _____ **State/Zip:** _____

**Currently, I am:**

❒ **An applicant on the waiting list for**
❒ **Public Housing** ❒ **Other PHA-owned property**

❒ **Currently living in Public Housing or other PHA-owned property**

**Household member who needs accommodation:** _____

*The household member above has a disability because they have a physical, mental or emotional impairment that limits one or more major life activities or has a record of having such an impairment.*

**Please fill out all the following information regarding the individual who needs the accommodation(s). *Please DO NOT submit medical records or tell us about the nature or severity of your disability.***

The purpose of an accommodation is to remove or relieve a barrier posed by the disability-related limitation. As a result of this disability, I am requesting the following reasonable accommodation(s) from the PHA for the disabled household member listed above.

Please answer the following questions.

1. The person with a disability is requesting a **service or assistance animal**. Please answer the questions below.

1.a. Is the animal (a dog) required because of a disability?

❒ Yes. If "Yes", answer question 1.b. below.

❒ No. If "No, this is a request for a pet.

1.b. Has the dog been trained to do work or tasks that assist or help you with the limitation(s) posed by your disability? Some examples are guiding individuals who are blind or have low vision, alerting individuals who are deaf or hard of hearing to sounds, providing protection or rescue assistance, pulling a wheelchair, fetching items, or alerting persons to impending seizures.

❒ Yes.

❒ No. If "No, go to question #2.

1.c. What work or tasks has the dog been trained to do? Note that the PHA is not asking for proof or certification of training.

_____

2. ❒ As a result of this disability, the household member needs an assistance animal. *Please note that verification may be required.*

3. ❒ The household member **needs a live-in aide**. *A daily in-home worker or rotating shifts are not equally effective as a reasonable accommodation. Please note that verification may be required.*

4. As a result of this disability, the household member needs the following reasonable accommodation(s) from the PHA. Please check one or more boxes below.

❒ Special unit features ❒ Physical modifications to unit ❒ Physical modifications to common areas

❒ Transfer to another unit that meets my disability-related needs ❒ Other _____

❒ Extra bedroom for medical equipment. *Please note that, if necessary, a PHA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation.*

If necessary, please explain what you need. ***Do not provide information about the nature of your disability.***

5. ❒ The household member needs a change in a rule, policy or procedure. (Note that fundamental requirements must still be met). Please specify the necessary change.

2

I understand that the information obtained by the PHA will be kept completely confidential and used solely to make a determination on my reasonable accommodation request.

**FRAUD AND FALSE STATEMENTS**

Title 18, Section 1001 of the U.S. Code states that a person who knowingly and willingly makes false and fraudulent statements to any department of the United States Government, including the Department of Housing and Urban Development (HUD), a public housing authority (PHA), and any owner (or employee of HUD, the PHA, or the owner) may be subject to penalties that include fines and/or imprisonment.

I certify by signing below that all the information provided above is true, accurate and complete to the best of my knowledge.

Signature _____ Date _____

**For PHA Use ONLY: PHA Certification**

❒ I certify that this individual's disability is obvious or otherwise known to the PHA and no further verification is required.

❒ I certify that this individual's need for the accommodation is readily apparent or known to the PHA and no further verification is required.

Signature of PHA Official _____ Date _____

Approval of PHA 504 Coordinator _____ Date _____

3

## AUTHORIZATION

I/we authorize the PHA to verify that the above-referenced household member has a disability and that the accommodation(s) requested is necessary in order to remove or alleviate barriers to housing. To verify this information, the housing authority may contact the below-named professional who is knowledgeable about my situation and competent to render a professional opinion. I understand the information the housing authority obtains will be kept completely confidential and used solely to evaluate the request.

This authorization is requested because third-party verification may be needed.

Name of Professional: _____

Field of Practice: _____ Agency/Clinic/Facility: _____

Email: _____ Phone: (____) _____

Address: _____

X _____ _____

Signature of household member needing the accommodation (only if 18 years of age or older) Date

**** If the household member needing the accommodation(s) is under 18 years of age, are you the parent or guardian of household member needing the accommodation? ❒ Yes ❒ No**

X _____ _____

Signature of head of household or authorized guardian ** Date

**Please return this form as promptly as possible so that the PHA can make a determination on this request.**

_____ _____

Property Manager/PHA Representative Date

_____ _____

Phone Email

4

Address
Phone:
FAX:
TTY:
Website:

# HOUSING AUTHORITY

## VERIFICATION OF NEED FOR REASONABLE ACCOMMODATION

**PUBLIC HOUSING PROGRAM**

***Please do not send or attach medical records***

Individual Requesting Accommodation _____

Name of PHA Head of Household: _____

Dear Knowledgeable Professional:

**Please read this form completely – the information provided here is very important.** The individual listed above has identified themself as being disabled under the Fair Housing Act and has asked for an accommodation from the PHA to meet housing-related needs necessary in order to remove, alleviate, or mitigate barriers to their housing or housing programs due to their disability-related limitations.

You have been authorized to release information to us regarding the individual's need for an accommodation. That authorization is attached.

The PHA grants reasonable accommodation requests based, if necessary, on verification of need from a professional who is knowledgeable about the individual's situation and competent to render an opinion. Such verification may be from a physician, other medical or non-medical service agency professional, or other knowledgeable professional. Verification could include but not be limited to:

- Verification that the person is a qualifying person with disabilities.
- Verification that there is a relationship ("nexus") between the nature of the person's disabilities and the accommodation requested.
- Verification that the accommodation is necessary for the person to have equal opportunity to participate in or access the PHA's programs and services.

Please complete and return this form to the PHA. ***Confidential medical records will not be accepted***.

If you are not able to verify the information requested in this form, the PHA will notify the family and they may request verification from another professional or licensed practitioner.

If you have any questions, or would like further information, please feel free to contact me at:

| PHA Representative | | Date |
|---|---|---|
| Title | Email | Phone |

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## Section I – Verification of Disability

❒ **It is NOT necessary for you to fill out this Section. Please proceed to Section II.**
❒ **Please complete this Section before proceeding to Section II.**

An "individual with a disability" is any person who has a physical, mental or emotional impairment that limits one or more life activities, such as caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working.

The term "physical or mental impairment" includes, but is not limited to, such diseases and conditions as orthopedic, visual, speech and hearing impairments, cerebral palsy, autism, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional illness, drug addiction and alcoholism. The definition of an "individual with a disability" does *not* include a person whose current use of alcohol or drugs is the barrier that prevents the person from participating in PHA's housing program and services. (A more detailed definition is provided in the Code of Federal Regulations at 24 CFR 8.3, which PHA staff would be glad to provide to you.)

Does the person named above qualify as an "individual with a disability," according to this definition?

☐ Yes ☐ No ☐ Unable to verify Initials _____

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| Section II – Verification of Need for Requested Accommodation<br>*Please do not include medical records* | |
|---|---|
| I am knowledgeable about this individual's situation. | ☐ Yes ☐ No |

## Special Unit Features Due to Disability

**IMPORTANT: Please fill out this section if the disabled household member needs a unit, facilities and/or common area with specific features due to his or her disability.**

*The following information is requested solely for the purposes of identifying the unit (size, type, and design) that most appropriately meets the needs of the disabled household member. The PHA will make every effort to make the appropriate modifications or identify an appropriate unit based on your professional opinion and assessment.*

***Please check only those accommodations that are necessary due to limitations posed by the disability.***

**In my professional assessment of the disabled individual's needs, I certify that:**

❒ The disabled household member needs a **wheelchair-accessible unit**.

❒ The disabled household member needs features for the vision-impaired and/or hearing-impaired, as specified: _____

❒ The disabled household member **DOES NOT** need a wheelchair-accessible unit but needs a unit or common area with certain physical features. The features required are checked off below with an explanation given on the following page.

- ☐ Maximum number of stairs to reach the unit: _____
- ☐ Maximum distance to walk between the unit and nearest elevator: _____
- ☐ A first floor unit or a unit located in an elevator-equipped building is required.
- ☐ Single level unit ☐ Tub grab bars ☐ Toilet grab bars ☐ Handheld shower
- ☐ Other _____
- ☐ Extra bedroom for medical equipment. *Note: if necessary, a PHA inspector may view the equipment to confirm that all sleeping and living spaces are not adequate as an accommodation.*

❒ The disabled household member requires a unit in a specific or alternative location due to a disability. *Please explain what the alternative location is.*

| |
|---|
| |

## Other

❒ The disabled individual **requires a live-in aide**. A daily in-home worker or rotating shifts are not adequate to provide an opportunity equal to that afforded others.

❒ The household member **needs an assistance animal.** An assistance animal alleviates or removes a disability-related limitation. An example of an assistance animal is providing emotional support to persons with disabilities who have a disability-related need for such support.

❒ The household member **requires a change in a policy or procedure as a direct result of their disability** in order to be afforded an equal housing opportunity. Please explain what change in policy or procedure is being requested.

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## CERTIFICATION

Based on your professional opinion and assessment of needs, please **check only one** of the following:

❒ **I certify** that the enclosed request for an accommodation is necessary for the disabled household member, as a result of their disability-related limitations, in order to have an equal housing opportunity.

**OR**

❒ **I cannot certify** that the enclosed request is necessary for the disabled household member, as a result of their disability-related limitations, in order to have an equal housing opportunity.

**Please certify below:**

❒ This certification is true and accurate to the best of my professional judgment.

_____ _____
Professional's Signature Date

_____ _____
Name (Please print clearly) Title of professional

_____
Agency or Clinic, if applicable

_____
Complete Address

(_____)_____ (_____)_____ _____
Phone Fax Email

**Please return form to: [PHA] as soon as possible.**

ATTN: _____

Title: _____

Address: _____

(_____)_____ (_____)_____ _____
Phone Fax Email

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# Live-In Aide Statement of Understanding

Unit Number: _____

## STATEMENT OF LIVE-IN ATTENDANT

I understand that I am living at_____
and am enjoying the benefits of the public housing program solely because of my employment with _____ .
(Resident)

I agree to follow all terms in the public housing lease, as well as the rules and regulations of the public housing program. I acknowledge that it is also my responsibility to maintain the unit in a safe and sanitary manner.

I understand that I will be allowed to remain in the unit only as long as I am employed by the above-named person. If, under any circumstances, I am found to be in violation of the lease agreement or house rules, my employer will terminate my services and require that I vacate the premises immediately.

I understand that if my employer moves out of public housing, is evicted, abandons the unit, or dies, I am not entitled to any benefits or continued housing.

_____ _____
Live-in Attendant Date

_____ _____
Resident Date

_____ _____
Address Phone

_____ _____
Housing Authority Staff Date

***NOTE: Social Security card (if you have one) and picture I.D. must be provided.***

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# UNIT 4 Eligibility

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Describe the application process in general terms
  - Identify basic program eligibility factors
  - Recall how and why local preferences are established
  - Recognize the principles of a public housing authority's occupancy standards
  - Describe policies for how waiting lists are maintained

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# Certification of Disability

To: _____ RE: _____

_____ SS#: _____

_____

Basis for claiming disability:_____

_____

The above-named person is applying for participation in a federally assisted housing program operated by the housing authority. To determine the applicant's eligibility, we must verify that he/she is disabled as defined by the U.S. Department of Housing and Urban Development (HUD). HUD regulations define *disability* as follows. Thank you for your assistance.

A. Inability to engage in any substantial gainful activity by reason of any medically determinable physical or mental impairment which can be expected to result in death, or which has lasted or can be expected to last for a continuous period of not less than 12 months, or in the case of an individual who has attained the age of 55 and is blind and unable by reason of such blindness to engage in substantial gainful activity requiring skills or ability comparable to those of any gainful activity in which he/she has previously engaged with some regularity and over a substantial period of time.

B. Severe chronic disability that:
   1. Is attributable to a mental or physical impairment or combination of mental and physical impairments;
   2. Is manifested before the person attains age 22;
   3. Is likely to continue indefinitely;
   4. Results in substantial functional limitations in three or more of the following areas of major life activity: (a) self-care, (b) receptive and expressive language, (c) learning, (d) mobility, (e) self-direction, (f) capacity for independent living, (g) economic self-sufficiency;
   5. Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated.

C. A person with a physical or mental impairment that:
   1. Is expected to be of a long-continued and indefinite duration,
   2. Substantially impedes his/her ability to live independently, and
   3. Is of such a nature that such ability could be improved by more suitable housing conditions.

D. Federal law now states that a person is not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose alcohol or drug addiction is a factor material to their disability are excluded from the definition. Individuals are considered disabled if the disabling mental or physical limitations would persist if the drug or alcohol abuse discontinued.

Housing Authority Representative _____ Date _____

**I hereby authorize the release of any information pertaining to this request and will appreciate it if you will complete and return to the Housing Authority the following certification.**

Applicant's Signature: Date:

***Certification of Disability***

_____ [ ] **is** [ ] **is not** disabled according to the HUD definition.

Applicable definition(s): [ ] A [ ] B [ ] C Please describe: _____

_____

_____ Estimated length of disability period: _____

Person certifying *(print name):* _____ Occupation:_____

_____ _____ _____

Signature Professional Title Date

Return to:

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## POST-TEST FOR UNIT 4

1. The PHA determines the size unit most appropriate for the family based on:
   a. Family's request
   b. PHA's occupancy standards
   c. HUD's occupancy ranges
   d. Federal preference status

2. A mixed population development must give equal preference to elderly families and disabled families.
   a. True
   b. False

3. The very low-income limit is used to determine income eligibility for public housing.
   a. True
   b. False

4. A live-in aide is a person who resides with persons who are elderly and/or have a disability, and:
   a. Is approved by the PHA
   b. Is determined to be essential to the care and well-being of the elderly/disabled person
   c. Who would not otherwise be living in the unit
   d. May be a relative of the person
   e. All of the above

5. Which of the following is ***not*** a HUD requirement for initial program eligibility purposes?
   a. All family members must be citizens or eligible noncitizens
   b. Families must be income eligible for the program
   c. Disclosure of Social Security numbers for all household members is required except for noncontending persons

6. If everyone else moves out of the public housing unit except one adult, the PHA must accept the one family member as the remaining member if:
   a. The family member was on the lease
   b. The family was paying flat rent and not subject to income reexamination for another two years
   c. The family member signed the lease
   d. The family occupied a unit with less than three bedrooms

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7. Which statement is ***not*** true about the use of preferences?
   a. A PHA may adopt the former federal preferences as local preferences
   b. Preferences for working families do not require HUD approval
   c. Date and time can be used as the selection method
   d. A PHA may adopt a residency requirement

8. Under the noncitizen rule, a family that consists of a head and spouse that are not citizens or eligible immigrants and two children who are citizens would be considered:
   a. An ineligible family because either the head or spouse must be eligible
   b. A fully eligible family
   c. A mixed family
   d. None of the above

9. A mixed population development:
   a. Is designed for families comprised of citizens or eligible noncitizens and those without citizenship or eligible noncitizen status
   b. May set a minimum age, but not below 50, for the admission of persons with disabilities
   c. Is a project where some residents pay income-based rent and some pay market rent
   d. None of the above

10. In deciding whether to approve a request for a live-in aide, the PHA should set reasonable policies, which could include all the following ***except***:
    a. Signing of a live-in aide addendum
    b. Screening for suitability
    c. Determining whether to transfer to a larger unit with the addition of a live-in aide
    d. Precluding live-in aides with family members

11. Mildred Castle lives in a one-bedroom unit at PHA's public housing mixed population (elderly/disabled) development, Hillside View. All the bedrooms at Hillside View are one-bedroom units. Ms. Castle informs the PHA that she is getting custody of her four-year-old granddaughter, Eva. The PHA:
    a. Must establish policy to require that Ms. Castle transfer to a general occupancy (family) development because of the presence of a minor child
    b. May not establish policy to require Ms. Castle to transfer to a general occupancy development because of the presence of a minor child
    c. May establish policy to require that Ms. Castle transfer to a general occupancy development because of the presence of a minor child
    d. May require Ms. Castle to transfer to a two-bedroom unit at another development.
    e. a and d

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12. The PHA must add to its definition of family… "regardless of gender identity, sexual orientation, or marital status."
    a. True
    b. False

13. If the PHA determines that an application appears to be ineligible for the public housing program, the PHA must send the family a written notice, specifying the reasons for the determination, with an opportunity for informal hearing.
    a. True
    b. False

14. HUD defines *disabled family* as a family in which:
    a. Any family member meets the HUD definition of disabled
    b. Head of household, spouse, or cohead meet the HUD definition of disabled
    c. Any family member meets the Fair Housing Act (FHA) definition of disabled used for reasonable accommodation
    d. Head of household, spouse, or cohead meets the Fair Housing Act (FHA) definition of disabled used for reasonable accommodation
    e. HUD does not define *disabled family*

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# Notes

# UNIT 5 Tenant Selection

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Explain the income targeting requirement
  - Discuss deconcentration of poverty and income mixing
  - Identify and apply screening criteria for drug-related and other criminal activity
  - Recognize the importance, functions, and requirements of screening for suitability

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Notes

## TENANT SELECTION POLICIES

### Fungibility

- "Fungibility" is the term HUD uses to describe the "credits," or limited extent to which provisions allow targeting requirements in public housing and tenant-based assistance to be interchangeable or *fungible.*
- Fungibility provisions allow a PHA with both a tenant-based and a public housing program to admit less than 40 percent of "extremely low-income" families to public housing in a fiscal year to the extent, in its tenant-based program, the PHA has provided more than 75 percent of newly available vouchers, including those resulting from turnover, to extremely low-income families (the family's annual income does not exceed the higher of the federal poverty level or 30 percent of area median income).
- The PHA may then lower its admission of extremely low-income families into public housing by the number it exceeded its required 75 percent tenant-based admissions of extremely low-income families.

#### *Maximum Number of Credits*

- Fungibility "credits" only can be used to drop the annual requirement for housing extremely low-income families below 40 percent of newly available units in public housing, by the *lesser* of the following amounts.
    1. Ten percent of the families initially given Section 8 tenant-based assistance (HCV) during the year, or
    2. The number of families other than extremely low-income families who have been admitted to public housing in developments located in census tracts having a poverty rate of 30 percent or more

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Notes

- Fungibility floor: in any fiscal year, at least 30 percent of PHA admissions to public housing must be to extremely low-income families, despite the availability of fungibility credits.

### *Example of Threshold Criteria and Fungibility Credits*

- Assume Anytown PHA has both an HCV program and a PH program. In the applicable fiscal year they exceeded their 75 percent requirement of extremely low-income family tenant-based admissions by 10 percent, which in their case means an additional 35 vouchers.
- According to the regulation they could lower their forty percent PH admissions of extremely low income families by 35, and bring in 35 families of higher income.
- However, the regulations require that the fungibility credits used to drop the annual 40 percent requirement for housing extremely low-income families be the *lesser* of the following amounts.

  1. Anytown PHA admits 300 families to the HCV program in the fiscal year.

     - Therefore, 10 percent, i.e., 30 families of higher income could possibly be admitted into public housing over and above the already-allowed 60 percent (100 percent minus 40 percent required "extremely low-income" admissions); or

*Notes*

2. Anytown PHA has 25 public housing units located in census tracts where the poverty rate is 30 percent or more, which became *available and were occupied* by families other than extremely low-income families during the fiscal year.
    - This means the annual requirement of 40 percent of extremely low-income families could be reduced by the actual number of units (25) and 25 families of higher incomes could possibly be admitted into public housing over and above the 60 percent already allowed.

- Based on the situation above, the *lowest* of the number of units listed above would be number 2, which is 25.
- Although the PHA exceeded by 10 percent its annual requirement of 75 percent admission of extremely low-income families (which for Anytown meant an additional 35 vouchers), the lowest the PHA could reduce its annual requirement of public housing admissions of extremely low-income families below the required 40 percent, would be by 25 units.

### *Example of Limitation on Credits*

- In any fiscal year, no less than 30 percent of a PHA's admissions to public housing units must be extremely low-income families.
    - Anytown PHA has 300 public housing units become available in the fiscal year.
        - Thirty percent of the 300 units becoming available in the FY would be 90.
- Therefore, regardless of the actual numbers derived from 1 and 2 above, no less than 90 extremely low-income families must be admitted to the PHA's public housing units in the fiscal year.

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*Notes*

## METHOD FOR ACHIEVING DECONCENTRATION

- ***NOTE**: Following is the methodology without adjusting for unit size. PHAs may adjust income for unit size in accordance with procedures prescribed by HUD in PIH Notice 2001-4.*

### Step 1: Determine PHA-wide family income

- Determine on an annual basis the average income of all families residing in developments subject to the deconcentration requirement.
  - The PHA may use median income instead of average, provided that the PHA includes a written explanation justifying the use of median income in the PHA plan.

### Step 2: Determine average income of each development

- Determine the average income of all families residing in each covered development.

### Step 3: Determine whether each covered development falls above, within or below the established income range

- The established income range is from 85 to 115 percent (inclusive) of the average family income (the PHA-wide average income for covered developments as defined in Step 1), except that the upper limit should never be less than the income at which a family would be defined as an extremely low-income family under 24 CFR 5.603(b) (The family's annual income does not exceed the higher of the federal poverty level or 30 percent of area median income).

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*Notes*

- The final rule published on August 6, 2002 revised the definition of the EIR to read:
  - 85 percent of PHA-wide average income to the greater of:
    - 115 percent of PHA-wide average income, or
    - The highest income at which a family would be defined as extremely low-income (the higher of the federal poverty level or 30 percent of the area median income)
- The final rule ensures that developments with average income at or below extremely low-income cannot be considered "higher income developments."
  - Moving lower income families into these developments will not result in deconcentration
  - These developments are included within the EIR

**Step 4: Determine whether or not developments outside the EIR are consistent with local goals and strategies in the PHA Plan**

- The PHA may explain or justify the income profile for these developments as being consistent with and furthering two sets of goals:
  - Goals of deconcentration of poverty and income mixing (bringing higher income tenants into lower income developments and vice versa); and
  - Local goals and strategies contained in the PHA plan.

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*Notes*

- Elements of explanations or justifications that may satisfy these requirements may include (but are not limited to) the following:
  - The covered development or developments are subject to consent decrees or other resident selection and admission plans mandated by court action;
  - The covered development or developments are of the PHA's programs, strategies, or activities specifically authorized by statute, such as:
    - Mixed finance developments;
    - Homeownership programs;
    - Self-sufficiency strategies; or
    - Other strategies designed to deconcentrate poverty, promote income mixing, increase the incomes of residents, or the income mix is otherwise subject to individual review and approval by HUD;
  - The covered development's or developments' size, location, and/or configuration promote income deconcentration, such as scattered site or small developments;
  - The income characteristics of the covered development or developments are sufficiently explained by other circumstances.

### Step 5: Determine Deconcentration Policy

- Where the income profile for a covered development is not explained or justified in the PHA Plan, the PHA should include in its admission policy its specific policy for deconcentration of poverty and income mixing to applicable covered developments.

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*Notes*

- The PHA's deconcentration policy may include, but is not limited to:
  - Providing incentives to encourage families with incomes below the EIR to accept units in developments above the EIR or vice versa, including:
    - Rent incentives;
    - Affirmative marketing plans; or
    - Added amenities.
  - Targeting investment and capital improvements;
  - Establishing a preference for admission of working families in developments below the EIR;
  - Skipping a family on the waiting list to reach another family in an effort to further the goals of the PHA's deconcentration policy;
  - Providing other strategies permitted by statute and determined by the PHA in consultation with residents and the community through the PHA annual plan process.

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## POST-TEST FOR UNIT 5

1. The purpose of deconcentration is:
   a. To target 40 percent of new admissions each year to very low-income families
   b. To provide for a healthy mix of incomes in public housing
   c. To promote the Family Self-Sufficiency program in public housing
   d. To provide a varied mix of bedroom sizes in public housing developments
2. The requirement for a PHA to deconcentrate poverty in public housing supersedes the income targeting requirement.
   a. True
   b. False
3. The Fair Housing Act applies to PHA decisions to deny based on criminal activity. This means that:
   a. The PHA may establish policy to deny admission for any criminal activity
   b. PHA policies must distinguish between criminal activity that poses a risk or threat and that which does not
   c. PHA policies may waive the statutory regulations that require denial of admission
   d. The PHA must deny admission for all criminal activity
4. The PHA's obligation to deny admission to sex offenders subject to lifetime sex offender registration can be waived on a case-by-case basis contingent upon successful completion of rehabilitation.
   a. True
   b. False
5. In screening for suitability, the PHA should consider all but the following:
   a. Nature and severity of a mental illness
   b. History of disturbing the neighbors
   c. History of destroying property
   d. History of meeting financial obligations, especially rent
   e. Criminal activity, especially involving violence or illegal drugs
6. HUD requires that the PHA permanently deny admission to persons convicted of producing or manufacturing any illegal drug on the premises of assisted housing.
   a. True
   b. False
7. PHAs can use site-based waiting lists if in the PHA plan.
   a. True
   b. False

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8. Before denying admission based on criminal records, the PHA must provide the subject of record and the applicant a copy of the criminal record at the informal hearing.
   a. True
   b. False

9. The income targeting requirement for public housing is:
   a. 75 percent of all new admissions each fiscal year must be to extremely low-income families
   b. 40 percent of all new admissions each fiscal year must be to extremely low-income families
   c. 75 percent of all new admissions each fiscal year must be to very low-income families
   d. 40 percent of all new admissions each fiscal year must be to very low-income families
   e. Up to PHA policy

10. The Fair Housing Act is applicable to PHA adverse decisions, such as decisions to deny admission and decisions to terminate.
   a. True
   b. False

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# UNIT 6 Income

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Calculate correct annual income under various scenarios
  - Identify and calculate the value of various types of assets
  - Apply correct allowances in determining adjusted income
  - Apply the HUD verification hierarchy

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*Notes*

## Learning Activity 6-1: Income Inclusions and Exclusions for Different Household Members

**Task:** Identify whether the following types of income would be included or excluded based on the household member.

1. The head of household's 16-year-old daughter works a part-time job at a fast-food restaurant and makes $300 per week.
   a. Include $300 per week
   b. Include $525 for the year
   c. Exclude $300 per week
2. The live-in aide works part-time at a hardware store and earns $250 per week.
   a. Include $250 per week
   b. Exclude $250 per week
3. A full-time student who is not head, spouse, or cohead works at a grocery store and earns $310 per week.
   a. Include $310 per week
   b. Include $525 for the year
   c. Include $525 per week
   d. Exclude $310 per week
4. The head of household is temporarily absent (as defined by PHA policy) from the unit because they are working for a month in another state. They earn $500 per week.
   a. Include $500 per week
   b. Exclude $500 per week

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*Notes*

## Learning Activity 6-2: Imputed Welfare Income

- Susan Perkins was receiving $462 per month in TANF.
- She reported to the PHA that her TANF benefits were reduced to $296.
- The PHA verified with the local welfare agency that Ms. Perkins' TANF was sanctioned due to failure to comply with a TANF economic self-sufficiency requirement.

### *Task*

- Complete Section 7 of the HUD-50058 to indicate annual income.

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## 6. Assets

| 6a. Family Member Name | No. | 6b. Type of asset | 6c. Is this asset included in net family assets? | 6d. Cash value of asset | 6e. Actual Income | 6f. Imputed Income |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 6g, 6h, 6i. Total net family assets, total actual income, total imputed income | | | | $ 6g. | $ 6h. | $ 6i. |
| 6j. Passbook rate (written as decimal) | | | | | | 6j. |
| 6k. Final asset income: 6h + 6i (see instruction booklet) | | | | | | 6k. |

## 7. Income

| 7a. Family Member Name | No. | 7b. Income Code | 7c. Calculation (PHA use) | 7d. Dollars per year | 7e. Income exclusions | 7f. Income after exclusions (7d minus 7e) |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 7g. Column total | | | | | | $ 7g. |
| 7h. Reserved | | | | | | |
| 7i. Total annual income: 6k + 7g | | | | | | 7i. |
| **Over-Income Status (Public Housing Only)** | | | | | | |
| 7j. What is the applicable over-income limit for families of this size? | | | | | | $ 7j. |
| 7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N | | | | | | 7k. |
| 7l. If the family is over-income, note the start date of the 24 consecutive month grace period | | | | | | 7l. |

## Learning Activity 6-3: Asset Inclusions and Exclusions

**Task:** Answer the following questions and then fill out Section 6 of the 50058.

**Scenario 1:** Sally Silverton (age 24) is head of household. She has a non-interest-bearing checking account worth $4,500. This is her only asset.

1. Is the account considered when determining net family assets?

2. How much anticipated income is included on the 50058?

**Scenario 2:** Jack Gomez (age 39) is head of household. He has a savings account worth $4,500. It pays 1.5% interest annually. This is his only asset.

1. Is the account considered when determining net family assets?

2. How much anticipated income is included on the 50058?

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3. Record Jack's savings account on the Form HUD-50058.

**6. Assets**

| 6a. Family Member Name | No. | 6b. Type of asset | 6c. Is this asset included in net family assets? | 6d. Cash value of asset | 6e. Actual Income | 6f. Imputed Income |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 6g, 6h, 6i. Total net family assets, total actual income, total imputed income | | | | $ 6g. | $ 6h. | $ 6i. |
| 6j. Passbook rate (written as decimal) | | | | | | 6j. |
| 6k. Final asset income: 6h + 6i (see instruction booklet) | | | | | | 6k. |

**Scenario 3:** Steven Saunders (age 28) is head of household. He has a savings account worth $14,500. It pays 1% interest annually. He has a retirement account worth $300,000 that pays 4% interest annually. These are his only assets.

1. Are the accounts considered when determining net family assets?

2. How much anticipated income is included on the 50058?

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3. Record Steven's assets on the Form HUD-50058.

**6. Assets**

| 6a. Family Member Name | No. | 6b. Type of asset | 6c. Is this asset included in net family assets? | 6d. Cash value of asset | 6e. Actual Income | 6f. Imputed Income |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 6g, 6h, 6i. Total net family assets, total actual income, total imputed income | | | | $ 6g. | $ 6h. | $ 6i. |
| 6j. Passbook rate (written as decimal) | | | | | | 6j. |
| 6k. Final asset income: 6h + 6i (see instruction booklet) | | | | | | 6k. |

## Learning Activity 6-4: Dependent and Childcare Allowance

**Scenario:** Becky Walker (age 30) is a new admission to the program. She has three children under the age of 13. She is not a person with disabilities.

- She works full-time (40 hours per week) and makes $8.00 an hour.
- She receives $75 per week in food stamps.
- The PHA verifies she does not receive child support.
- Becky declares she has a non-interest-bearing checking account with an average six-month balance of $300. This is her only asset.
- She is paying a total of $60 out-of-pocket per week for all three children for childcare while she works. The PHA has determined that this amount is reasonable.
- The PHA does not have any permissive deductions.

**Task:** Calculate Becky's annual income and then use the Form HUD-50058 to calculate her adjusted income.

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## 8. Deductions and Allowances

| | | | | |
|---|---|---|---|---|
| 8a. Total annual income: copy from 7i | | | $ | 8a. |
| **Permissive Deductions** | | | | |
| 8b. Family Member Name | No. | 8c. Type of permissive deduction | 8d. Amount | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| 8e. Total permissive deductions (sum of column 8d) | | | $ | 8e. |
| **If head/spouse/co-head is under 62 and no family member is disabled, skip to 8l** | | | | |
| 8f. Medical/disability threshold: 8a X 0.10 | | | $ | 8f. |
| 8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k) | | | $ | 8g. |
| 8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount | | | $ | 8h. |
| | If negative and head/spouse/co-head is under 62 and not disabled, put 0 | | $ | 8h. |
| | If negative and head/spouse/co-head is elderly or disabled, copy from 8g | | $ | 8h. |
| 8i. Earnings in 7d made possible by disability assistance expense | | | $ | 8i. |
| 8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h) | | | $ | 8j. |
| 8k. Total annual unreimbursed health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0) | | | $ | 8k. |
| 8l. Family is eligible for medical or child care expense hardship or both? | | | | 8l. |
| 8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k) | | | $ | 8m. |
| 8n. Medical/disability assistance deduction: | If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero) | | $ | 8n. |
| | If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m | | $ | 8n. |
| 8p. Elderly/disability allowance | | | $ | 8p. |
| 8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.) | | | | 8q. |
| 8r. Allowance per dependent | | | $ | 8r. |
| 8s. Dependent allowance: 8q X 8r | | | $ | 8s. |
| 8t. Total annual unreimbursed child care costs | | | $ | 8t. |
| 8x. Total allowances: 8e + 8n + 8p + 8s + 8t | | | $ | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | | | $ | 8y. |

## Learning Activity 6-5: Health and Medical Care Expenses

**Scenario:** Glenn (age 71) and Geri (age 72) are new admissions to the program. Their combined annual income is $15,000 from Social Security. Their only asset is a joint, non-interest-bearing checking account worth $8,000. They do not qualify for any hardship exemptions for health and medical care expenses.

- They have the following anticipated health and medical care expenses:
  - Glenn visits his doctor twice a year. His out-of-pocket cost is $25 per visit.
  - Glenn wears a hearing aid. Battery replacement costs $10 every six months.
  - Glenn's Medicare premium is $164 per month.
  - Geri fills three prescriptions each month. It costs $9 per prescription.

**Task:** Calculate the family's adjusted income on the Form HUD-50058

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## 8. Deductions and Allowances

| | | | | |
|---|---|---|---|---|
| 8a. Total annual income: copy from 7i | | | $ | 8a. |
| **Permissive Deductions** | | | | |
| 8b. Family Member Name | No. | 8c. Type of permissive deduction | 8d. Amount | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| 8e. Total permissive deductions (sum of column 8d) | | | $ | 8e. |
| **If head/spouse/co-head is under 62 and no family member is disabled, skip to 8l** | | | | |
| 8f. Medical/disability threshold: 8a X 0.10 | | | $ | 8f. |
| 8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k) | | | $ | 8g. |
| 8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount | | | $ | 8h. |
| | If negative and head/spouse/co-head is under 62 and not disabled, put 0 | | $ | 8h. |
| | If negative and head/spouse/co-head is elderly or disabled, copy from 8g | | $ | 8h. |
| 8i. Earnings in 7d made possible by disability assistance expense | | | $ | 8i. |
| 8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h) | | | $ | 8j. |
| 8k. Total annual unreimbursed health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0) | | | $ | 8k. |
| 8l. Family is eligible for medical or child care expense hardship or both? | | | | 8l. |
| 8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k) | | | $ | 8m. |
| 8n. Medical/disability assistance deduction: | If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero) | | $ | 8n. |
| | If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m | | $ | 8n. |
| 8p. Elderly/disability allowance | | | $ | 8p. |
| 8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.) | | | | 8q. |
| 8r. Allowance per dependent | | | $ | 8r. |
| 8s. Dependent allowance: 8q X 8r | | | $ | 8s. |
| 8t. Total annual unreimbursed child care costs | | | $ | 8t. |
| 8x. Total allowances: 8e + 8n + 8p + 8s + 8t | | | $ | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | | | $ | 8y. |

## POST-TEST FOR UNIT 6

1. The definition of elderly family is:

_____

2. The restriction on assistance based on assets applies to which of the following types of assets?
   a. A family whose net family assets exceeds $109,797 (as adjusted annually for inflation)
   b. A family that has real property that is suitable for occupancy and where the family has a legal right to reside in the property and the legal authority to sell the property
   c. All irrevocable trusts
   d. Both a and b
   e. All of the above

3. When calculating income at an annual reexamination, the PHA must anticipate income for the upcoming 12-month period.
   a. True
   b. False

4. Annual income minus allowances is:

_____

5. When net family assets are valued at or below $54,898:
   a. The PHA may accept self-certification
   b. Imputed income is calculated for all assets
   c. Income from assets is not included in annual income
   d. The PHA must obtain third-party verification of all assets

6. All of the following are excluded from annual income, except:
   a. Insurance payments and settlements
   b. The unearned income of a minor
   c. Hostile fire pay for members of the armed forces
   d. Resident service stipends

7. To convert semi monthly wages to annual income, multiply by:
   a. 26
   b. 52
   c. 24
   d. 12

8. When net family assets have a total cash value over $54,898:
   a. If actual returns can be calculated, the PHA includes actual returns for each asset
   b. The PHA may accept self-certification
   c. Imputed income is calculated for all assets

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9. A family consists of a 61-year-old head of household and his 62-year-old spouse. Their annual income is $12,000. They have anticipated verified medical expenses of $2,000. They do not qualify for any hardship exemptions for health and medical care expenses. How much of their health and medical care expenses may the PHA deduct when calculating their adjusted income?
   a. $800
   b. $1,200
   c. $2,000
   d. $0

10. Who gets health and medical care allowances?
   a. Every person who is 62 years of age or older, or who is a person with disabilities
   b. Only those in “a” above who are head of household or spouse
   c. Every person in an elderly or disabled family whether elderly/disabled or not
   d. Everybody in a family in which there is an elderly person, or a person with disabilities
   e. The unearned income of an adult full-time student who is not head, spouse, or cohead is included in annual income

11. The unearned income of an adult full-time student who is not head, spouse, or cohead is included in annual income.
   a. True
   b. False

12. All forms of student financial assistance are excluded from annual income.
   a. True
   b. False

13. Which of the following is true about retirement accounts?
   a. They are assets and the periodic payments from retirement accounts are considered income
   b. They are not assets and the PHA excludes the full amount of periodic payments from retirement accounts.
   c. They are not assets, but periodic payments from retirement accounts are considered income

14. Earned income of full-time students 18 and older (not head/spouse/cohead) in excess of the dependent deduction is excluded from annual income.
   a. True
   b. False

15. Lump sums are always counted as income.
   a. True
   b. False

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16. At what age would a dependent child no longer qualify for the childcare allowance?
    a. 10
    b. 12
    c. 13
    d. 18

17. Disability assistance expenses may be deducted if they enable a family member to work or attend school.
    a. True
    b. False

18. Gross income from self-employment is used when calculating annual income.
    a. True
    b. False

19. Interest received on the savings account of a minor child does not count toward net family assets.
    a. True
    b. False

20. When calculating income from Social Security, the PHA uses:
    a. The net amount of Social Security after the Medicare deduction is taken out
    b. The gross amount of Social Security prior to the Medicare deduction

21. Family-provided documents such as paystubs and award letters are not considered third-party verification.
    a. True
    b. False

22. The income of a live in aide is _____ in the family's annual income.
    a. Included
    b. Excluded

23. HUD only requires that the PHA pull an EIV Income Report at annual reexam. It is not required for interim reexams.
    a. True
    b. False

24. EIV is the highest form of verification in HUD's verification hierarchy.
    a. True
    b. False

25. The childcare allowance is only given to family members if a family member is working.
    a. True
    b. False

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26. When is non-necessary personal property considered an asset?
    a. When net family assets are greater than $54,898
    b. When net family assets are $54,898 or less
    c. When the cash value of any item of non-necessary property is $5,000 or greater

27. Workers' compensation payments are always included in annual income, regardless of how long the family member will receive the payments.
    a. True
    b. False

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# Notes

# UNIT 7 Rent Calculations

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Calculate the total tenant payment, tenant rent, and utility reimbursement payment
  - Explain how to apply flat rents

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*Notes*

## Learning Activity 7-1: Rent Calculation

- Kyra Korbel (age 37) is head of household. She lives alone. Using the information provided, complete sections 9 and 10a through 10f of the following Form HUD-50058 to calculate her tenant rent.
  - Annual Income: $12,000
  - Adjusted Income: $10,460
  - PHA's Minimum TTP $25
  - Utility Allowance: $50
  - Flat Rent $500

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## 9. Total Tenant Payment (TTP)

| | | |
|---|---|---|
| 9a. Total monthly income: 8a ÷ 12 | $ | 9a. |
| 9c. TTP if based on annual income: 9a X 0.10 | $ | 9c. |
| 9d. Adjusted monthly income: 8y ÷ 12 | $ | 9d. |
| 9e. Percentage of adjusted monthly income | $ | 9e. |
| 9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100 | $ | 9f. |
| 9g. Welfare rent per month (if none, put 0) | $ | 9g. |
| 9h. Minimum rent (if waived, put 0) | $ | 9h. |
| 9i. Enhanced Voucher minimum rent | $ | 9i. |
| 9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i | $ | 9j. |
| 9k. Most recent TTP | $ | 9k. |
| 9m. Qualify for minimum rent hardship exemption? (Y or N) | $ | 9m. |

## 10. Public Housing

| | | | |
|---|---|---|---|
| 10a. TTP: copy from 9j | | $ | 10a. |
| 10b. Unit's flat rent | | $ | 10b. |

**Income Based Rent Calculation (if prorated rent, skip to 10h)**

| | | | |
|---|---|---|---|
| 10d. Income Based Rent (Lower of 10a or 10b if authorized to use ceiling rents; or if not, put 10a) | | $ | 10d. |
| 10e. Utility allowance, if any | | $ | 10e. |
| 10f. Tenant rent: 10d minus 10e | If positive or 0, put tenant rent | $ | 10f. |
| | If negative, credit tenant | $ | 10f. |

**Income Based Prorated Rent Calculation (if not prorated, skip to 10u)**

| | | | |
|---|---|---|---|
| 10h. PHA-established flat rent | | $ | 10h. |
| 10i. Family maximum subsidy: 10h minus 10a | | $ | 10i. |
| 10j. Total number eligible | | $ | 10j. |
| 10k. Total number in family | | $ | 10k. |
| 10n. Eligible subsidy (10i ÷ 10k) X 10j | | $ | 10n. |
| 10p. Mixed family TTP: 10h minus 10n | | $ | 10p. |
| 10r. Utility allowance, if any | | $ | 10r. |
| 10s. Mixed family tenant rent: 10p minus 10r | If positive or 0, put tenant rent | $ | 10s. |
| | If negative, credit tenant | $ | 10s. |

**Type of Rent**

10u. Type of rent selected: [ ] Income-based [ ] Flat

# Case Studies

## Directions

- Using the spaces provided and sections of the form HUD-50058, answer the related rent calculation questions and calculate the elements of annual income, adjusted income, TTP, and tenant rent.

## Case Study 1: Alabaster Family

- **Situation:** The PHA is conducting an annual recertification for the Alabaster Family.
- **Family information:**

| Relation | Name | Age | Disabled |
|---|---|---|---|
| Head | Ava Alabaster | 33 | N |
| Youth | Alice Alabaster | 12 | N |
| Youth | Allan Alabaster | 10 | N |

Ava self-certifies that she has a non-interest-bearing checking account worth $1,300. This is her only asset.

According to EIV, Ava certifies she works full-time (40 hours per week) earning $16.50 per hour. EIV also shows $8,580 in income from the bakery for each of the last four quarters. No other income is shown in EIV for Ava. She self-certifies she agrees with this information.

Ava's children are in an after school childcare program while she works. She qualifies for a reduced rate. With her subsidy, Ava pays $50 per week per child ($100 total) for childcare. This reduced rate stays the same even during school holidays when the children are in the care program for full days.

- **Unit information:**
  - Unit size: 2-bedroom
  - 2-bedroom flat rent: $1,700
  - 2-bedroom utility allowance: $125
- **PHA policy:**
  - PHA policy allows for self-certification of assets when the net cash value is $54,898 or less
  - The PHA's minimum rent is $50

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## 6. Assets

| 6a. Family Member Name | No. | 6b. Type of asset | 6c. Is this asset included in net family assets? | 6d. Cash value of asset | 6e. Actual Income | 6f. Imputed Income |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 6g, 6h, 6i. Total net family assets, total actual income, total imputed income | | | | $ 6g. | $ 6h. | $ 6i. |
| 6j. Passbook rate (written as decimal) | | | | | | 6j. |
| 6k. Final asset income: 6h + 6i (see instruction booklet) | | | | | | 6k. |

## 7. Income

| 7a. Family Member Name | No. | 7b. Income Code | 7c. Calculation (PHA use) | 7d. Dollars per year | 7e. Income exclusions | 7f. Income after exclusions (7d minus 7e) |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 7g. Column total | | | | | | $ 7g. |
| 7h. Reserved | | | | | | |
| 7i. Total annual income: 6k + 7g | | | | | | 7i. |
| **Over-Income Status (Public Housing Only)** | | | | | | |
| 7j. What is the applicable over-income limit for families of this size? | | | | | | $ 7j. |
| 7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N | | | | | | 7k. |
| 7l. If the family is over-income, note the start date of the 24 consecutive month grace period | | | | | | 7l. |

## 8. Deductions and Allowances

| | | | | |
|---|---|---|---|---|
| 8a. Total annual income: copy from 7i | | | $ | 8a. |
| **Permissive Deductions** | | | | |
| 8b. Family Member Name | No. | 8c. Type of permissive deduction | 8d. Amount | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| 8e. Total permissive deductions (sum of column 8d) | | | $ | 8e. |
| **If head/spouse/co-head is under 62 and no family member is disabled, skip to 8l** | | | | |
| 8f. Medical/disability threshold: 8a X 0.10 | | | $ | 8f. |
| 8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k) | | | $ | 8g. |
| 8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount | | | $ | 8h. |
| | If negative and head/spouse/co-head is under 62 and not disabled, put 0 | | $ | 8h. |
| | If negative and head/spouse/co-head is elderly or disabled, copy from 8g | | $ | 8h. |
| 8i. Earnings in 7d made possible by disability assistance expense | | | $ | 8i. |
| 8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h) | | | $ | 8j. |
| 8k. Total annual unreimbursed health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0) | | | $ | 8k. |
| 8l. Family is eligible for medical or child care expense hardship or both? | | | | 8l. |
| 8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k) | | | $ | 8m. |
| 8n. Medical/disability assistance deduction: | If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero) | | $ | 8n. |
| | If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m | | $ | 8n. |
| 8p. Elderly/disability allowance | | | $ | 8p. |
| 8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.) | | | | 8q. |
| 8r. Allowance per dependent | | | $ | 8r. |
| 8s. Dependent allowance: 8q X 8r | | | $ | 8s. |
| 8t. Total annual unreimbursed child care costs | | | $ | 8t. |
| 8x. Total allowances: 8e + 8n + 8p + 8s + 8t | | | $ | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | | | $ | 8y. |

## 9. Total Tenant Payment (TTP)

| | | |
|---|---|---|
| 9a. Total monthly income: 8a ÷ 12 | $ | 9a. |
| 9c. TTP if based on annual income: 9a X 0.10 | $ | 9c. |
| 9d. Adjusted monthly income: 8y ÷ 12 | $ | 9d. |
| 9e. Percentage of adjusted monthly income | $ | 9e. |
| 9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100 | $ | 9f. |
| 9g. Welfare rent per month (if none, put 0) | $ | 9g. |
| 9h. Minimum rent (if waived, put 0) | $ | 9h. |
| 9i. Enhanced Voucher minimum rent | $ | 9i. |
| 9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i | $ | 9j. |
| 9k. Most recent TTP | $ | 9k. |
| 9m. Qualify for minimum rent hardship exemption? (Y or N) | $ | 9m. |

## 10. Public Housing

| | | | |
|---|---|---|---|
| 10a. TTP: copy from 9j | | $ | 10a. |
| 10b. Unit's flat rent | | $ | 10b. |

**Income Based Rent Calculation (if prorated rent, skip to 10h)**

| | | | |
|---|---|---|---|
| 10d. Income Based Rent (Lower of 10a or 10b if authorized to use ceiling rents; or if not, put 10a) | | $ | 10d. |
| 10e. Utility allowance, if any | | $ | 10e. |
| 10f. Tenant rent: 10d minus 10e | If positive or 0, put tenant rent | $ | 10f. |
| | If negative, credit tenant | $ | 10f. |

**Income Based Prorated Rent Calculation (if not prorated, skip to 10u)**

| | | | |
|---|---|---|---|
| 10h. PHA-established flat rent | | $ | 10h. |
| 10i. Family maximum subsidy: 10h minus 10a | | $ | 10i. |
| 10j. Total number eligible | | $ | 10j. |
| 10k. Total number in family | | $ | 10k. |
| 10n. Eligible subsidy (10i ÷ 10k) X 10j | | $ | 10n. |
| 10p. Mixed family TTP: 10h minus 10n | | $ | 10p. |
| 10r. Utility allowance, if any | | $ | 10r. |
| 10s. Mixed family tenant rent: 10p minus 10r | If positive or 0, put tenant rent | $ | 10s. |
| | If negative, credit tenant | $ | 10s. |

**Type of Rent**

10u. Type of rent selected: [ ] Income-based [ ] Flat

# Notes

## Case Study 2: Butler Family

- **Situation:** The PHA is conducting an annual reexamination for the Butler family.
- **Family information:**

| Relation | Name | Age | Disabled |
|---|---|---|---|
| Head | Betty Butler | 43 | N |
| Full-time Student | Bobbie Butler | 18 | N |
| Youth | Bert Butler | 14 | N |
| Youth | Bryte Butler | 12 | N |

The family self-certifies that Betty has a non-interest-bearing checking account worth $10,200. Bobbie has a savings account worth $5,000 that earns $65 in interest. Bert has a non-interest-bearing checking account worth $850.

Betty was receiving $750 a month in cash TANF benefits for herself and her children until last week when she was sanctioned by the welfare agency for noncompliance with their economic self-sufficiency requirements. The PHA verified that Betty's cash TANF was reduced to $350 per month. This is expected to last for the next 12 months.

Bobbie is a full-time student at a junior college. She works part-time at a shoe store, earning $500 biweekly. She also receives an annual Pell Grant in the amount of $5,000 and has student loans totaling $4,500.

Betty pays a neighbor $60 per week out-of-pocket to care for Bryte while Betty attends school year-round.

- **Unit information:**
  - Unit size: 3-bedroom
  - 3-bedroom flat rent: $1,765
  - 3-bedroom utility allowance: $145
- **PHA policy:**
  - PHA policy allows for self-certification of assets when the net cash value is $54,898 or less
  - The PHA's minimum rent is $25

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## 6. Assets

| 6a. Family Member Name | No. | 6b. Type of asset | 6c. Is this asset included in net family assets? | 6d. Cash value of asset | 6e. Actual Income | 6f. Imputed Income |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 6g, 6h, 6i. Total net family assets, total actual income, total imputed income | | | | $ 6g. | $ 6h. | $ 6i. |
| 6j. Passbook rate (written as decimal) | | | | | | 6j. |
| 6k. Final asset income: 6h + 6i (see instruction booklet) | | | | | | 6k. |

## 7. Income

| 7a. Family Member Name | No. | 7b. Income Code | 7c. Calculation (PHA use) | 7d. Dollars per year | 7e. Income exclusions | 7f. Income after exclusions (7d minus 7e) |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 7g. Column total | | | | | | $ 7g. |
| 7h. Reserved | | | | | | |
| 7i. Total annual income: 6k + 7g | | | | | | 7i. |
| **Over-Income Status (Public Housing Only)** | | | | | | |
| 7j. What is the applicable over-income limit for families of this size? | | | | | | $ 7j. |
| 7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N | | | | | | 7k. |
| 7l. If the family is over-income, note the start date of the 24 consecutive month grace period | | | | | | 7l. |

## 8. Deductions and Allowances

| | | | | |
|---|---|---|---|---|
| 8a. Total annual income: copy from 7i | | | $ | 8a. |
| **Permissive Deductions** | | | | |
| 8b. Family Member Name | No. | 8c. Type of permissive deduction | 8d. Amount | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| 8e. Total permissive deductions (sum of column 8d) | | | $ | 8e. |
| **If head/spouse/co-head is under 62 and no family member is disabled, skip to 8l** | | | | |
| 8f. Medical/disability threshold: 8a X 0.10 | | | $ | 8f. |
| 8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k) | | | $ | 8g. |
| 8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount | | | $ | 8h. |
| | If negative and head/spouse/co-head is under 62 and not disabled, put 0 | | $ | 8h. |
| | If negative and head/spouse/co-head is elderly or disabled, copy from 8g | | $ | 8h. |
| 8i. Earnings in 7d made possible by disability assistance expense | | | $ | 8i. |
| 8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h) | | | $ | 8j. |
| 8k. Total annual unreimbursed health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0) | | | $ | 8k. |
| 8l. Family is eligible for medical or child care expense hardship or both? | | | | 8l. |
| 8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k) | | | $ | 8m. |
| 8n. Medical/disability assistance deduction: | If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero) | | $ | 8n. |
| | If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m | | $ | 8n. |
| 8p. Elderly/disability allowance | | | $ | 8p. |
| 8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.) | | | | 8q. |
| 8r. Allowance per dependent | | | $ | 8r. |
| 8s. Dependent allowance: 8q X 8r | | | $ | 8s. |
| 8t. Total annual unreimbursed child care costs | | | $ | 8t. |
| 8x. Total allowances: 8e + 8n + 8p + 8s + 8t | | | $ | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | | | $ | 8y. |

## 9. Total Tenant Payment (TTP)

| | | |
|---|---|---|
| 9a. Total monthly income: 8a ÷ 12 | $ | 9a. |
| 9c. TTP if based on annual income: 9a X 0.10 | $ | 9c. |
| 9d. Adjusted monthly income: 8y ÷ 12 | $ | 9d. |
| 9e. Percentage of adjusted monthly income | $ | 9e. |
| 9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100 | $ | 9f. |
| 9g. Welfare rent per month (if none, put 0) | $ | 9g. |
| 9h. Minimum rent (if waived, put 0) | $ | 9h. |
| 9i. Enhanced Voucher minimum rent | $ | 9i. |
| 9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i | $ | 9j. |
| 9k. Most recent TTP | $ | 9k. |
| 9m. Qualify for minimum rent hardship exemption? (Y or N) | $ | 9m. |

## 10. Public Housing

| | | | |
|---|---|---|---|
| 10a. TTP: copy from 9j | | $ | 10a. |
| 10b. Unit's flat rent | | $ | 10b. |

**Income Based Rent Calculation (if prorated rent, skip to 10h)**

| | | | |
|---|---|---|---|
| 10d. Income Based Rent (Lower of 10a or 10b if authorized to use ceiling rents; or if not, put 10a) | | $ | 10d. |
| 10e. Utility allowance, if any | | $ | 10e. |
| 10f. Tenant rent: 10d minus 10e | If positive or 0, put tenant rent | $ | 10f. |
| | If negative, credit tenant | $ | 10f. |

**Income Based Prorated Rent Calculation (if not prorated, skip to 10u)**

| | | | |
|---|---|---|---|
| 10h. PHA-established flat rent | | $ | 10h. |
| 10i. Family maximum subsidy: 10h minus 10a | | $ | 10i. |
| 10j. Total number eligible | | $ | 10j. |
| 10k. Total number in family | | $ | 10k. |
| 10n. Eligible subsidy (10i ÷ 10k) X 10j | | $ | 10n. |
| 10p. Mixed family TTP: 10h minus 10n | | $ | 10p. |
| 10r. Utility allowance, if any | | $ | 10r. |
| 10s. Mixed family tenant rent: 10p minus 10r | If positive or 0, put tenant rent | $ | 10s. |
| | If negative, credit tenant | $ | 10s. |

**Type of Rent**

10u. Type of rent selected: [ ] Income-based [ ] Flat

# Notes

## Case Study 3: Crimson Family

- **Situation:** The PHA is conducting an interim for the Crimson family based on Ms. Crimson's timely reporting of new child support income. Five months ago, the PHA conducted an annual recertification for the Crimsons. The reporting of newly awarded child support is the only income change the Crimsons have experienced since their annual recertification. The Crimsons have also requested, and the PHA has granted, a general relief hardship exemption for their health and medical care expenses due to Cameron having new expenses.
- **Family information:**

| Relation | Name | Age | Disabled |
|---|---|---|---|
| Head | Cherry Crimson | 53 | Y |
| Youth | Cameron Crimson | 12 | Y |

The PHA verifies that Ms. Crimson has a savings account worth $30,180, earning $627 in interest. She also has a checking account worth $6,000, earning $9 in interest. Cameron has a savings account worth $19,002, earning $428 in interest.

Ms. Crimson works part-time earning $860 semimonthly. Ms. Crimson reported last week that she was awarded, and has started to receive, child support in the amount of $150 per week.

Cameron receives SSI in the amount of $550 per month.

The family requested and qualified for a general relief health and medical care expense hardship exemption. They do not qualify for phased-in relief. Ms. Crimson's annual unreimbursed prescription costs were calculated to be $600, and she pays a long-term care premium of $75 per month.

Cameron's annual out-of-pocket health and medical care expenses are expected to be $2,800.

- **Unit information:**
  - Unit size: 2-bedroom
  - 2-bedroom flat rent: $1,550
  - 2-bedroom utility allowance: $100
- **PHA policy:**
  - PHA policy allows for self-certification of assets when the net cash value is $54,898 or less
  - The PHA's minimum rent is $50

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## 6. Assets

| 6a. Family Member Name | No. | 6b. Type of asset | 6c. Is this asset included in net family assets? | 6d. Cash value of asset | 6e. Actual Income | 6f. Imputed Income |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 6g, 6h, 6i. Total net family assets, total actual income, total imputed income | | | | $ 6g. | $ 6h. | $ 6i. |
| 6j. Passbook rate (written as decimal) | | | | | | 6j. |
| 6k. Final asset income: 6h + 6i (see instruction booklet) | | | | | | 6k. |

## 7. Income

| 7a. Family Member Name | No. | 7b. Income Code | 7c. Calculation (PHA use) | 7d. Dollars per year | 7e. Income exclusions | 7f. Income after exclusions (7d minus 7e) |
|---|---|---|---|---|---|---|
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| | | | | $ | $ | $ |
| 7g. Column total | | | | | | $ 7g. |
| 7h. Reserved | | | | | | |
| 7i. Total annual income: 6k + 7g | | | | | | 7i. |
| **Over-Income Status (Public Housing Only)** | | | | | | |
| 7j. What is the applicable over-income limit for families of this size? | | | | | | $ 7j. |
| 7k. Is the family's annual income greater than the over-income limit? [ ] Y [ ] N | | | | | | 7k. |
| 7l. If the family is over-income, note the start date of the 24 consecutive month grace period | | | | | | 7l. |

## 8. Deductions and Allowances

| | | | | |
|---|---|---|---|---|
| 8a. Total annual income: copy from 7i | | | $ | 8a. |
| **Permissive Deductions** | | | | |
| 8b. Family Member Name | No. | 8c. Type of permissive deduction | 8d. Amount | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| | | | $ | |
| 8e. Total permissive deductions (sum of column 8d) | | | $ | 8e. |
| **If head/spouse/co-head is under 62 and no family member is disabled, skip to 8l** | | | | |
| 8f. Medical/disability threshold: 8a X 0.10 | | | $ | 8f. |
| 8g. Total annual unreimbursed disability assistance expense (if no disability expenses, skip to 8k) | | | $ | 8g. |
| 8h. Maximum disability allowance: If 8g minus 8f is positive or zero, put amount | | | $ | 8h. |
| | If negative and head/spouse/co-head is under 62 and not disabled, put 0 | | $ | 8h. |
| | If negative and head/spouse/co-head is elderly or disabled, copy from 8g | | $ | 8h. |
| 8i. Earnings in 7d made possible by disability assistance expense | | | $ | 8i. |
| 8j. Allowable disability assistance expense: lower of 8h or 8i (if 8g is less than 8f and head/spouse/co-head elderly or disabled, copy from 8h) | | | $ | 8j. |
| 8k. Total annual unreimbursed health/medical expenses (if head/spouse/co-head under 62 and not disabled, put 0) | | | $ | 8k. |
| 8l. Family is eligible for medical or child care expense hardship or both? | | | | 8l. |
| 8m. Total annual disability assistance and medical expense: 8j + 8k (if no disability expenses, copy from 8k) | | | $ | 8m. |
| 8n. Medical/disability assistance deduction: | If no disability assistance expenses or if 8g is less than 8f, put 8m minus 8f (if 8m minus 8f is negative, put zero) | | $ | 8n. |
| | If disability assistance expenses and 8g is greater than or equal to 8f, copy from 8m | | $ | 8n. |
| 8p. Elderly/disability allowance | | | $ | 8p. |
| 8q. Number of dependents (people under 18, or with disability, or full-time student. Do not count head of household, spouse, co-head, foster child/adult, or live-in aide.) | | | | 8q. |
| 8r. Allowance per dependent | | | $ | 8r. |
| 8s. Dependent allowance: 8q X 8r | | | $ | 8s. |
| 8t. Total annual unreimbursed child care costs | | | $ | 8t. |
| 8x. Total allowances: 8e + 8n + 8p + 8s + 8t | | | $ | 8x. |
| 8y. Adjusted annual income: 8a minus 8x (if 8x is larger, put 0) | | | $ | 8y. |

## 9. Total Tenant Payment (TTP)

| | | |
|---|---|---|
| 9a. Total monthly income: 8a ÷ 12 | $ | 9a. |
| 9c. TTP if based on annual income: 9a X 0.10 | $ | 9c. |
| 9d. Adjusted monthly income: 8y ÷ 12 | $ | 9d. |
| 9e. Percentage of adjusted monthly income | $ | 9e. |
| 9f. TTP if based on adjusted annual income: (9d X 9e) ÷ 100 | $ | 9f. |
| 9g. Welfare rent per month (if none, put 0) | $ | 9g. |
| 9h. Minimum rent (if waived, put 0) | $ | 9h. |
| 9i. Enhanced Voucher minimum rent | $ | 9i. |
| 9j. TTP, highest of lines 9c, 9f, 9g, 9h, or 9i | $ | 9j. |
| 9k. Most recent TTP | $ | 9k. |
| 9m. Qualify for minimum rent hardship exemption? (Y or N) | $ | 9m. |

## 10. Public Housing

| | | | |
|---|---|---|---|
| 10a. TTP: copy from 9j | | $ | 10a. |
| 10b. Unit's flat rent | | $ | 10b. |

**Income Based Rent Calculation (if prorated rent, skip to 10h)**

| | | | |
|---|---|---|---|
| 10d. Income Based Rent (Lower of 10a or 10b if authorized to use ceiling rents; or if not, put 10a) | | $ | 10d. |
| 10e. Utility allowance, if any | | $ | 10e. |
| 10f. Tenant rent: 10d minus 10e | If positive or 0, put tenant rent | $ | 10f. |
| | If negative, credit tenant | $ | 10f. |

**Income Based Prorated Rent Calculation (if not prorated, skip to 10u)**

| | | | |
|---|---|---|---|
| 10h. PHA-established flat rent | | $ | 10h. |
| 10i. Family maximum subsidy: 10h minus 10a | | $ | 10i. |
| 10j. Total number eligible | | $ | 10j. |
| 10k. Total number in family | | $ | 10k. |
| 10n. Eligible subsidy (10i ÷ 10k) X 10j | | $ | 10n. |
| 10p. Mixed family TTP: 10h minus 10n | | $ | 10p. |
| 10r. Utility allowance, if any | | $ | 10r. |
| 10s. Mixed family tenant rent: 10p minus 10r | If positive or 0, put tenant rent | $ | 10s. |
| | If negative, credit tenant | $ | 10s. |

**Type of Rent**

10u. Type of rent selected: [ ] Income-based [ ] Flat

# Notes

# UNIT 8 Leasing

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Conduct an effective resident orientation
  - Recognize the minimum HUD requirements for the public housing lease
  - Include the correct requirements for community service in the public housing lease
  - Use proper notification requirements when executing, changing, or terminating the lease

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*Notes*

## OVERVIEW OF LEASING PROCEDURES

- Once we have established final eligibility and have established that a vacancy exists, we contact the family to offer a unit.
- We have gone from intake cycle to beginning of occupancy cycle. Occupancy means to occupy. The occupancy cycle will encompass several activities which get the family off the waiting list into housing, which is their objective and ours.
- Families need housing; we need the units occupied. Under public housing, we are the landlord. We must operate under state/local landlord/tenant law, so we have to think through what our obligations are to each family. Additionally, we want to be clear about the tenant's obligations as lessee.
- We are currently operating in a climate where many people feel the term "tenant" is less than desirable. While "resident" is certainly politically correct, and we support the use of the term, when you are talking about the lease, which is a contract, the word "tenant" represents a legal relationship between the landlord and the tenant which both parties have agreed to. In discussing the lease, we will refer to residents as tenants, since this conveys a relationship by contract.
- The leasing process is the process of placing a family under contract.

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*Notes*

- The lease is a contract. That contract is governed by state contract law and additional regulations, since a federal grant is picking up the tab.

  1. Leasing occurs after the family has been determined eligible for occupancy and has accepted the PHA's offer of a unit. The leasing appointment includes ensuring that the family has been informed of their obligations under the lease.

  2. We also must ensure that a PHA/family inspection of the unit occurs because one of the responsibilities of the family is to maintain the unit in the same or better condition than when the PHA made it available.

     Therefore, if we are going to hold the family to that standard throughout tenancy, we need to have a record of the unit at move-in, because if tenant-caused damage occurs due to negligence or willful abuse, the PHA has the right to bill the family for the cost of the repairs.

  3. The third critical activity is the actual execution of the lease.

- All this occurs assuming the family has accepted the unit. We must tie the offer to a vacancy.

- If the PHA makes an offer of a unit consistent with the admissions and continued occupancy policy (ACOP), and the family rejects the offer, we should attempt to obtain a reason from them in writing. They would be treated in accordance with the ACOP if they are not willing to accept the offers made.

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*Notes*

## Sample Provisions of Pet Policy

- ☐ Families residing in a public housing unit are allowed to keep common household pets in their apartments as stated in their lease and in accordance with the Code of Federal Regulations. Families may request permission to keep a common household pet.
- ☐ Households may keep (only one) (two) (three) common household pets.
- ☐ Maximum size of a dog is (10 pounds) (20 pounds) (other).
- ☐ Households must register a pet with the PHA before it is brought onto the premises.
- ☐ Pet registration must be updated each year at annual reexamination.
- ☐ Registration includes a certificate signed by a licensed veterinarian stating that the common household pet has received all inoculations currently required by state and local laws.
- ☐ A questionnaire is to be mailed to and completed by a veterinarian and will include animal's breed, weight, age, and if under one year old, weight expected when fully grown.
- ☐ Also required is whatever license is mandated by local law.
- ☐ For each dog, written evidence of completion of basic obedience training.
- ☐ Two pictures of each common household pet must be taken at the PHA office or rental office at time of registration. Family provided pictures will not be accepted.
- ☐ All animals are to be spayed or neutered.
- ☐ Dogs will be prohibited at developments with no green space.

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*Notes*

- ☐ The resident will be responsible for all reasonable expenses directly related to the presence of the animal or pet on the premises, including the cost of repairs and replacement in the apartment.
- ☐ The pet deposit will be ($400) ($350) ($300) ($250) ($200) (whichever is greater, the resident's total tenant payment or $400, $350, $300, $250 etc.) (the resident's total tenant payment) for each pet.
- ☐ A common household pet must be effectively restrained by use of a leash and under the control of a responsible person when passing through a common area.
- ☐ Any animal or pet waste deposited in any common area or animal/pet exercise area must be removed immediately by the pet owner.
- ☐ All pets are to be fed inside the apartment. Feeding is not allowed on porches, sidewalks, patios, balconies, or other outside area.
- ☐ Residents will not permit any disturbances by their pets which would interfere with the quiet enjoyment of other tenants; whether by loud barking, howling, biting, scratching, chirping, or other such activities.
- ☐ The authorization for a common household pet may be revoked at any time subject to the housing authority's grievance procedure if the pet becomes destructive or a nuisance to others, or if the tenant fails to comply with this policy.

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## POST-TEST FOR UNIT 8

1. Purposes for resident orientation include:
   a. Explain policies and procedures
   b. Explain PHA and resident responsibilities under the lease
   c. Establish a rapport with the new residents
   d. Answer questions
   e. All of the above

2. The PHA may not limit the number of days residents can have overnight guests.
   a. True
   b. False

3. The tenant's right to use and occupancy under the lease states that the tenant may:
   a. Engage in any profit-making activity in the dwelling unit
   b. Not engage in any legal profit-making activity in the dwelling unit
   c. Engage in legal profit-making activity in the dwelling unit with the consent of the PHA

4. Tenant obligations include responsibility for:
   a. Other household members
   b. Guests
   c. Payments included in the lease
   d. All of the above

5. If the family switches from flat rent to income-based rent because of hardship, and then the family's income increases:
   a. The family can switch back to flat rent between annual reexaminations
   b. The family has the option at annual reexamination whether to pay income-based or flat rent
   c. The family's rent must not be increased between annual reexaminations.

6. If the unit must be entered during tenancy for nonemergency reasons, the tenant must be furnished 72 hours written notice prior to entry.
   a. True
   b. False

7. In emergency situations, no advance written notice is required to enter the unit.
   a. True
   b. False

8. If damage hazardous to health and safety is tenant-caused, the PHA does not have to move them out of the unit.
   a. True
   b. False

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9. All notices to tenants should be in writing sent by first-class mail, properly addressed to tenant, or prominently posted to front door of unit.
   a. True
   b. False

10. If all the tenants in a general occupancy development vote not to allow pets, the PHA could prohibit pets in the development.
   a. True
   b. False

11. It is not necessary that the lease be signed annually.
   a. True
   b. False

12. Persons with disabilities living in a public housing development are automatically exempt from the community service requirement.
   a. True
   b. False

13. Support animals are subject to the pet rules; however, the PHA may not apply the pet rules to service animals.
   a. True
   b. False

14. Persons with disabilities living in public housing may self-certify whether they are able to comply with the community service requirement.
   a. True
   b. False

15. Service and support animals are subject to the PHA's pet rules.
   a. True
   b. False

16. HUD regulations do not specify when the public housing orientation must occur and what must be covered during the orientation.
   a. True
   b. False

17. The PHA has determined that a live-in aide is essential to the care and well-being of Mary Jones, a public housing resident. Ms. Jones has requested that Helen Williams, her niece, be her live-in aide. Helen has a one-year-old child. The PHA could deny Helen as a live-in aide because she has a child.
   a. True
   b. False

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# Notes

# UNIT 9 Continued Occupancy

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Analyze PHA options for annual reexamination scheduling
  - Identify the HUD requirements and PHA policy options pertaining to interim reexaminations
  - Discuss issues that may arise during annual or interim reexaminations
  - Implement community service requirements correctly
  - Review PHA options for transfer policies

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# Verification of Community Service

To: _____ Date: _____

_____ Tenant: _____

_____ Case No: _____

The housing authority is required by federal statute and regulation to administer the community service program in public housing. We are required to confirm and track participation in an economic self-sufficiency or community service activity. We ask your cooperation in supplying the information requested below.

Housing Authority Representative _____

Tel. # _____ Email: _____

I do hereby authorize any agency or entity where community service or self-sufficiency activity took place to furnish the Housing Authority with the information requested.

Signature of participant Date:

Participant Name: _____

Address: _____

| Date | Description of Activity | Hours |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

WARNING: Title 18, Section 1001 of the United States Code states that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any department or agency of the United States.

Authorized signature: _____ Title: _____

Agency: _____ Telephone: _____

Return to:

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## POST-TEST FOR UNIT 9

1. Occupancy standards are used for admission and for continued occupancy
   a. True
   b. False

2. Annually, the PHA must give the family a choice whether:
   a. To pay minimum TTP or ceiling rent
   b. To pay flat rent or income-based rent
   c. To pay 30 percent of monthly adjusted income or flat rent
   d. To pay flat rent, income-based rent, or ceiling rent

3. When a family selects flat rent, the PHA will conduct a full reexamination either annually or once every three years, depending on PHA policy.
   a. True
   b. False

4. The family may request an interim determination of family income or composition because of any changes since the last determination.
   a. True
   b. False

5. The PHA's transfer policies are dictated by HUD.
   a. True
   b. False

6. The PHA must conduct an interim reexamination of family income when the PHA becomes aware that the family's adjusted income has decreased by any amount.
   a. True
   b. False

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# Notes

# UNIT 10 Terminations

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Analyze the lease for proper notice procedures for the family and PHA
  - Identify PHA grounds for termination of tenancy, including provisions for drug-related and other criminal activity
  - Examine lease termination procedures for noncompliance with community service requirements
  - Correctly apply state law to terminations

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## Learning Activity 10-1: Termination Exercise

- Below is a list of items found in a resident's file for the month of January. Examine the list. The manager has not had previous complaints about the resident nor has the manager discussed the issues in the file with the resident. It is now February 14.

  a. Mrs. Jones complained on January 4 that loud noises were coming from the resident's apartment at 3:00 a.m.

  b. The resident was observed by manager throwing trash in the hallway on January 7.

  c. The resident was observed by manager parking his car in a no parking area on January 8.

  d. Mr. Smith complained on January 10 that the resident parked in his space.

  e. The resident did not pay for a service charge for repairing a sink that was damaged due to the resident's misuse (written notice of charges was sent January 19).

  f. The resident had six guests residing in the apartment for four weeks as of January 31.

  g. The resident did not pay rent due on February 1.

- After reviewing this information, answer the questions on the following page.

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(a) Does the manager have grounds for taking eviction action in relation to nonpayment of rent?

Yes _____ No _____ Why/Why not? _____

_____

_____

_____

_____

(b) Does the manager have grounds for taking eviction action in relation to rules of behavior stated in the lease?

Yes _____ No _____ Why/Why not? _____

_____

_____

_____

_____

(c) What would you suggest that the manager do in this case?

_____

_____

_____

_____

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## Learning Activity 10-2: Hearing Exercise

### INSTRUCTIONS:

You are presiding over a hearing. The following are the facts, based on documentary evidence in the hearing packet.

### SCENARIO

Alice Masters and her two children are residents of the public housing program. For the last five years, Ms. Masters had reported part-time employment income working retail. No other income was reported. Last year, the PHA revised its verification policies to require that the resident provide IRS tax returns.

A housing specialist at the PHA found that Ms. Masters advertised her wedding planning business, "Masters Dream Weddings" on social media. During processing of Ms. Masters' annual reexamination, Ms. Masters' tax returns showed that Ms. Masters had been self-employed for the last three years as a wedding planner. When asked about the unreported income at the annual reexamination, Ms. Masters confirmed the existence of her business, but stated that she was not aware of any requirement to report self-employment. Her reexamination forms for the past three years indicated only the part-time retail income.

The PHA determined that due to Ms. Masters' unreported self-employment income, she owes $1,980 in back rent. In compliance with the PHA's ACOP, the PHA offered Ms. Masters a repayment agreement. The PHA's repayment agreement policies were as follows:

***PHA Policy***

Before executing a repayment agreement with a family, the PHA will generally require a down payment of 10 percent of the total amount owed. If the family can provide evidence satisfactory to the PHA that a down payment of 10 percent would impose an undue hardship, the PHA may, in its sole discretion, require a lesser percentage or waive the requirement.

The PHA has established the following thresholds for repayment of debts:

- Amounts between $3,000 and the federal or state threshold for criminal prosecution must be repaid within 36 months.
- Amounts between $2,000 and $2,999 must be repaid within 30 months.
- Amounts between $1,000 and $1,999 must be repaid within 24 months.
- Amounts under $1,000 must be repaid within 12 months.

Per the PHA's ACOP, Ms. Masters requested an explanation and stated she could not afford to pay $198 up front and $148.50 each month. The PHA agreed to waive the 10 percent upfront payment and adjust the monthly payment to $75 monthly.

Ms. Masters declined to sign the repayment agreement. The PHA then issued a notice of termination for owing money to the PHA and refusing to enter into a repayment agreement. Ms. Masters requested a grievance hearing.

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At the hearing, Ms. Masters explained that she did not sign the repayment agreement because she could not afford to repay the overpayment. The PHA had increased her family share of rent, and she stated she would not have enough money to buy food and pay rent if she was required to pay $75 per month, along with her increased rent. She requested that any repayment be postponed for at least two years.

What is your decision and why?

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## POST-TEST FOR UNIT 10

1. The PHA must notify the post office:
   a. Whenever a family vacates
   b. Whenever a family is evicted
   c. When a family is evicted for criminal activity
   d. When a unit changes occupants.

2. A tenant may be evicted only for drug-related activity on the premises.
   a. True
   b. False

3. PHAs may terminate the tenancy of someone whose abuse of alcohol interferes with the health, safety, or right to peaceful enjoyment of other residents.
   a. True
   b. False

4. If in PHA policy, termination of assistance for conviction of producing methamphetamine on the premises may be waived on a case-by-case basis.
   a. True
   b. False

5. If in a HUD-declared due process state, PHAs may bypass the grievance procedures for cases involving termination of tenancy for drug-related criminal activity on or off premises by tenant, member of household, or guest.
   a. True
   b. False

6. ***MATCHING:*** Match the terms below with the proper definition following:

   _____ Grievance policy
   _____ Hearing officer
   _____ Complainant
   _____ Grievance

   a. Document that must be included in the lease or incorporated by reference in the lease.
   b. Tenant whose grievance is presented to the PHA, according to regulations.
   c. Any dispute which a tenant may have with respect to PHA action or failure to act in accordance with the individual tenant's lease or PHA regulations, which adversely affects the individual.
   d. A person or persons selected in accordance with regulations to hear grievances and render a decision.
   e. Deposits made by a tenant in the event of hearings regarding rent.

7. If a "due process determination" is issued by HUD, the PHA may exclude any grievance that involves:
   a. Nonpayment of rent
   b. Any criminal activity that threatens the health, safety, or right to peaceful enjoyment of the premises by other residents or PHA employees
   c. Any serious violation of the lease
   d. All the above

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8. The hearing officer must give a written decision, stating reasons for the decision, to both the tenant and the PHA within a reasonable time:
   a. True
   b. False

9. A manager must give careful consideration to what they write, as what may have originated as a memorandum today can become evidence in court tomorrow.
   a. True
   b. False

10. A live-in aide has no rights to a grievance hearing.
    a. True
    b. False

11. A grievance hearing is always a public hearing.
    a. True
    b. False

12. Prior to a grievance hearing for lease termination, the tenant must be given the right to examine and copy, before the hearing, all documents the PHA intends to produce at the hearing.
    a. True
    b. False

13. Notice of lease termination for unpaid maintenance charges is:
    a. 3 days
    b. 14 days
    c. A reasonable time, not to exceed 30 days
    d. 10 days

14. The PHA may terminate the lease if a member of the household:
    a. Is delinquent in child support payments
    b. Has committed fraud against welfare agency
    c. Is violating a condition of probation or parole
    d. Is convicted of any misdemeanor under state law

15. The type of notice the PHA delivers for failure to pay rent is:
    a. 3-day notice
    b. 14-day notice
    c. 30-day notice
    d. It depends on how much rent the tenant owes

16. An example of "other person under the tenant's control," according to the HUD definition, would be:
    a. A relative visiting for two weeks
    b. A maintenance worker repairing the stove
    c. A friend spending the night
    d. Someone who was invited over for a party
    e. All the above

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17. A tenant obligation is to assure that no other person under the tenant's control engages in any drug-related criminal activity:
    a. On or off the premises
    b. That is a felony
    c. On the premises
    d. On or near the premises

18. A tenant obligation is to assure that no tenant, member of the household, or guest engages in any drug-related criminal activity:
    a. On or off the premises
    b. That is a felony
    c. On the premises
    d. On or near the premises

19. The PHA does not have to inform the tenant in writing of their right to a hearing when giving notice of proposed adverse action as that right is included in the lease agreement.
    a. True
    b. False

20. The standard of proof for a public housing hearing is:
    a. Beyond a reasonable doubt
    b. Preponderance of the evidence
    c. Innocent until proven guilty
    d. Double indemnity
    e. Any of the above, depending on whether the hearing is a termination case based on criminal activity

21. The family's assistance may be terminated for criminal activity:
    a. Only if there is a conviction
    b. Only if the criminal activity is a felony
    c. When there is a preponderance of the evidence and the PHA has followed all due process requirements
    d. All the above

22. When a public housing tenant is grieving a PHA's adverse decision, all the following are due process rights the PHA must afford the tenant, *except*:
    a. The tenant must be given the right to cross-examine all witnesses
    b. The notice must state specific grounds for the PHA's adverse action
    c. The tenant has the right to be represented by counsel or any other person, at the tenant's expense
    d. The tenant must be given the right to view and copy any documents the PHA is going to produce at the hearing, before the hearing
    e. The tenant must bring an interpreter if they do not understand English well

23. Any adult in the household may grieve.
    a. True
    b. False

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24. Any adult who lives in the unit and executed the lease may grieve.
    a. True
    b. False

25. A remaining member of the family, who had not executed the lease, may grieve.
    a. True
    b. False

26. HUD defines a "short-term invitee" as:
    a. Remaining member of the family
    b. Other person under the tenant's control
    c. A guest
    d. A household member
    e. An unauthorized person

27. The PHA termination action for criminal activity must meet the standard of proof for a criminal case.
    a. True
    b. False

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# INCIDENT DOCUMENTATION FORM (SAMPLE)

| Your name: |
| --- |
| Address: |
| Phone #: |

Date and time of incident: _____

Were the police called? _____

If so, police department and officer: _____

| **Description of the incident** (please describe what happened, who was involved, where they live, where it occurred, vehicle plate numbers, or other important information). |
| --- |
| **Facts only:** |
| Who was involved? |
| |
| |
| Where do they live? |
| |
| |
| |
| Where did it happen? |
| |
| |
| |
| What happened? (facts only, no opinions) |
| |
| |
| |
| |
| |
| |
| Did you actually witness the incident? ___ Yes ___ No. If not, who did? |

Signature _____ Date _____

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# UNIT 11 Resident Relations and Self-Sufficiency

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Appropriately use resident participation as a management tool
  - Understand the function of resident councils
  - Describe the major characteristics of an effective economic self-sufficiency program
  - Design a practical and effective community service program

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## POST-TEST FOR UNIT 11

1. A program to help residents of public and assisted housing achieve economic independence is:

   _____

2. All new families moving into public housing must enroll in the Family Self-Sufficiency program.
   a. True
   b. False

3. Section 3 is a requirement that PHAs make their best efforts to provide employment and training opportunities to public housing residents, participants in YouthBuild programs, and low and very low-income persons residing within the metropolitan area.
   a. True
   b. False

4. The FSS escrow account is optional for the PHA to offer to FSS families whose earned income increases.
   a. True
   b. False

5. HUD notifies PHAs of available grant funds by publishing:
   a. DOFAs
   b. ACCs
   c. PILOTs
   d. NOFAs
   e. REACs

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# UNIT 12 Understanding and Managing the Budget

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Explain the purpose of the development operating budget
  - Describe HUD's requirements for project-based budgeting
  - Recognize how to develop an overall budgeting process
  - State how to determine development income and expenses
  - Discuss the fees and costs associated with development expenses
  - Identify how to use financial benchmarks to determine reasonableness of income and expense projections
  - Recognize the importance of, and how to monitor actual-to-budget performance

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## Learning Activity 12-1: PUM

- PUM formula: Any income or expense divided by the number of months units are available (UMA) = PUM.
- Based on the PUM formula, calculate PUM for the following:

1. The Grove has 100 units, all will be available. Utility costs budgeted are $67,000.
   - PUM for utilities is:

   _____

2. Vineland has 225 units. Of those 225 units, eight units (two buildings) have been approved for capital improvements, which will last four months in the HUD-approved schedule. Utilities for the upcoming year are estimated at $252,788.
   - What is your PUM in the upcoming year for utilities?

   _____

3. Last year, Green Gulch spent $198,200 in maintenance. Green Gulch has 168 units. If all units had been available all year, Green Gulch would have had 2,016 unit months. However, Green Gulch has 1,989 unit months available due to HUD-approved vacancies.
   - What is the PUM for last year's maintenance?

   _____

4. Daybreak spent $106,770 in maintenance last year. Daybreak had 1,180 unit months available.
   - How does Daybreak's maintenance PUM costs compare to Green Gulch's?

   _____

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## *Summary of Individual Project Budgets*

***Hilldale Georgia PHA***
***For the year ended 12/31/2017***

| | PUM Basis | | Total/Budget Basis | |
|---|---|---|---|---|
| | ***Willow Run*** | ***Juniper Gardens*** | ***WillowRun*** | ***Juniper Gardens*** |
| ***Occupancy Type (family, senior, mixed)*** | *Family* | *Senior* | *Family* | *Senior* |
| ***Built Date*** | *1/1/1965* | *1/1/1981* | *1/1/1965* | *1/1/1981* |
| ***Date of Last Renovation*** | *1/1/1988* | *N/A* | *1/1/1988* | *N/A* |
| ***ACC Units*** | *150* | *100* | *150* | *100* |
| ***Estimated Occupancy Rate*** | *99%* | *96%* | *99%* | *96%* |
| ***Average Bedroom Size*** | *2.20* | *1.00* | *2.20* | *1.00* |
| ***Anticipated Number Turnovers*** | *18* | *22* | *18* | *22* |

**Operating Income:**

| | | | | |
|---|---|---|---|---|
| Gross Potential Rent | 207.07 | 214.00 | $ 372,727 | $ 256,800 |
| *Less: Vacancy Loss* | (2.07) | (8.56) | $ (3,727) | $ (10,272) |
| Net Tenant Rental Revenue | 205.00 | 205.44 | $ 369,000 | $ 246,528 |
| Gross Potential Subsidy | 299.13 | 195.45 | $ 538,434 | $ 234,540 |
| *Less: Vacancy Loss* | 2.88 | 2.66 | $ 5,178 | $ 3,195 |
| *Less: Proration Amount* | 33.02 | 21.58 | $ 59,443 | $ 25,893 |
| Net Operating Subsidy | 263.23 | 171.21 | $ 473,813 | $ 205,452 |
| HUD PHA Operating Grant-CFP | 0.00 | 0.00 | $ - | $ - |
| Other Tenant Charges | 3.00 | 3.00 | $ 5,400 | $ 3,600 |
| Excess Utilities | 0.00 | 0.00 | $ - | $ - |
| Investment Income | 4.00 | 4.00 | $ 7,200 | $ 4,800 |
| Fraud Recovery | 0.00 | 0.00 | $ - | $ - |
| Non-Dwelling Rent | 3.00 | 9.00 | $ 5,400 | $ 10,800 |
| Other Income | 8.00 | 12.00 | $ 14,400 | $ 14,400 |
| **Total Operating Income** | 489.11 | 407.31 | $ 880,391 | $ 488,775 |

**Operating Expenditures:**

**Administrative**

| | | | | |
|---|---|---|---|---|
| Administrative Salaries | 39.23 | 42.14 | $ 70,616 | $ 50,564 |
| Employee Benefits - Administrative | 14.91 | 16.01 | $ 26,834 | $ 19,214 |
| Auditing Expense | 2.00 | 2.00 | $ 3,600 | $ 2,400 |
| Management Fees | 51.54 | 49.98 | $ 92,771 | $ 59,973 |
| Bookkeeping Fees | 7.43 | 7.20 | $ 13,365 | $ 8,640 |
| Advertising and Marketing | 0.00 | 0.00 | $ - | $ - |
| Office Expense | 4.99 | 3.13 | $ 8,980 | $ 3,755 |
| Legal Expense | 6.00 | 3.00 | $ 10,800 | $ 3,600 |
| Travel | 0.00 | 0.00 | $ - | $ - |
| Other Administrative Costs | 11.46 | 8.97 | $ 20,628 | $ 10,764 |
| **Total Administrative** | 137.55 | 132.43 | $ 247,594 | $ 158,910 |
| **Asset Management Fee** | 10.00 | 10.00 | $ 18,000 | $ 12,000 |

**Tenant Services**

| | | | | |
|---|---|---|---|---|
| Tenant Services - Salaries | 0.00 | 0.00 | $ - | $ - |
| Employee Benefits- Tenant Services | 0.00 | 0.00 | $ - | $ - |
| Relocation Costs | 0.00 | 0.00 | $ - | $ - |
| Tenant Services-Other | 11.00 | 6.00 | $ 19,800 | $ 7,128 |
| **Total Tenant Services** | 11.00 | 6.00 | $ 19,800 | $ 7,128 |

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## *Summary of Individual Project Budgets*

***Hilldale Georgia PHA***
***For the year ended 12/31/2017***

| | PUM Basis | | Total/Budget Basis | |
|---|---|---|---|---|
| | ***Willow Run*** | ***Juniper Gardens*** | ***WillowRun*** | ***Juniper Gardens*** |
| **Utilities** | | | | |
| Water | 27.01 | 16.80 | $ 48,132 | $ 20,160 |
| Electricity | 48.97 | 34.75 | $ 87,265 | $ 41,700 |
| Gas | 41.23 | 0.00 | $ 73,472 | $ - |
| Fuel | 0.00 | 36.88 | $ - | $ 44,256 |
| Sewer | 18.00 | 11.20 | $ 32,076 | $ 13,440 |
| Other_____ | 0.00 | 0.00 | $ - | $ - |
| **Total Utilities** | 135.21 | 99.63 | $ 240,944 | $ 119,556 |
| **Maintenance** | | | | |
| Labor | 55.00 | 43.67 | $ 99,000 | $ 52,400 |
| Employee Benefits - Maintenance | 22.00 | 17.47 | $ 39,600 | $ 20,960 |
| Maintenance Materials | 22.00 | 15.00 | $ 39,600 | $ 18,000 |
| Maint. Contract: | | | $ - | $ - |
| Garbage and Trash Removal Contracts | 8.00 | 3.00 | $ 14,400 | $ 3,600 |
| Heating & Cooling Contracts | 8.62 | 8.49 | $ 15,516 | $ 10,188 |
| Snow Removal Contracts | 0.00 | 0.00 | $ - | $ - |
| Elevator Maintenance | 0.00 | 6.00 | $ - | $ 7,200 |
| Landscape & Grounds Contracts | 7.00 | 2.00 | $ 12,600 | $ 2,400 |
| Unit Turnaround Contract | 0.00 | 0.00 | $ - | $ - |
| Electrical Contracts | 2.00 | 2.00 | $ 3,600 | $ 2,400 |
| Plumbing Contracts | 2.00 | 2.00 | $ 3,600 | $ 2,400 |
| Extermination Contracts | 3.00 | 3.00 | $ 5,400 | $ 3,600 |
| Janitorial Contracts | 0.00 | 0.00 | $ - | $ - |
| Routine Maintenance Contracts | 0.00 | 0.00 | $ - | $ - |
| Other Misc. Contract Costs | 14.08 | 11.92 | $ 25,344 | $ 14,300 |
| **Total Maintenance** | 143.70 | 114.54 | $ 258,660 | $ 137,448 |
| **Protective Services** | | | | |
| Protective Services - Labor | 0.00 | 0.00 | $ - | $ - |
| Employee Benefits - Protective Services | 0.00 | 0.00 | $ - | $ - |
| Protective Services Contract Costs | 6.00 | 0.00 | $ 10,800 | $ - |
| Protective Service Other | 0.00 | 0.00 | $ - | $ - |
| **Total Protective Services** | 6.00 | 0.00 | $ 10,800 | $ - |
| **Insurance** | | | | |
| Property | 12.73 | 15.16 | $ 22,920 | $ 18,190 |
| General Liability | 9.04 | 10.42 | $ 16,280 | $ 12,500 |
| Worker's Comp. | 2.22 | 1.43 | $ 4,000 | $ 1,710 |
| Other Insurance | 0.00 | 0.00 | $ - | $ - |
| **Total Insurance** | 24.00 | 27.00 | $ 43,200 | $ 32,400 |
| **General Expenses** | | | | |
| Other General Expense | 1.00 | 1.00 | $ 1,800 | $ 1,200 |
| Compensated Absences | 0.00 | 0.00 | $ - | $ - |
| Payments in Lieu of Taxes | 6.70 | 5.69 | $ 12,060 | $ 6,823 |
| Bad Debt-Tenants | 3.76 | 1.52 | $ 6,772 | $ 1,824 |
| Severance Expense | 0.00 | 0.00 | $ - | $ - |
| **Total General Expenses** | 11.46 | 8.21 | $ 20,632 | $ 9,847 |
| **Total Operating Expenditures** | 478.92 | 397.80 | $ 862,064 | $ 477,362 |
| **Excess Revenue Over (Under) Operating Expenses** | 10.18 | 9.51 | $ 18,327 | $ 11,413 |

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## *Summary of Individual Project Budgets*

***Hilldale Georgia PHA***
***For the year ended 12/31/2017***

| | PUM Basis | | Total/Budget Basis | |
|---|---|---|---|---|
| | ***Willow Run*** | ***Juniper Gardens*** | ***WillowRun*** | ***Juniper Gardens*** |
| **Non-Operating Expenses** | | | | |
| Extraordinary Maintenance | 0.00 | 0.00 | $ - | $ - |
| Casualty Losses - Non-capitalized | 0.00 | 0.00 | $ - | $ - |
| Depreciation Expense | 0.00 | 0.00 | $ - | $ - |
| Fraud Losses | 0.00 | 0.00 | $ - | $ - |
| Interest Expense | 0.00 | 0.00 | $ - | $ - |
| **Total Non-Operating Expenses** | 0.00 | 0.00 | $ - | $ - |
| **Excess Revenue Over (Under) Expenses** | 10.18 | 9.51 | $ 18,327 | $ 11,413 |
| **Conversion to Cash Flow (before Other Financing Sources (Uses)** | | | | |
| Add back: Depreciation Expense | | | | |
| Deduct: Debt Service Payments (if any) | 0.00 | 0.00 | $ - | $ - |
| **Cash Flow Before Other Financing Sources (Uses)** | 10.18 | 9.51 | $ 18,327 | $ 11,413 |
| **Other Financing Sources (Uses)** | | | | |
| Operating Transfers In | 0.00 | 0.00 | $ - | $ - |
| Operating Transfers Out | 0.00 | 0.00 | $ - | $ - |
| Inter Project Excess Cash Transfer - In | 0.00 | 0.00 | $ - | $ - |
| Inter project Excess Cash Transfer - Out | 0.00 | 0.00 | $ - | $ - |
| Transfers Between Programs & Projects-In | 0.00 | 0.00 | $ - | $ - |
| Transfers Between Programs & Projects-Out | 0.00 | 0.00 | $ - | $ - |
| **Total Other Financing Sources (Uses)** | 0.00 | 0.00 | $ - | $ - |
| **Net Cash Flow** | 10.18 | 9.51 | $ 18,327 | $ 11,413 |

| **Staffing** | **Willow Run** | **Juniper Street** |
|---|---|---|
| Site Manager | $45,000 | $39,000 |
| Assistant Manager | $20,000 | $5,000 |
| Centralized Intake Clerk | $5,616 | $6,864 |
| Maintenance Lead Mechanic | $40,000 | $38,000 |
| Mechanic I | $35,000 | $0 |
| Janitor (full-time) | $24,000 | $0 |
| Janitor (part-time) | $0 | $14,400 |

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## Learning Activity 12-2: Hilldale Budgets

- Refer to Willow Run's operating budget. Review the overall revenue, expenses, and net cash flow.

  1. What is the largest source of revenue?

     _____

- Refer to Juniper Garden's operating budget.

  2. What is the largest source of revenue?

     _____

  3. What are the three largest budgeted expenses on a PUM basis for Willow Run?

| | |
|---|---|
| | **$** |
| | **$** |
| | **$** |

## Learning Activity 12-3: Shared Resources

- Refer back to Hilldale Housing Authority's organizational chart.

1. Do the developments share any staff?

_____

2. If the developments were in adjoining neighborhoods, can you conceive of a situation where they might utilize greater use of shared staff?

_____

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## Learning Activity 12-4 Budget Variance

- Following is a sample budget variance report.

**Summary Budget Variance Report**
**Consolidated Project Statement**
**For the period ending June 30, 2017**
**Fiscal Year January 1, 2017 – December 31, 2017**

**Asset Management Project 03**

| Account | YTD Actual | YTD Budget | $Variance | % Change | Favorable or Unfavorable |
|---|---|---|---|---|---|
| **Revenue** | | | | | |
| Tenant Rents | 288,476.45 | 280,000.00 | 8,476.45 | **3%** | **F** |
| - Vacancy | (1,932.50) | (2,000.00) | 67.50 | **3%** | **F** |
| - Delinquency | (725.63) | (500.00) | (225.63) | **-31%** | **U** |
| **Total Rental Income** | 285,818.32 | 277,500.00 | 8,318.32 | **3%** | **F** |
| Other Income | 3,328.75 | 1,000.00 | 2,328.75 | **70%** | **F** |
| **Total Revenue** | 289,147.07 | 278,500.00 | 10,647.07 | **4%** | **F** |
| **Expense** | | | | | |
| Salaries | 85,301.05 | 82,176.00 | (3,125.05) | **-4%** | **U** |
| Maintenance | 28,980.35 | 30,000.00 | 1,019.65 | **3%** | **F** |
| Utilities | 49,815.24 | 45,000.00 | (4,815.24) | **-10%** | **U** |
| Landscaping | 4,067.81 | 2,000.00 | (2,067.81) | **-50%** | **U** |
| Make-readies | 5,988.75 | 4,000.00 | (1,988.75) | **-33%** | **U** |
| Insurance | 7,283.25 | 5,000.00 | (2,283.25) | **-31%** | **U** |
| Tenant Services | 4,000.00 | 4.000.00 | 0 | **0** | |
| **Total Expense** | 185,436.45 | 172,176.00 | (13,260.45) | **-7%** | **U** |
| **Net Operating Income** | 103,710.62 | 106,324.00 | (2,613.38) | **-2%** | **U** |

1. What is the problem you would start remedying first?

   _____

2. Why?

   _____

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- Following is an example of a PHA balance sheet.

## Hilldale Georgia PHA

Combining Project Balance Sheet
31-Dec-17

| | | Willow Run | Juniper Gardens | Total |
|---|---|---|---|---|
| | ***Assets*** | | | |
| *Current Assets:* | | | | |
| 111 | Cash-unrestricted | $ 122,970 | $ 120,170 | $ 243,140 |
| 112 | Cash-resticted for modernization | 12,000 | - | 12,000 |
| 114 | Cash-tenant security deposits | 18,900 | 12,500 | 31,400 |
| 126 | Accounts receivable-tenants | 420 | - | 420 |
| 126.1 | Allowance for doubtful accounts-tenants | (70) | - | (70) |
| 131 | Investments | 200,000 | 100,000 | 300,000 |
| 142 | Prepaid expenses | 28,500 | 21,450 | 49,950 |
| 150 | Total Current Assets | 382,720 | 254,120 | 636,840 |
| *Non-Current Assets* | | | | |
| 161 | Land | 30,000 | 20,000 | 50,000 |
| 162 | Buildings | 7,750,000 | 6,115,000 | 13,865,000 |
| 164 | Equipment-administration | 15,000 | 14,000 | 29,000 |
| 167 | Construction in progress | 260,000 | 213,000 | 473,000 |
| 166 | Accumulated depreciation | (4,958,000) | (4,845,000) | (9,803,000) |
| 180 | Total Non-Current Assets | 3,097,000 | 1,517,000 | 4,614,000 |
| 190 | Total Assets | $ 3,479,720 | $ 1,771,120 | $ 5,250,840 |
| | ***Liabilities and Net Assets*** | | | |
| *Current Liabilities* | | | | |
| 312 | Accounts payable-vendors | $ 2,800 | $ 10,050 | $ 12,850 |
| 312 | Accounts payable-COCC | 2,000 | 2,100 | 4,100 |
| 321 | Wages payable | 1,450 | 940 | 2,390 |
| 322 | Accrued compensated absences | 4,800 | 3,300 | 8,100 |
| 333 | Payments in lieu of taxes | 12,690 | 12,910 | 25,600 |
| 341 | Tenant security deposits | 18,000 | 12,500 | 30,500 |
| 342-030 | Tenant prepaid rents | 780 | 1,100 | 1,880 |
| 342-020 | Excess Capital Fund Program advances | 12,000 | - | 12,000 |
| 310 | Total Current Liabilities | 54,520 | 42,900 | 97,420 |
| *Non-Current Liabilities* | | | | |
| 354 | Accrued compensated absences (net of current) | 1,200 | 890 | 2,090 |
| 350 | Total Long-Term Liabilities | 1,200 | 890 | 2,090 |
| 300 | Total Liabilities | 55,720 | 43,790 | 99,510 |
| *Net Assets* | | | | |
| 508.1 | Investment in net fixed assets (net of debt) | 3,097,000 | 1,517,000 | 4,614,000 |
| 511.1 | Restricted net assets | - | - | - |
| 512.1 | Unrestricted net assets | 327,000 | 210,330 | 537,330 |
| 513 | Total Net Assets | 3,424,000 | 1,727,330 | 5,151,330 |
| 600 | Total Liabilities & Net Assets | $ 3,479,720 | $ 1,771,120 | $ 5,250,840 |
| *Ratios:* | | | | |
| | Quick Ratio | 6.50 | 5.42 | 6.02 |

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## POST-TEST FOR UNIT 12

1. The two main sources of income for the public housing program are:
   a. Capital fund and rents
   b. Rents and HAP
   c. Rents and operating subsidy
   d. Operating subsidy and reserves
   e. Maintenance charges and operating subsidy

2. What report does the manager analyze at least monthly to determine rent collection rate for all public housing units?
   a. Rent roll
   b. Rent statement for each tenant
   c. Balance statement
   d. Work order log

3. In preparing the operating budget, a property manager would best start with:
   a. HUD occupancy handbook
   b. Most recent RIM review
   c. Cooperation agreement with the local government
   d. Analyzing past year's expenses

4. The operating subsidy calculation and allocation results in:
   a. More accountability at the development level
   b. Higher operating subsidies for all PHAs
   c. Making public housing operate less like the private sector
   d. Aggregate and centralized accounting
   e. All the above

5. The accounts receivable on which a manager has the most impact is:
   a. Rent
   b. Excess utilities
   c. Non-dwelling rent
   d. Investment income
   e. Operating subsidy

6. A budget is a management tool that can be used as a guide for operations, a way to measure performance, an early warning system, and a control for expenditures:
   a. True
   b. False

7. The asset management fee:
   a. Is a fee paid by the central office cost center to the development for managing the asset
   b. Is based on units leased
   c. Is paid by HUD to the central office cost center
   d. Is a fee paid by the development to the central office cost center

8. The public housing maintenance function:
   a. Can be decentralized or assigned to specific developments
   b. Can be centrally maintained
   c. Can be a mix, where some maintenance services are at the development and some are centralized
   d. Will charge a fee-for-service to the development when a service is provided to the development from a central location
   e. All the above are true

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9. Accounts payable by the property may include all the following ***except***:
   a. Dwelling rental income
   b. Direct administrative costs
   c. Maintenance costs
   d. Tenant services

10. The formula for calculating per unit month (PUM) is:
   a. Favorable budget variance divided by unfavorable budget variance
   b. Line item divided by unit months available
   c. Number of units divided by any line item
   d. Occupancy rate
   e. Total number of vacancy days divided by number of units leased up in the reporting period

11. Treating each development as its own asset requires PHAs to:
   a. Evaluate the financial viability of each development
   b. Centralize maintenance
   c. Consolidate
   d. Fund each development from the central office
   e. All the above

12. Under project-based management:
   a. Each development's budget must be approved by HUD
   b. Budgets are developed at an aggregate level
   c. Budgets may not be revised
   d. Each development's budget must be approved by the board
   e. The property manager has no input into the development's budget

13. Good customer service and working well with other departments have no relation to the financial viability of your development.
   a. True
   b. False

14. The following category or categories of vacancies are approved by HUD and thus continue to receive operating subsidy:
   a. Central eligibility team too slow in making unit offers
   b. Make-readies are causing units to remain vacant
   c. Vacant days due to formally declared disasters
   d. No one has accepted offers to the unit
   e. All the above are HUD-approved vacancies

15. Vacancy days and HUD-approved vacancies are tracked in PIC.
   a. True
   b. False

16. The balance sheet provides the following important information about the development:
   a. Month-to-month expenditures and revenues of the development
   b. Trend analysis of rent collection rates and occupancy rates
   c. Financial viability of the development; the development's ability to handle unexpected expenses or losses
   d. What the development owes, what the development owns, and the value of the development (what the development is worth)

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17. Linden Lane's balance sheet shows that the development will have excess cash at the end of the year. Oakview's balance sheet shows that Oakview will not have excess cash. Which of the following is an option for the PHA?
    a. The central office (COCC) could charge Linden Lane above $10 in asset management fees to make up for Oakview's lack of excess cash
    b. Linden Lane can transfer funds to Oakview
    c. Oakview can pay asset management fees to the central office (COCC)
    d. Oakview can transfer funds to Linden Lane
    e. None of the above are allowed options for the PHA

18. The property management fee:
    a. Can only be paid if the development's balance sheet shows excess cash at the end of the year
    b. Is paid by the central office (COCC) to the development if the development has insufficient cash
    c. Is based on the total number of units in the development
    d. Is based on occupied units and allowable vacancies
    e. Up to PHA policy

19. Centralized maintenance staff salary and benefits:
    a. Are a frontline allocated cost, prorated back to the developments on a reasonable basis
    b. Are paid by the development on a fee-for-service basis
    c. Are a direct frontline cost of the development if the service is highly technical, such as HVAC or electrician
    d. Can be paid in any reasonable way per PHA policy

20. The following functions or services can be allocated back to the developments ***except***:
    a. Centralized waiting list, including supervisor
    b. 504 coordinator
    c. Tenant services
    d. Procurement
    e. All the above functions or services can be allocated back to the developments

21. A PHA has ten developments. An example of a shared resource would be:
    a. Human Resources (HR) staff
    b. Maintenance technician working for two developments
    c. Centralized skilled plumber on call to all ten developments
    d. Waiting list/eligibility staff
    e. All the above

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22. Development A may only transfer funds to Development B if:
    a. Development B has excess cash
    b. Development A is a high performer under PHAS
    c. Development B has adequate reserves
    d. Development A has excess cash
    e. All the above

23. The property manager should compare the actual-to-budget report:
    a. To determine the viability of the COCC
    b. Annually
    c. Regularly, at least monthly
    d. To determine what the development owns, what the development owes, and what the development is worth (equity)
    e. Both b and d

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# Notes

# UNIT 13 Property Management

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Describe the key aspects of property management
  - Identify the three categories of maintenance required in public housing and evaluate and prioritize maintenance needs based on these categories
  - Apply a work order system utilizing work order forms and a work order log to ensure that maintenance requests are recorded, performed, and monitored according to their relative importance
  - Differentiate the components of the various types of management inspections in order to monitor and control maintenance needs and performance
  - Identify the elements of an emergency response system for maintenance
  - Apply a system of inventory control, including recording and monitoring expendable and nonexpendable inventory
  - Recognize key elements of the capital fund
  - List key components of a risk management assessment

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## Learning Activity 13-1: Security Learning Exercise

1. Are your housing developments mostly:
   - ❑ Smaller (less than 50 units)
   - ❑ Newer (less than 15 years old)
   - ❑ Larger
   - ❑ Older

2. Do you perform a "windshield" (drive around a bit before work, at lunch, and/or after work) at each of your developments:
   - ❑ Daily ❑ Every 2-3 days ❑ Weekly ❑ Monthly ❑ Who has time?

3. Do you inspect your vacant units:
   - ❑ Daily ❑ Every 2-3 days ❑ Weekly ❑ Monthly ❑ Who has time?

4. Do you put on your walking shoes and walk around each of your developments:
   - ❑ Daily ❑ Every 2-3 days ❑ Weekly ❑ Monthly ❑ Who has time?

5. Do you perform after-hours light inspection:
   - ❑ Daily ❑ Every 2-3 days ❑ Weekly ❑ Monthly ❑ Who has time?

6. Do you have a system for maintenance to report possible lease violations or suspicious activity?
   - ❑ Yes, we have a form ❑ When they report, we look into it ❑ We try

7. Do you hold lease violation conferences for possible violations and document agreements made with the PHA and resident?
   - ❑ Yes, always ❑ We call, but don't always document ❑ We try

8. Do you have a system for the local police to report incidents and arrests which occurred on public housing property or drug-related criminal activity off the premises by a public housing resident?
   - ❑ Yes ❑ Only arrests on PHA property ❑ PHA has limited access
   - ❑ No sophisticated system but we stay in touch

9. Is it your perception that residents report crime?
   - ❑ Yes, regularly ❑ Mostly ❑ They're afraid ❑ It's too widespread

10. Do you hold meetings with residents and/or resident councils?
    - ❑ Monthly ❑ Regularly ❑ When we can ❑ Rarely

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11. In your public housing units, are there unauthorized persons?
    - ❑ No, we have a strict visitor policy which we enforce
    - ❑ We have a visitor policy and try to enforce it the best we can
    - ❑ We need to tighten up our visitor policy

12. Does your PHA have a "capable guardian," or person who takes responsibility, at each development? The "capable guardian" could be a resident, the property manager, or any other individual.

    ❑ Yes ❑ At some sites ❑ Only during work hours

13. Does your PHA perform insect spraying and maintenance quality control inspections:

    ❑ Monthly ❑ Regularly ❑ As needed ❑ Who has time?

14. Do you require residents to register vehicles?

    ❑ Yes ❑ No

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## POST-TEST FOR UNIT 13

1. The manager can identify problems before they become major by doing the following:
   a. Reviewing work order logs
   b. Walking the grounds
   c. Listening to residents
   d. All the above

2. All emergency work orders to correct life-threatening or severe health and safety deficiencies must be corrected within 24 hours or less.
   a. True
   b. False

3. Three categories of maintenance are:

   _____

   _____

   _____

4. Trash removal, policing the grounds, and lawn care are examples of:

   _____

5. Repair of a leaking faucet, replacing a toilet seat, and unclogging a drain are examples of:

   _____

6. Inspections, replacement of furnace/heater filters, and testing safety devices are examples of:

   _____

7. Maintenance costs can be held down if:
   a. Tenants are charged for wear and tear
   b. Maintenance is centralized
   c. Routine repairs and capital improvements are deferred
   d. Routine repairs and preventive maintenance are performed
   e. All the above

8. An immediate threat to the health and safety of the tenant or to the structural integrity of the unit constitutes:

   _____

9. A system for tracking the completion of work orders is:

   _____

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10. What are the three inspection types under NSPIRE?
    a. Self-inspections, NSPIRE inspections, NSPIRE Plus inspections
    b. Routine inspections, NSPIRE inspections, REAC inspections
    c. NSPIRE Plus inspections, annual inspections, QC inspections

11. The percentage of management-generated vs. resident-requested repairs:
    a. Should be assessed entity-wide only and not property by property
    b. Must be 50/50
    c. Is assessed under PHAS
    d. Should be assessed by the PHA to deliver maintenance more efficiently
    e. All the above

12. PHAs need to make a distinction between which two types of corrective maintenance?
    a. Preventive and deferred
    b. Emergency and nonemergency
    c. Capital and emergency
    d. Custodial and emergency

13. Establishing a preventive maintenance program may be costly in the short run but it saves the PHA money in the long run.
    a. True
    b. False

14. Property and inventory control is:
    a. Required only of PHAs with 250 public housing units or more
    b. Applies to both expendable and nonexpendable equipment
    c. Not applicable to the site manager, who has no responsibilities regarding equipment or inventory
    d. Required regardless of the size of the PHA

15. Paying for consulting to improve an area of public housing performance under the Capital Fund program:
    a. Is allowed only if no physical improvements are necessary
    b. Is an eligible activity under the Capital Fund
    c. Is allowed only if the PHA has less than 250 units and the operating and capital funds are fungible
    d. Is prohibited

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# Notes

# UNIT 14 Public Housing Assessment System

## LEARNING OUTCOMES

- Upon completion of this chapter, you should be able to:
  - Identify the PHAS indicators and documentation requirements
  - Identify the components and consequences of acceptable and unacceptable performance
  - Incorporate principles of PHAS indicators into ongoing operations
  - Identify ways to use PHAS as a property management tool
  - Apply strategies to improve performance relative to PHAS

## VACANT UNIT TURNAROUND TIME

- Whereas occupancy rate compares how many units are occupied vs. the total number of units, turnaround days tracks *how long* it takes to lease up vacant units. Unit turnaround time measures the annual average amount of time it takes the PHA (aggregate of the developments' data) to turn around its vacant units.

- A vacant unit is not earning operating subsidy and not collecting rent. *Your vacant units are your main loss of potential income.* Filling units quickly should be among the highest priorities of the development and the PHA.

- Your occupancy rate will suffer if units are not filled quickly. If your occupancy rate is below 97 or 98 percent, you want to use turnaround time as a diagnostic tool. But even if the PHA consistently has at least a 98 percent occupancy rate it is important to track turnaround time.

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*Notes*

- Vacant unit turnaround time measures the average number of calendar days between the latter of the legal expiration date of the immediate past lease or the actual move-out date of the former tenant (or the date the PHA becomes aware that the tenant has moved out), and the date the new lease takes effect.

## Explanation of Terms

### *Total Number of Turnaround Days*

- List all the turnaround days that are not exempt. Be sure you document the number of days for all units that meet the definition of exempt.
  - Use the rent roll and count every day from the day the lease expired (or that you found the unit vacant) to the effective date of the new lease. Do not count the day the unit was last occupied or the date the new lease went into effect; count only the days in between. In some cases, this may include vacancy days from prior fiscal years. If one unit was turned several times during the fiscal year being assessed, count all the days for each time it turned. Add up the days for these turned units.
  - Example: For PHA with FY ending 9/30/2012

| Vacant Unit Scenario | Date of Action | Calculation |
|---|---|---|
| Unit became vacant 9/30/2010 | 10/1/2010 | |
| Unit remained vacant through the prior fiscal year | 9/30/2011 | 365 days |
| New lease effective for the unit | 2/1/2012 | 123 days |
| Total number of unit turnaround days | | 488 days |

Notes

### *Down time, make-ready time, and lease-up time*

- *Down time* means, for each unit "turned" in the immediate past fiscal year, the days from the date the unit was discovered to be vacant or the date the lease expired, until the date the keys are handed to maintenance to start cleaning or fixing up. Count every day, even if the starting date was in the previous fiscal year.
  - For average days in down time, total the down time for all the turned units, and divide by the total number of vacant units turned around and leased in the PHA's immediate past fiscal year.
- *Make-ready time* means, for each unit "turned" in the immediate past fiscal year, the days from the date maintenance receives the keys to the date maintenance turns the unit back to management for rental. For average days in make-ready, total the make-ready time for all the turned units, and divide by the total number of vacant units turned around and leased in the PHA's immediate past fiscal year.
- *Lease-up time* means, for each "turned" unit in the immediate past fiscal year, the days from the date maintenance gives the keys back to management for rental to the effective date of the lease. For average days in lease-up time, total lease-up days for all the turned units and divide by the total number of vacant units turned around and leased in the PHA's immediate past fiscal year.
- It's the PHA's discretion as to how it determines if a day should be included in down time, make-ready time or lease-up time if two of the activities occur on the same day.

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*Notes*

### *Skips*

- If the PHA knows about or suspects an abandonment of a unit ("skip"), the PHA must do due diligence to terminate the lease (and, in the meantime, assess maintenance and make-ready needs). State law enters here; for example, in many states, the PHA cannot take possession for 30 days after a "skip" is suspected.
  - Once the lease is officially terminated, the unit will be entered as EoP in PIC, and the unit is now officially vacant.

### HOW TO TRACK VACANT UNIT TURNAROUND TIME

- Here is the annual formula. This should be tracked every month for each development, and then rolled up for portfolio data.

### Annual Vacant Unit Turnaround

- Total number of turnaround days (do not count HUD-approved exempt days). Count all days in previous fiscal year or years that unit was vacant in this turn. We will call this "a".
- Total number of vacant units turned around and leased in the PHA's immediate past fiscal year. We will call this "b".
- Average unit turnaround days (a ÷ b). We will call this "c".
  1. Average number of calendar days in down time for all units leased in b.
  2. Average number of calendar days in make-ready time for all units leased in b.
  3. Average number of calendar days in lease-up time for all units leased in b.
  4. 1+2+3 must equal c.

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*Notes*

## Tracking by Development

- The same formula applies to the monthly tracking of unit turnaround by development. The formula is the same here, in a slightly different format.

| | *a* | *b* | *c* | *d* | *e* | *f* |
|---|---|---|---|---|---|---|
| **Project** | **Move-ins this month** | **Down time days for all units in a.** | **Make-ready days for all units in a.** | **Lease-up days for all units leased in a.** | **Total Turnaround Days (b+c+d)** | **Average Turnaround Time (e/a)** |
| Meade | 5 | 4 | 21 | 16 | 41 | 8.2 |

- HUD's stop-loss kit contained two additional columns, evictions in the month, and move-outs. While these aren't part of the unit turnaround calculation, the property manager needs to track and report, so the PHA could include the columns. See below:

| | *a* | *b* | *c* | *d* | *e* | *f* | *g* | *h* |
|---|---|---|---|---|---|---|---|---|
| **Project** | **Move-ins this month** | **Move-outs this month** | **Evictions (included in b.)** | **Down time days for all units in a.** | **Make-ready days for all units in a.** | **Lease-up days for all units leased in a.** | **Total turnaround days (d+e+f)** | **Average turnaround time (g/a)** |
| Meade | 5 | 4 | | 4 | 21 | 16 | 41 | 8.2 |

## ANALYZING MAKE-READY AND LEASE-UP TIME

## The Importance of Monitoring and Analyzing

- If your PHA/development consistently has an occupancy rate of 98 percent or above, there's no need to worry about turnaround time, other than to track it.

?

*Notes*

- If filling units is taking longer than it needs to, your occupancy rate will suffer. If the occupancy rate at a development is below a certain threshold (if you want to be a high performer, the threshold is 98 percent), or if the rate is slipping, you want to use turnaround time as a diagnostic.
- There's no reason to have a lot of days in down time. Make-ready and lease-up times are what you need to delve into if occupancy rate doesn't meet your acceptability threshold.

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## Learning Activity 14-1: Vacant Unit Turnaround Time

### *Case Study*

- It is your first day on the job. One of the properties you will manage is Juniper Gardens, which has only 12 units.
- Before you have time to do anything else, you are asked to calculate Juniper Gardens' vacant unit turnaround time. You are assessing your fiscal year January 1, 2018, through December 31, 2018. Unit E was vacant due to state law (tenant skipped and PHA couldn't enter for 30 days).

| Unit | Date Vacated | Effective Date of New Lease | Vacant Unit Turnaround Days |
|---|---|---|---|
| A | 11/08/17 | 3/6/18 | |
| B | 12/26/17 | 1/11/18 | |
| C | N/A | | |
| D | 11/19/17 | | |
| E | 12/11/17 | 1/12/18 | |
| F | 2/14/18 | 2/20/18 | |
| G | 9/30/18 | 10/7/18 | |
| H | N/A | | |
| I | N/A | | |
| J | 11/12/18 | 11/20/18 | |
| K | 12/10/18 | | |
| L | N/A | | |

- The average number of vacant unit turnaround days for Juniper Gardens in FY18 was:

_____

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## Learning Activity 14-2: Vacant Unit Turnaround Time

- The following information was provided by your development team. You need to determine the total turnaround days and average turnaround time for this month and year-to-date.

**Move-ins, Move-outs, and Unit Turnaround Time**

| | This Month | Year-to-Date |
|---|---|---|
| a. Move-ins | 5 | 32 |
| b. Move-outs | 4 | 35 |
| c. Evictions (included with move-outs) | 2 | 4 |
| d. Down time for units leased this month | 2 | 17 |
| e. Make-ready time for units leased this month | 35 | 201 |
| f. Lease-up time for units leased this month | 17 | 144 |
| g. Total turnaround days (d+e+f) | | |
| h. Average turnaround time (g/a) | | |

1. Where is it taking the longest in the turnaround process?
2. How did the team perform this month as compared to the year-to-date?

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## Learning Activity 14-3: Occupancy Rate

- The following information was compiled from the past 12 monthly reports to determine the occupancy rate for the fiscal year.
- You need to complete the Gross Occupancy and Adjusted Occupancy columns for each bedroom size and the Totals row to send to your asset manager.

| Physical Occupancy | | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| ***a*** Unit Type | ***b*** Total Units | ***c*** Occupied Units | ***d*** Capital Fund (Mod) | ***e*** Other Exemptions | ***f*** (d + e) Total Exemptions | ***g*** Vacant Units | ***c/b%*** Gross Occupancy | ***c/(b-f)%*** Adjusted Occupancy |
| 0 BR | | | | | | | | |
| 1 BR | 30 | 29 | | | | 1 | | |
| 2 BR | 110 | 102 | 4 | 2 | 6 | 8 | | |
| 3 BR | 60 | 53 | 2 | 3 | 5 | 7 | | |
| 4 BR | | | | | | | | |
| 5 BR | | | | | | | | |
| ***Total*** | | | | | | | | |

1. What percent of operating subsidy will your development receive?
   a. 0%
   b. 92%
   c. 97%
   d. 100%
2. Will you receive all 16 points under PHAS for Occupancy Rate? _____

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## Learning Activity 14-4: Non-Emergency Work Orders

- You need to determine the performance of your site-based maintenance staff in completing non-emergency work orders for this month and see if you are trending any better than the year's average so far overall as well as for tenant-generated non-emergency work orders.

| **Non-Emergency Work Orders** | | |
|---|---|---|
| | **This Month** | **Year-to-Date** |
| a. Beginning balance from previous month(s) | 5 | 22 |
| b. Number of non-emergency work orders active – include work orders active from previous month(s) | 98 | 877 |
| c. Total number of calendar days to complete non-emergency work orders in b (above) | 678 | 6,927 |
| d. Number within b (above) generated by tenant | 33 | 359 |
| e. Total number of calendar days to complete tenant-generated work orders in d (above) | 194 | 2,148 |
| f. Average number of calendar days to complete non-emergency work orders (c/b) | | |
| g. Average number of calendar days to complete tenant-generated work orders (e/d) | | |

- How is your maintenance team doing this month as compared to year-to-date?

_____

_____

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Following are suggested reports to monitor performance of properties.

| Development Performance Reports |
|---|
| **Garden Glen (AMP 1)** |
| June [Year] |

**1. Property Narrative**

In June, we hosted the annual graduation picnic. Mayor Walker attended.

Occupancy continues to improve, and we hope to hit 98 percent next month. Rent collections reached 98 percent for the first time this month.

Two months ago, we started the use of a mini-model apartment to show vacant units (the kitchen and bathroom are decorated with attractive curtains, towels, and accessories). The mini-model gets moved to the longest-vacant unit.

**2. Physical Occupancy**

| *a* Unit Type | *b* Total Units | *c* Occupied Units | *d* Capital Fund (Mod) | *e* Other Exemptions | *f* (d + e) Total Exemptions | *g* Vacant Units | *c/b%* Gross Occupancy | *c/(b-f)%* Adjusted Occupancy |
|---|---|---|---|---|---|---|---|---|
| 0 BR | | | | | | | | |
| 1 BR | 40 | 40 | | | | 0 | 100% | 100% |
| 2 BR | 120 | 116 | | 2 | 2 | 4 | 96.7% | 98.3% |
| 3 BR | 69 | 57 | | | | 3 | 95.0% | 95.0% |
| 4 BR | | | | | | | | |
| 5 BR | | | | | | | | |
| ***Total*** | **220** | **213** | | **2** | **2** | **7** | **96.8%** | **97.7%** |

**3. Waiting List**

| Unit Type | Number of Applications | | | |
|---|---|---|---|---|
| | Total | RRO1 | PEO3 | PEO1 |
| 1 BR | 48 | 3 | 9 | 36 |
| 2 BR | 72 | 9 | 20 | 43 |
| 3 BR | 15 | 7 | 8 | 10 |
| 4 BR | | | | |
| 5 BR | | | | |

RR01 = application approved / ready to be housed / awaiting ready unit
PE03 = passed credit and criminal check, pending other verification
PE01 = application received

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| Development Performance Reports |
|---|
| **Garden Glen (AMP 1)** |
| June [Year] |

**4. Site-Based Waiting List Demographics (if applicable)**

| | | Date of Site-Based 6-1-08 | Current |
|---|---|---|---|
| **Ethnicity** | Hispanic or Latino | 37% | 38% |
| | Not Hispanic or Latino | 63% | 62% |
| **Race** | White | 48% | 47% |
| | Black/African American | 38% | 40% |
| | American Indian/Alaska Native | 5% | 5% |
| | Asian | 8% | 7% |
| | Native Hawaiian/Pacific Islander | 1% | 1% |
| **Disability** | Persons with Disabilities | 2% | 4% |

**5. Move-ins, Move-outs, and Unit Turnaround Time**

| | This Month | Year-to-Date |
|---|---|---|
| a. Move-ins | 6 | 30 |
| b. Move-outs | 3 | 29 |
| c. Evictions (included with move-outs) | 0 | 2 |
| d. Down time for units leased this month | 3 | 30 |
| e. Make-ready time for units leased this month | 23 | 175 |
| f. Lease-up time for units leased this month | 25 | 138 |
| g. Total turnaround days (d+e+f) | 51 | 343 |
| h. Average turnaround time (g/a) | 8.5 days | 11.4 days |

**6. List All Vacant Units and Their Status**

| Address | BR | Vacated Date | Projected Ready Date (mm/dd) | Anticipated Lease Date (mm/dd) | File Approved and Waiting? |
|---|---|---|---|---|---|
| 415 Juniper #A | 2 | 5/20 | 6/7 | 6/7 | Yes |
| 417 Juniper #C | 2 | 5/20 | 6/7 | 6/7 | Yes |
| 413 Juniper #B | 2 | 6/2 | 6/15 | 6/20 | Yes |
| 415 Juniper #B | 3 | 6/16 | 6/30 | 6/30 | Yes |
| 415 Juniper #C | 2 | 6/24 | 7/5 | 7/5 | Yes |
| 417 Juniper #D | 3 | 6/30 | 7/8 | 7/8 | No |
| 411 Juniper #B | 3 | 6/30 | 7/15 | 7/15 | No |

*Continue on a separate sheet if necessary*

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| Development Performance Reports |
|---|
| **Garden Glen (AMP 1)** |
| June [Year] |

**7. Customer Traffic**

| | |
|---|---|
| Walk-ins inquiring about the property | 10 |
| Telephone inquiry calls | 17 |
| Applications taken | 25 |
| Interest letters with brochures sent | 20 |

**8. Promotions and Advertising Narrative**

New color postcard was printed last month, and it seems to be increasing customer calls and walk-ins. New pictures were added to the website.

**9. Recertifications / Annual**

| | |
|---|---|
| Outstanding at start of month | 7 |
| Due to be completed this month | 32 |
| Completed for this month | 37 |
| Ending backlog | 2 |

**10. Annual Unit Inspections**

| | |
|---|---|
| Total units to be inspected for the year | 220 |
| Number completed: start of month | 172 |
| Number inspected for the month | 30 |
| Number completed: year to date | 202 |
| Total left to be inspected for the year | 18 |

| | |
|---|---|
| Have all building system inspections been completed? | ❒Yes ❒No |
| If yes, enter date | 6/12/17 |

**11. Lease Enforcements This Month**

| | |
|---|---|
| Lease warnings issued | 13 |
| Lease violation conferences conducted | 2 |
| Abandonment letters | 0 |
| 30-day lease termination notices issued | 3 |
| 72-hour lease termination notices issued | 2 |

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| Development Performance Reports |
|---|
| **Garden Glen (AMP 1)** |
| June [Year] |

**12. Grievance Actions**

*List all applicants who requested informal hearing, and all tenants who requested/received hearings and who received informal settlements and hearings.*

| Applicant Informal Hearings | | | |
|---|---|---|---|
| **Applicant** | **Reason** | **Date Conducted** | **Decision** |
| Georgina Mata | Denial for past evictions and tenancy | 6/2 | Upheld |
| Matt Sills | Denial for criminal history | 6/10 | Upheld |

*Continue on a separate sheet if necessary*

| Grievance Hearings | | | | | |
|---|---|---|---|---|---|
| **Tenant** | **Reason** | **Informal Settlement Conducted** | **Decision** | **Hearing Conducted** | **Decision** |
| Josephine Crane | 30-day notice for unauthorized person | 6/8 | Rescinded | No | Documentation presented at informal settlement |
| Elizabeth Mobutu | 30-day notice for $452 damages | 6/20 | Rescinded per VAWA, repayment agreement | No | |
| Les Leguine | 6/15, served 30-day notice for drug criminal activity | Bypass due process | | Bypass due process | Court case pending |
| Guillermo Rojo | 6/17, served 30-day notice for unauthorized person | 6/22 | Upheld | Scheduled 7/1 | |

**13. Evictions This Month**

*List all tenants on formal eviction/court summons, then all households for whom a judgment was issued, the date of the judgment, and the action (dismissal, eviction, etc.).*

| Resident Name | Reason (14-day/30-day/72-hour) | Summons Date | Judgment Action |
|---|---|---|---|
| Connie Calaveras | 14-day nonpayment of rent | 6/2 | Upheld; lockout 6/30 |
| | | | |
| | | | |

*Continue on a separate sheet if necessary*

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|---|
| **Garden Glen (AMP 1)** |
| June [Year] |

**14. Non-Emergency Work Orders**

| | This Month | Year-to-Date |
|---|---|---|
| a. Beginning balance from previous months | 8 | 34 |
| b. Number of non-emergency work orders active – include work orders active from previous months | 107 | 950 |
| c. Total number of calendar days to complete non-emergency work orders in b (above) | 790 | 7,618 |
| d. Number within b (above) generated by tenant | 21 | 238 |
| e. Total number of calendar days to complete tenant-generated work orders in d (above) | 143 | 1,736 |
| f. Average number of calendar days to complete non-emergency work orders (c/b) | 7.4 days | 11.7 days |
| g. Average number of calendar days to complete tenant-generated work orders (e/d) | 6.8 days | 7.3 days |

**15. Emergency Work Orders**

| | This Month | Year-to-Date |
|---|---|---|
| a. Total requested/issued | 2 | 82 |
| b. Completed/abated within 24 hours in a (above) | 2 | 82 |
| c. Percent completed within 24 hours (b/a) | 100% | 100% |

**16. Rent Collections**

| | This Month | Year-to-Date |
|---|---|---|
| a. Rent owed. Do not include damage charges, late fees, excess utility charges, legal fees, or retroactive rent charges | 32,737 | 348,799 |
| b. Arrears, tenants in possession | 1,257 | 4,820 |
| c. Total charges (a+b) | 33,994 | 353,619 |
| d. Rent collected | 32,154 | 341,620 |
| e. Rent collection rate (d/a) | 98.2% | 97.9% |

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|---|
| **Garden Glen (AMP 1)** |
| June [Year] |

**17. Aged Receivables – Other Amounts Owed by Tenants** (or attach report)

| Tenant | Category Owed<br>Late charges, maintenance charges, security deposit, pet deposit, legal fees, excess utility charges | Current (1-30 Days) | Over 30 Days | Over 60 Days | Over 90 Days |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |

**18. Delinquencies – Repayment Agreements**

| Repayment Agreements | |
|---|---|
| Total number of households | 4 |
| Amount | $3,020 |
| Number under up-to-date repayment agreements | 3 |
| Amount under up-to-date repayment agreements | $3,020 |
| Number under legal (other than repayment agreements) | 0 |
| Amount under legal (other than repayment agreements) | 0 |
| Amount not under repayment agreements or legal | 0 |

**19. Aged Payable Summary Report**

| | Current (1-30 Days) | Over 30 Days | Over 60 Days | Over 90 Days |
|---|---|---|---|---|
| Totals: | | | | |
| | | | | |

**20. Security Report**

*List number of security incidents at development by category. Property manager should attempt to obtain police incident reports where available. If possible, on a quarterly basis compare total development incidents with crime statistics in the community at large.*

| Type | Vandalism | B&E | Assault | Aggravated Assault | Robbery | Drug Related | Other | Total |
|---|---|---|---|---|---|---|---|---|
| Number of Incidents | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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|---|
| **Garden Glen (AMP 1)** |
| June [Year] |

**21. Fair Housing (Reasonable Accommodation Requests, FHEO Issues)**

*List all requests for reasonable accommodation, complaints about possible discrimination, and other FHEO issues received, pending, or finalized this month.*

| Unit | Request | Date Requested | Status |
|---|---|---|---|
| 114 | Request for live-in aide | 6/8 | Approved. Background check on live-in aide pending. |
| 89 | Request for transfer to balcony unit | 4/30 | Denied 6/2 per 504 coordinator. See documentation. No verification provided that need for balcony unit is related to disability. |
| 05 | Request for grab bars | 6/5 | Approved. Installed 6/12. |
| | | | |

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| **Management Review for Public Housing Projects** | **U.S. Department of Housing and Urban Development**<br>Office of Public and Indian Housing | OMB Approval No. ____<br>Exp. _____ |
|---|---|---|

Public Reporting Burden for this collection is based on the size of the project and the level of compliance and is estimated to average .95 hours per respondent, and includes time required for public housing agencies to review and respond to information requests. The information is being collected for a management review of individual public housing projects and will be used to assess the management operations of projects under asset management. In accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501-3520), this agency may not collect this information and public housing agency program participants are not required to respond to this collection of information unless the collection displays a current valid OMB control number. OMB No. 2577-xxxx, expires xx/xx/xxxx.

**PURPOSE:** To assess management and oversight of public housing projects.

**INSTRUCTIONS:** This form is to be completed by HUD staff or contractors in accordance with the annual Management Plan, which will provide guidance regarding the portions of the form HUD-5834 that are required.

**A. Conducting the On-Site Review**

- Complete all applicable questions.
- Use additional sheets as necessary to complete applicable questions.
- Upon completion of the on-site review, hold a closeout session with the public housing property manager to discuss observations and conclusions.

**B. After On-Site Review**

- Record deficiencies, findings and corrective actions. The corrective action must include a requirement that the project manager correct identified errors and omissions. The project manager must also describe how systems systems, controls, policies and procedures were adjusted or changed to assure that the errors and omissions do not recur.
- Complete the Review Summary.
- Distribute the review report, with findings, concerns and corrective actions to the public housing agency.

**C. Management Review Deficiency Follow up**

- Conduct follow-up activity until all corrective actions as required in the Summary Report have been completed.

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# Review Summary

| | |
|---|---|
| PHA Name and Code: | Project Name and Number: |
| PHA Address: | Project Address: |
| Executive Director: | Project Manager: |
| PHA Phone: | Project Phone: |
| Review Code: | Number of Units: |
| Review Dates: | Occupancy Type: |
| PHA email address: | Project email address: |
| | DOFA Date: |

| Categories | Review Results | Scoring Management Operations | | | |
|---|---|---|---|---|---|
| | No. of Findings | Grades | Grade Values | Maximum Points | Actual Points |
| ***1. General Appearance and Security*** | | | | | |
| 1.1 Appearance and Market Appeal | | | | | |
| 1.2 Security | | | | | |
| ***2. Follow-up and Monitoring of Project Inspections*** | | | | | |
| 2.1. Exigent Health and Safety (EHS) Deficiencies | | | | | |
| 2.2 Lead-Based Paint Inspection Deficiencies | | | | | |
| ***3. Maintenance and Modernization*** | | | | | |
| 3.1 Unit Inspections | | | | | |
| 3.2 Work Orders | | | | | |
| 3.3 Preventive Maintenance | | | | | |
| 3.4 Energy Conservation/Utility Consumption | | | | | |
| 3.5 Modernization | | | | | |
| ***4. Financial Management*** | | | | | |
| 4.1 Accounts Payable | | | | | |
| 4.2 Rent Collection | | | | | |
| 4.3 Budget Management | | | | | |
| 4.4 Procurement | | | | | |
| ***5. Leasing and Occupancy*** | | | | | |
| 5.1 Vacancy Rate | | | | | |
| 5.2 Turnaround Time | | | | | |
| 5.3 Occupancy Review | | | | | |
| ***6. Tenant/Management Relations*** | | | | | |
| 6.1 Economic Self-Sufficiency | | | | | |
| 6.2 Resident Involvement in Project Administration | | | | | |
| ***7. General Management Practices*** | | | | | |
| 7.1. Management Review Findings | | | | | |
| 7.2. Other Prior Review Findings | | | | | |
| 7.3. Insurance | | | | | |
| **Totals** | | | **Sub-Total:** | | |
| | | | Adjustment | | |
| | | | Adjustment | | |
| | | | Adjustment | | |
| | | | **Total Score**: | | |

| | |
|---|---|
| Name and Title of Person Preparing this Report: (Please type or print): | Name and Title of Person Approving this Report: (Please type or print): |
| Signature: | Signature: |
| Date: | Date: |

Form HUD-5834(xxxxx)
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## *1. GENERAL APPEARANCE AND SECURITY*

### 1.1 Appearance and Market Appeal

Rate the project on curb appeal and marketability in the 12 categories listed below. Enter a "2" (highest rating), "1" (moderate rating), or "0" (lowest rating) for each category. Enter "EX" to exclude the category. Do not leave any boxes blank.

| Category | Rating | Category | Rating |
|---|---|---|---|
| 1. Project Entrance | | 7. Landscaping | |
| 2. Building Exterior | | 8. Graffiti | |
| 3. Paved Surfaces | | 9. Public Spaces and Amenities | |
| 4. Fencing, Railing, Porches, Overhangs, Ramps | | 10. Windows | |
| 5. Overall Project Appearance | | 11. Project Debris | |
| 6. Trash | | 12. Units | |

Overall Project Rating:

Comments:

### 1.2 Security

Please indicate if there is evidence of project crime, as indicated by the following (check all that apply):

☐ Crime statistics ☐ Discussions with law enforcement ☐ Discussions with residents
☐ Law enforcement certification ☐ Reviewer Observations ☐ Other

If any boxes above are checked, has the project developed, in coordination with the local government, an anti-crime security plan? **Yes** ☐ **No** ☐

Has the project formally adopted screening policies/procedures that deny admission based on the following criteria (all are required)? **Yes** ☐ **No** ☐

- Recent history of drug-related or violent criminal activity
- Evicted from federally assisted housing in last 3 years because of drug activity
- Currently engaging in the illegal use of controlled substance, or drug activity
- Convicted of manufacturing or producing methamphetamine on the premises of the project
- Sex offenders subject to a lifetime registration requirement
- Alcohol abuse or a pattern of drug or alcohol abuse that might threaten other residents

Has the project formally adopted polices/procedures to evict residents under the following circumstances (all are required)? **Yes** ☐ **No** ☐

- Drug-related criminal activity
- Alcohol abuse
- Criminal activity

Comments:

## *2. FOLLOW-UP AND MONITORING OF PROJECT INSPECTIONS*

### 2.1 Follow-Up and Monitoring of Project Inspections and Observations (Sampling is at the reviewer's discretion.)

Were all EHS deficiencies from the most recent PASS/REAC inspection repaired/abated in 24 hours or less? **Yes** ☐ **No** ☐ **Unclear** ☐ **NA** ☐

Comments:

### 2.2 Follow-Up and Monitoring of Lead-Based Paint Inspection – The following questions only apply to family properties, or elderly properties housing children under six years of age, that were constructed prior to 1978 or to properties with EIBLL reports.

Are required LBP inspections completed or revisions/augmentations of prior inspections completed, if necessary? **Yes** ☐ **No** ☐ **Unclear** ☐ **NA** ☐

Has a risk assessment been completed, if required? **Yes** ☐ **No** ☐ **Unclear** ☐ **NA** ☐



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Has the PHA abated the LBP deficiencies or has it taken appropriate interim measures? **Yes** ☐ **No** ☐ **Unclear** ☐

If EIBLLs have been reported, have risk assessment and hazard reduction, if necessary, been completed/initiated? **Yes** ☐ **No** ☐ **Unclear** ☐ **NA** ☐

Comments:

## *3. MAINTENANCE*

What was the project's latest Physical Assessment Sub-System score based on a 100 point scale?

### 3.1 Unit Inspections

Does the project have an adequate system to track annual unit inspections? **Yes** ☐ **No** ☐

For the 12-month period prior to the review, what percentage of required inspections was completed?

Comments:

### 3.2 Work Orders

Does the project have an adequate system to track tenant-generated maintenance work orders? **Yes** ☐ **No** ☐

What was the average completion time for tenant-generated maintenance work orders during the review period?

If the property has made progress in the preceding three years to reduce the period of time required to complete maintenance work orders, what was the average completion time for maintenance work orders for the month ending 3 years prior to the management review?

Comments:

### 3.3 Preventive Maintenance

Complete the table below to identify systems included in the preventive maintenance plan.

| PREVENTIVE MAINTENANCE PLAN | | | | | |
|---|---|---|---|---|---|
| **Systems** | **Does it apply to the property?** | **Included in Plan?** | **System** | **Does it apply to the property?** | **Included in Plan?** |
| ☐ HVAC | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Boilers | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Security Systems | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Emergency generators | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Fire Safety | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Other (Specify) | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Roof | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Other (Specify) | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Flashing, gutters, downspouts | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Other (Specify) | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Intercoms /Doorbells | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Other (Specify) | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Accessibility | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Other (Specify) | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Elevators | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Other (Specify) | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |
| ☐ Mechanical | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ | ☐ Other (Specify) | **Yes** ☐ **No** ☐ | **Yes** ☐ **No** ☐ |

Has the preventive maintenance plan been implemented for all systems? **Yes** ☐ **No** ☐

If not, what percent of the elements in the preventive maintenance plan were implemented?

Is there an annual inspection of buildings, grounds, common areas, non-dwelling space and major systems? **Yes** ☐ **No** ☐

Comments:

### 3.4 Energy Conservation/Utility Consumption

Does the project have an energy audit completed or updated within the past 5 years? **Yes** ☐ **No** ☐



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Is the energy audit less than 1 year old? **Yes** ☐ **No** ☐

Does the energy audit contain cost-effective recommendations? **Yes** ☐ **No** ☐

Has the project implemented all cost-effective measures? **Yes** ☐ **No** ☐

If not, and if the audit is more than one year old, has the project developed an implementation plan that identifies, at a minimum, the items listed below?
**Yes** ☐ **No** ☐

- Cost effective items from the audit
- Estimated cost of each item
- Planned funding source for each item
- Anticipated date of completion for each item

Is the project on schedule with the implementation plan, based on available resources? **Yes** ☐ **No** ☐

Comments:

### 3.5 Modernization

Has a physical needs assessment been completed for the project? **Yes** ☐ **No** ☐

If so, has it been updated in the last five years? **Yes** ☐ **No** ☐

Does it estimate the useful life remaining and modernization cost for all major building systems? **Yes** ☐ **No** ☐

Is there a plan and budget for addressing the project's modernization need for any major building system that is projected to reach the end of its useful life in the coming PHA fiscal year? **Yes** ☐ **No** ☐

Is it consistent with the PHA's Annual Plan? **Yes** ☐ **No** ☐

Was there a plan to perform modernization work at the project during the previous PHA fiscal year? **Yes** ☐ **No** ☐

Was the planned modernization work completed? **Yes** ☐ **No** ☐

Comments:

## *4. FINANCIAL MANAGEMENT/PROCUREMENT*

### 4.1 Accounts Payable

Does the project have an adequate system to track accounts payable? **Yes** ☐ **No** ☐

For the most recent accounting period, how many invoices not in dispute were more than 30 but less than 60 days outstanding from the billing date?

For the most recent accounting period, how many invoices not in dispute were more than or equal to 60 days outstanding from the billing date?

Comments:

### 4.2 Rent Collection

Does the project have an adequate system to track and document rents collected and rents charged? **Yes** ☐ **No** ☐

For the most recent review period, what was the percentage of rents collected to rents charged?

Comments:

### 4.3 Budget Management



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Does the project have a Board-approved budget for the assessed fiscal year? **Yes** ☐ **No** ☐

Does the project budget indicate a shortfall (negative net cash flow) for the fiscal year? **Yes** ☐ **No** ☐

If yes, does the project have a plan to address the budgeted shortfall? **Yes** ☐ **No** ☐

Does the project manager receive regular operating statements showing current project revenue and expenditures? **Yes** ☐ **No** ☐

Does the operating statement show a year-to-date shortfall (negative net cash flow) for the fiscal year? **Yes** ☐ **No** ☐

If yes, are these shortfalls due to periodic/seasonal fluctuations in revenue/expenditures that will be corrected by fiscal year-end? **Yes** ☐ **No** ☐

If not, does the project have a plan to address the year-to-date shortfalls? **Yes** ☐ **No** ☐

Comments:

### 4.4 Procurement

Is the project operating under a procurement policy that is current, complete, and consistent with 24 CFR 85.36 and HUD Handbook 7460.8 REV-2? **Yes** ☐ **No** ☐

Does the PHA maintain adequate files and documentation for its procurement actions? **Yes** ☐ **No** ☐

Based on a sample of procurement contracts, has the project:

- Complied with requirements to promote full and open competition? **Yes** ☐ **No** ☐
- Prepared independent cost estimates where needed? **Yes** ☐ **No** ☐
- Performed a cost or price analysis to determine price reasonableness where needed? **Yes** ☐ **No** ☐
- Awarded contracts to the lowest, most responsive bidder, where appropriate? **Yes** ☐ **No** ☐
- Maintained a system of effective contract enforcement to assure contractor compliance? **Yes** ☐ **No** ☐
- Obtained prior HUD approval when required? **Yes** ☐ **No** ☐
- Complied with Section 3 requirements where applicable? **Yes** ☐ **No** ☐
- At a minimum requirement, does the PHA's procurement of energy conservation measures specify Energy Star or Federal Energy Management Program (FEMP) products and appliances? **Yes** ☐ **No** ☐
- If not, is there a justification on record as to why Energy Star or FEMP products were not required? **Yes** ☐ **No** ☐

Comments:

## *5.LEASING AND OCCUPANCY*

### 5.1 Vacancy Rate

Does the project have an adequate system to track vacancy days? **Yes** ☐ **No** ☐

For the review period, what was the vacancy rate?

If the property has made progress in the preceding three years to reduce the vacancy rate, what was the vacancy rate for the month ending 3 years prior to the management review?

Comments:

### 5.2 Turnaround Time

Does the project have an adequate system to track vacant unit turnaround time? **Yes** ☐ **No** ☐

For the review period, what was the average turnaround time?

Comments:



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### 5.3 Occupancy Review (See forms HUD-5834-A and 5834-B)

Number of files reviewed:

Is income correctly computed and verified? **Yes** ☐ **No** ☐

Is rent correctly computed and verified? **Yes** ☐ **No** ☐

Were applicants denied admission in accordance with the Tenant Selection Plan? **Yes** ☐ **No** ☐

Were applicants admitted in accordance with the Tenant Selection Plan? **Yes** ☐ **No** ☐

Were move-outs processed correctly? **Yes** ☐ **No** ☐

Does the lease contain the required provisions? **Yes** ☐ **No** ☐

Has the grievance procedure been implemented appropriately? **Yes** ☐ **No** ☐

Has the project complied with electronic reporting requirements for the PIC Form-50058 system? **Yes** ☐ **No** ☐

Has the project complied with UIV procedures for safeguarding data, system security and the resolution of income discrepancies? **Yes** ☐ **No** ☐

Comments:

## *6.TENANT MANAGEMENT RELATIONS*

### 6.1 Economic Self-Sufficiency

Do at least 85 percent of the households have a head, spouse or sole member that is an elderly or disabled person? **Yes** ☐ **No** ☐

What is the current percentage of adults with some form of employment income?

What is the current percentage of adults participating in self-sufficiency?

Identify self-sufficiency opportunities offered by project and/or opportunities where project coordinates with an outside agency to offer. Check all that apply for the review period:

| Service | |
|---|---|
| ☐ Child Care and/or child care seminars | ☐ GED Classes |
| ☐ Financial Counseling | ☐ Vocational Training/Job Training |
| ☐ Homeownership Counseling | ☐ Other Self-sufficiency Activities (explain in comments) |
| ☐ Substance Abuse Counseling | ☐ Other Educational Activities (explain in comments) |

Comments:

### 6.2 Resident Involvement in Project Administration

Identify resident involvement opportunities offered by the project at the time of the review. Check all that apply.

| Service | |
|---|---|
| ☐ Newsletter | ☐ Contracts with Resident-Owned Businesses |
| ☐ Neighborhood Watch Program | ☐ Substance Abuse Counseling |
| ☐ Regular Tenant Meetings | ☐ Service Coordinator |
| ☐ Resident Participation on Committees | ☐ Neighborhood Networks Center |
| ☐ Tenant Management | ☐ Other (explain in comments) |



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## *7. GENERAL MANAGEMENT PRACTICES*

### 7.1 Prior Management Review Findings

Does the project have outstanding findings/corrective actions from prior asset management reviews? **Yes** ☐ **No** ☐

Have corrective actions been initiated and is progress being made on resolving past review findings? **Yes** ☐ **No** ☐

Comments:

### 7.2 Other Prior Review Findings

Does the project have outstanding findings/corrective actions from other reviews? **Yes** ☐ **No** ☐

Have corrective actions been initiated and is progress being made on resolving other past review findings? **Yes** ☐ **No** ☐

Comments:

### 7.3 Insurance

Does the project have the insurance coverage required by the Annual Contributions Contract? **Yes** ☐ **No** ☐

| Insurance Policies Held | Does it apply? | Is a current policy in place? |
|---|---|---|
| Commercial Property | ☐ | ☐ |
| Commercial General Liability | ☐ | ☐ |
| Workers' Compensation and Employers Liability | ☐ | ☐ |
| Owned and non-owned Automobile Liability | ☐ | ☐ |
| Theft, Disappearance and Destruction (if not covered in property insurance coverage.) | ☐ | ☐ |
| Employee Dishonesty (Fidelity Bond) | ☐ | ☐ |
| Boiler and Machinery | ☐ | ☐ |
| Directors and Officers or Public Liability | ☐ | ☐ |
| Law Enforcement Liability | ☐ | ☐ |
| Flood Insurance | ☐ | ☐ |
| Wind Insurance | ☐ | ☐ |
| Other (please specify) | ☐ | ☐ |

Comments:

DRAFT



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## POST-TEST FOR UNIT 14

1. PHAS scores are confidential and are not made available to the public.
   a. True
   b. False

2. The four indicators under the PHAS Interim Rule are:
   a. Physical Condition, Financial Condition, Management Review, and Capital Fund
   b. Physical Condition, Financial Condition, Management Operations, and Resident Service and Satisfaction
   c. Physical Condition, Financial Condition, Management Operations, and Capital Fund
   d. Physical Condition, Financial Condition, Management Review, and Capital Expenses

3. REAC gives ____ notice of an upcoming inspection.
   a. 60-day
   b. 1 month
   c. 14-day
   d. 28-day

4. A deficiency identified in a unit during an NSPIRE inspection carries a higher point deduction than if the same deficiency was identified in the Outside or Inside inspectable areas.
   a. True
   b. False

5. The PHA is not required to send audited financial reports, as HUD conducts confirmatory reviews.
   a. True
   b. False

6. During an NSPIRE inspection, the HUD-contracted inspector will inspect a statistically valid sample of all public housing units randomly selected by the NSPIRE app, plus up to five additional units recommended by the resident council or tenant organizations.
   a. True
   b. False

7. The property manager can improve financial performance of the property by:
   a. Ensuring that annual reexaminations are performed on time and accurately
   b. Making sound mortgaging and refinancing recommendations
   c. Filling units
   d. Collecting rents
   e. c and d

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8. Under the financial condition indicator, which of the following is/are true?
   a. Each development will receive a financial condition score
   b. Scores of all developments will roll up for the overall financial condition score of the PHA
   c. The financial condition indicator applies only to public housing
   d. All the above are true

9. Under the Financial Condition indicator, audited financials must be submitted to HUD within how many months after the PHA's fiscal year end?
   a. Two months
   b. Six months
   c. Nine months
   d. PHA policy

10. HUD will work with a troubled PHA for one year, and if the PHA substantially improves its PHAS score, will work with a troubled PHA for a maximum of:
    a. Two years
    b. Three years
    c. 48 months
    d. Until the PHA performance has improved or under judicial receivership

11. Although not scored under the Interim PHAS, what would the PHA analyze if occupancy rate is not up to standard?
    a. Tenant Accounts Receivable
    b. Current Ratio
    c. Vacant Unit Turnaround Time
    d. Per Unit Month (PUM)

12. The property manager and onsite staff contribute to high PHAS scores at the property by filling units quickly, collecting rents, and ensuring that health and safety deficiencies are corrected quickly.
    a. True
    b. False

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# Notes

# UNIT 15 Post-Test Answer Keys

## Unit 1: Roles and Responsibilities of the Public Housing Manager

| | |
|---|---|
| 1. b<br>2. c<br>3. d | 4. a<br>5. c |

## Unit 2: Organization and Administration of PHAs and Programs

| | | | |
|---|---|---|---|
| 1. b<br>2. b<br>3. c<br>4. b<br>5. a<br>6. c<br>7. a | 8. a<br>9. c<br>10. e<br>11. b<br>12. b<br>13. b<br>14. The board of commissioner | 15. a<br>16. Congress<br>17. a<br>18. c<br>19. b<br>20. b<br>21. d | 22. e<br>23. c<br>24. a<br>25. e<br>26. a<br>27. c |

## Unit 3: Managing Nondiscrimination Compliance

| | | | |
|---|---|---|---|
| 1. c<br>2. c<br>3. a<br>4. b | 5. b<br>6. d<br>7. b<br>8. b | 9. a<br>10. b<br>11. b<br>12. b | 13. d<br>14. b<br>15. d |

## Unit 4: Eligibility

| | | | |
|---|---|---|---|
| 1. b<br>2. a<br>3. b<br>4. e | 5. a<br>6. c<br>7. d<br>8. c | 9. d<br>10. d<br>11. b<br>12. a | 13. a<br>14. b |

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### Unit 5: Tenant Selection

| | | |
|---|---|---|
| 1. b | 5. a | 9. b |
| 2. b | 6. b | 10. a |
| 3. b | 7. a | |
| 4. b | 8. b | |

### Unit 6: Income

| | | | | |
|---|---|---|---|---|
| 1. Aged 62 or older | 7. c | 13. c | 19. b | 25. b |
| 2. d | 8. a | 14. a | 20. b | 26. a |
| 3. b | 9. a | 15. b | 21. b | 27. b |
| 4. Adjusted income | 10. c | 16. c | 22. b | |
| 5. a | 11. a | 17. b | 23. a | |
| 6. b | 12. b | 18. b | 24. a | |

### Unit 8: Leasing

| | | | |
|---|---|---|---|
| 1. e | 6. b | 11. a | 16. a |
| 2. b | 7. a | 12. b | 17. b |
| 3. c | 8. b | 13. b | |
| 4. d | 9. b | 14. a | |
| 5. b | 10. b | 15. b | |

### Unit 9: Continued Occupancy

| | | |
|---|---|---|
| 1. a | 3. a | 5. b |
| 2. b | 4. a | 6. b |

### Unit 10: Terminations

| | | | | |
|---|---|---|---|---|
| 1. c | 7. b | 13. c | 19. b | 25. a |
| 2. b | 8. a | 14. c | 20. b | 26. b |
| 3. a | 9. a | 15. c | 21. c | 27. b |
| 4. b | 10. a | 16. d | 22. e | |
| 5. a | 11. b | 17. c | 23. b | |
| 6. a, d, e, b, c | 12. a | 18. a | 24. a | |

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### Unit 11: Resident Relations and Self-Sufficiency

| | |
|---|---|
| 1. Family Self-Sufficiency (FSS)<br>2. b<br>3. a | 4. b<br>5. d |

### Unit 12: Understanding and Managing the Budget

| | | | | |
|---|---|---|---|---|
| 1. c<br>2. a<br>3. d<br>4. a<br>5. a | 6. a<br>7. d<br>8. e<br>9. a<br>10. b | 11. a<br>12. d<br>13. b<br>14. c<br>15. a | 16. d<br>17. b<br>18. d<br>19. b<br>20. d | 21. b<br>22. d<br>23. c |

### Unit 13: Property Management

| | | |
|---|---|---|
| 1. d<br>2. a<br>3. corrective, preventive, custodial<br>4. custodial maintenance<br>5. corrective maintenance | 6. preventive maintenance<br>7. d<br>8. an emergency<br>9. work order log<br>10. a | 11. d<br>12. b<br>13. a<br>14. d<br>15. b |

### Unit 14: Public Housing Assessment System

| | | |
|---|---|---|
| 1. b<br>2. c<br>3. d<br>4. a | 5. b<br>6. a<br>7. e<br>8. d | 9. c<br>10. a<br>11. c<br>12. a |

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# Notes

## PHA Case Study

### *PHA PROFILE*

### BACKGROUND

**PHA Name:** Hilldale Housing Authority

**Location:** Hilldale, Georgia

Metropolitan Statistical Area: Atlanta, Georgia

**Fiscal Year:** Jan - Dec

**Reporting Model:** Asset Management with a Central Office Cost Center (COCC)

### PROGRAMS AND ACTIVITIES:

Public Housing Program
The Hilldale Housing Authority has two public housing developments totaling 250 units. The following table and narrative provides information on the unit count and tenant characteristics of each project.

| Development Name | Tenant Characteristics | ACC Units |
|---|---|---|
| Willow Run | Family | 150 |
| Juniper Gardens | Senior | 100 |
| | Total | 250 |

- **Willow Run.** This development consists of 150 family units constructed in 1965. The development was extensively renovated in 1988 and is currently in good physical condition. All 150 units are walkup type and are located on a single site with 30 buildings. Parking spaces (1 per unit) are adequate given that many families do not have vehicles. The property is adequately landscaped with lawn, trees, and shrubs. The development's PNA shows that the physical improvement needs of the development over the next five years total less than $10,000 per unit. The project is desirable and has maintained a 99 percent occupancy rate over the years and has a low turnover rate.
- **Juniper Gardens.** This development is a high-rise tower consisting of 100 senior units constructed in 1984. It has not been rehabilitated. Occupancy is currently 96 percent and has needs for various system replacements, including roofs, windows, and elevators.

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**Current Maintenance Staffing.** Hilldale's maintenance function has been completely decentralized except for an HVAC Specialist. This person is charged by the COCC to the developments at a market fee of $68 per hour for actual hours worked at each development. The HVAC Specialist also performs HQS inspections for the HCV program and acts as the Modernization Coordinator. The job classification of the maintenance staff assigned to the public housing developments are listed below.

| Position | Willow Run # of Positions | Juniper Gardens # of Positions |
|---|---|---|
| Maintenance Lead Mechanic | 1 | 1 |
| Mechanic 1 | 1 | 0 |
| Laborer | 1 | 1 (part-time) |

**Intake.** Applications are taken at the central office for each development by the administrative assistant. Fifty percent of this person's time is treated as a front-line allocated position and charged directly to each of the developments based on the turnover rate.

**Work Order Processing.** Work orders are taken at each development.

**Rent Collection.** Rents are collected at each development.

**Fringe Rate.** Currently the PHA's employee benefit fringe rate is 38 percent.

**Capital Fund Grant**
The PHA has a capital grant of $500,000.

**Housing Choice Voucher Program**
The PHA administers an allocation of 300 housing choice vouchers. The direct staff of the program includes one program manager and one assistant case worker. Additionally, the HVAC specialist acts as the inspector and charges time accordingly (about 2 days/week).

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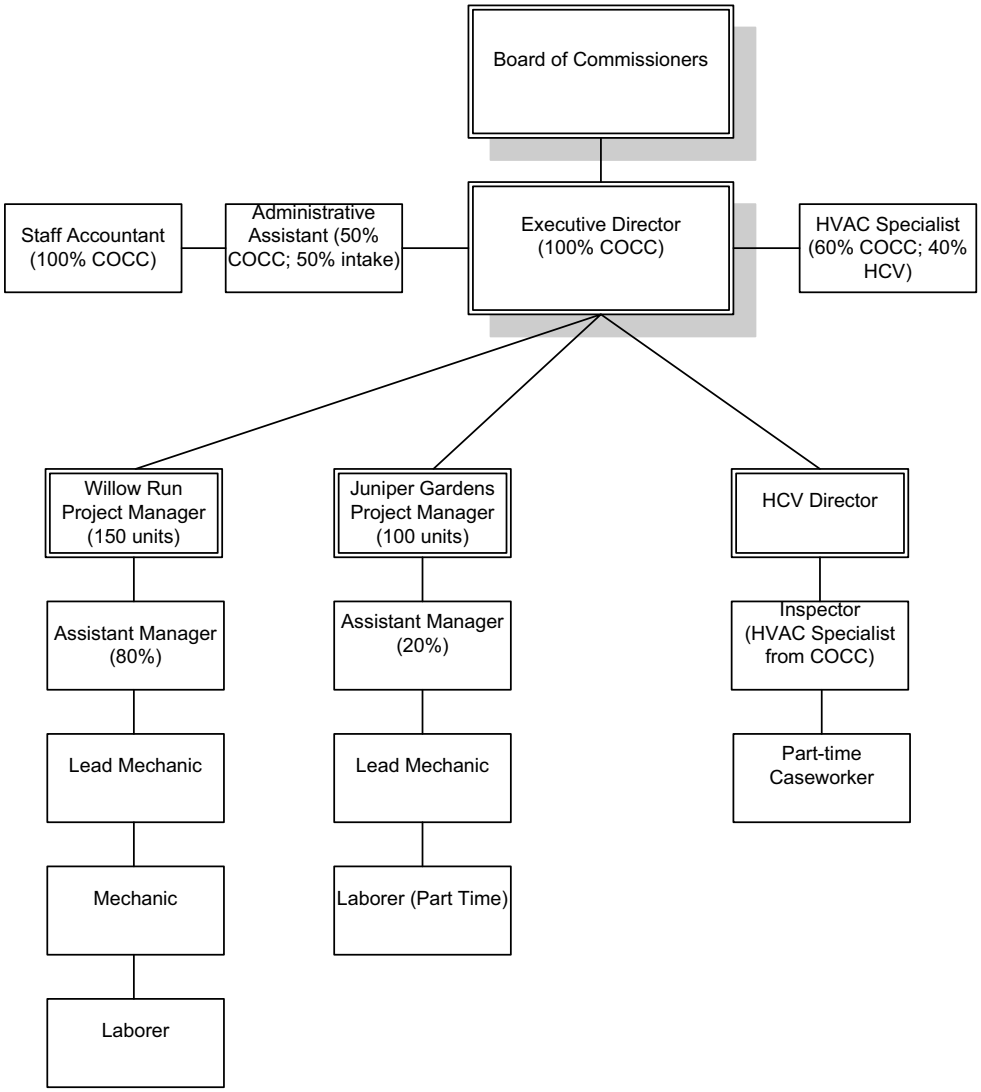
# Hilldale Housing Authority

Organizational Chart



## Hilldale Housing Authority Properties

Central Office Cost Center

Juniper Gardens

Willow Run

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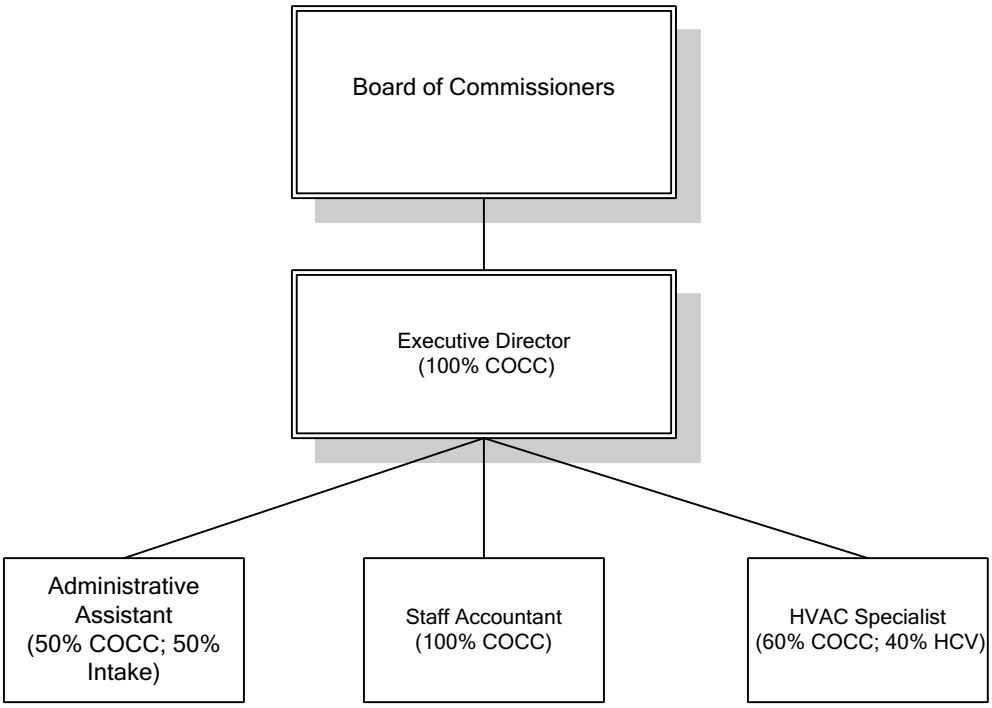
# Hilldale Housing Authority

Central Office Cost Center Organizational Chart



## COCC Operating Budget – for year ending 12/31/17

**Revenue**

| | |
|---|---|
| Public Housing Property Management Fees | $152,744 |
| Public Housing Bookkeeping Fees | 22,005 |
| HCV Program Management Fees | 42,336 |
| HCV Program Bookkeeping Fees | 26,460 |
| Public Housing Asset Management Fees | 30,000 |
| Capital Fund Management Fee | 50,000 |
| Sec. 202 Project Property Management Fee | 31,752 |
| Fee-for-Service Income | 25,704 |
| Interest Income | 3,375 |
| **Total Revenues:** | **$384,376** |

**Administrative Expenses**

| | |
|---|---|
| Salaries | $147,480 |
| Benefits | 66,366 |
| Legal | 11,000 |
| Staff Training | 4,500 |
| Travel and Meetings | 3,500 |
| Audit Cost | 5,000 |
| Computer Expense | 11,000 |
| Vehicle Expense | 7,000 |
| Office Supplies | 4,000 |
| **Total Administrative Expenses:** | **$259,846** |

**Office Utility Expense**

| | |
|---|---|
| Gas | $11,600 |
| Electricity | 7,100 |
| **Total Utilities Expense:** | **$18,700** |

**Maintenance Expense**

| | |
|---|---|
| Salaries | $26,040 |
| Benefits | 11,718 |
| Materials | 7,900 |
| Vehicle costs | 8,000 |
| Contracts | 3,000 |
| **Total Maintenance Expenses:** | **$56,658** |

**Other General Expense**

| | |
|---|---|
| Insurance | $7,320 |
| Misc. | 4,000 |
| **Total Other General Expenses:** | **$11,320** |

| | |
|---|---|
| **Total Expenses:** | **$346,524** |

| | |
|---|---|
| **Profit (loss) on COCC Operations:** | **$37,852** |

**COCC Staffing Allocation**

| Position | Salary | COCC | Section 8 | Public Housing | Other |
|---|---|---|---|---|---|
| Executive Director | $90,000 | 100% | | | |
| Administrative Assistant | $24,960 | 50% | | 50% | |
| Staff Accountant | $45,000 | 100% | | | |
| | | | | | |
| HVAC Specialist/Mod Coordinator | $43,400 | 60% | 40% | | |

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# FIVE-YEAR CAPITAL FUND PLAN

## WORK ACTIVITES

| Project | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 |
|---|---|---|---|---|---|
| Willow Run | Landscaping ($35,000) | Fencing ($75,000) | Sewers ($125,000) | | Appliances ($67,500) Paving ($57,500) |
| Juniper Gardens | Roofs ($100,000) Intercom ($20,000) Landscaping ($20,000) | Roofs ($100,000) | Windows ($50,000) | Windows ($50,000) Elevators ($125,000) | Windows ($50,000) |
| Inspections | $25,000 | $25,000 | $25,000 | $25,000 | $25,000 |
| Management Fee | $50,000 | $50,000 | $50,000 | $50,000 | $50,000 |
| | | | | | |
| Totals | $500,000 | $500,000 | $500,000 | $500,000 | $500,000 |

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## Training Action Plan

The measure of a successful seminar is determined by what happens *after* the seminar. Successful training is not just the acquisition of knowledge; it is the *application* of the knowledge. This action plan will help you to stay focused as you apply your skills and knowledge to contribute to the overall success of your housing agency. It is designed to help you *and* your PHA to derive the maximum benefit from this training opportunity. It contains four parts:

### Personal "To-Do" List

During the seminar, you may hear ideas and suggestions intended to improve your competency and performance. Your instructor may recommend that you read a HUD notice or a regulation, or that you review certain course materials or case studies. You may learn of a more efficient way to organize a work function or to complete a task. As you become aware of individual items that you want to accomplish when you return to your agency, record them on your "TO-DO" list, so that you do not forget them. Your personal development and success is our goal. Do this for *you.*

### Housing Program "to-do" list

During the seminar, there will be much discussion of HUD regulations pertaining to the topic of this course. Your instructor will show you how to use your NMA Master Book as a reference tool to research regulations and HUD guidance so that you can apply them properly. You will also hear how other agencies perform the same functions that you do but in a very different way. Your housing program "TO-DO" list is designed for you to make notes of things you may want to check when you get back to your agency. Jot them down and make a note of any reference pages in your Master Book that apply.

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**ACOP REVIEW CHECKLIST**

As the HUD regulations and program guidelines are discussed, your instructor will point out areas where PHAs have discretion to develop policies and may suggest that you check yours. Make note of these on your ACOP REVIEW CHECKLIST. You may also learn of areas in which policy *should* be developed.

**IDEA DESIGN WORKSHEET**

As the result of this training, if you identify an area in your program operation in which you want to make constructive recommendations to a supervisor or to management, this form will help you to organize your ideas. It is important that you present your ideas in a positive, professional way, explain the benefits of your idea, and provide the appropriate HUD reference, if applicable.

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## PERSONAL "TO-DO" LIST

| ITEM | COMMENT |
|---|---|
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## HOUSING PROGRAM "TO-DO" LIST

| ITEM | PAGE NUMBER/REFERENCE |
|---|---|
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## ACOP Review Checklist

| Policy Issue | Reference |
|---|---|
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## IDEA DESIGN WORKSHEET

| |
|---|
| **IDEA** |
| **CURRENT POLICY, PROCEDURE, OR PRACTICE** |
| **BENEFITS OF THIS RECOMMENDATION** |
| **STEPS NECESSARY TO IMPLEMENT** |
| **APPLICABLE HUD REFERENCES** |

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# IMPROVING TEST-TAKING SKILLS

Below are some pointers that may assist you in minimizing the pressure many test takers place on themselves during testing.

1. **Only ONE answer is correct for each question**

   Marking two answers to the same question on the Scantron answer sheets will be scored as a wrong answer.

2. **Answer one question at a time**

   You can only answer one question at a time. Don't be overwhelmed by the total number of questions on the test. Isolate each question as you read and answer it. If possible, cover the questions above and below the one you are working on.

3. **Work through the questions at a steady pace**

   When you read a question and have absolutely no idea what the answer is, make a check mark next to it in the test booklet and move on. Don't waste a lot of time pondering over questions you can't answer; go back to them after you have finished the test. Often, another question later on in the test will trigger the answer to the one you thought you didn't know.

4. **Identify the core topic**

   Sometimes when reading multiple-choice test questions, test takers get hung up in the words. Try to find the core topic of the question, isolate it, and ask yourself questions that trigger what you know about the topic.

   For example, let's take a question that pertains to income limits. Here are questions to ask yourself that may help identify the correct answer.

   - Does this question pertain to applicants or participants? (because the rules are different)
   - Does this question pertain to families entering the program or families moving/transferring to another unit?
   - What is this question trying to see if I know?

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**5. Identify key words and phrases**

When you read a true or false question, remember that if *any part* of the question is false, the *whole statement* is false. Ask yourself, "does this statement stand on its own as totally true?" If you find yourself thinking, "well, it would be true if…"– it's probably false.

Also use this method to evaluate the multiple-choice answer options– if *any part* of an answer is wrong, then it is the *wrong* answer.

**6. Turn a multiple-choice question into true or false questions**

If you cannot quickly identify the correct answer, you can usually eliminate one or two incorrect answers. After you have done this, take each of the remaining answers, add it to the end of the multiple-choice question and see if it is a true or false statement.

**7. When you review, focus on the tough questions**

When they finish a test, some test takers go back and review every question—and sometimes they begin to doubt their answers. When they start to second-guess themselves, they often change answers that were correct. If you make a check mark next to the questions in your test booklet that you are not sure of, you can quickly identify the tough ones and use your time to review them.

**8. Answer all the questions, even if you have to guess at some**

If after going through the whole exam, there are still questions that have you stumped, first rule out the obviously wrong answers, then make your best guess at which of the remaining options is the right answer. Even a blind guess improves your chances of scoring a point.

**9. Visually inspect your answer sheet before you turn it in to the instructor**

Look for incidental or unintentional pencil marks and erase them. If you changed an answer, make sure that the pencil mark for the first answer is completely erased.

**10. Make sure that you did not inadvertently skip a question or a line on the Scantron answer sheet. This would cause all of the following answers to be incorrect.**

Before turning in your Scantron sheet, review it to make sure that the number of lines filled in matches the number of questions on the test and that no lines are blank.

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