

*Housing Authority of the  
County of Merced*

---

*Amended 5-Year & Annual Plan  
FY: 2015-2020*

*Amended Annual Plan for Fiscal Year:  
10/01/2015 -09/30/2016*

*PHA Code: CA023  
U. S. Department of Housing and Urban Development  
Office of Public and Indian Housing*

# Housing Authority of the County of Merced PHA Five Year and Annual Plan FY 2015 through 2020

## Table of Contents

<b>1.0 PHA INFORMATION .....</b>	<b>1</b>
<b>2.0 INVENTORY.....</b>	<b>1</b>
<b>3.0 SUBMISSION TYPE .....</b>	<b>1</b>
<b>4.0 PHA CONSORTIA .....</b>	<b>1</b>
<b>5.0 FIVE YEAR PLAN .....</b>	<b>1</b>
5.1 MISSION .....	1
5.2 GOALS AND OBJECTIVES .....	1
<b>6.0 PHA PLAN UPDATE/PHA PLAN ELEMENTS .....</b>	<b>2</b>
PHA PLAN ELEMENTS REVISED .....	2
HCV POLICIES UPDATED .....	2
ACOP POLICIES UPDATED .....	2
PHA PLAN ELEMENTS.....	2
<b>7.0 HOPE VI, MIXED FINANCE MODERNIZATION OR DEVELOPMENT, DEMOLITION AND/OR DISPOSITION, CONVERSION OF PUBLIC HOUSING, HOMEOWNERSHIP PROGRAMS, AND PROJECT-BASED VOUCHERS .....</b>	<b>3</b>
<b>8.0 CAPITAL IMPROVEMENTS.....</b>	<b>3</b>
8.1 CAPITAL FUND PROGRAM ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT .....	3
8.2 CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN .....	3
<b>9.0 HOUSING NEEDS.....</b>	<b>3</b>
9.1 STRATEGY FOR ADDRESSING HOUSING NEEDS .....	3
<b>10.0 ADDITIONAL INFORMATION .....</b>	<b>4</b>
<b>11.0 REQUIRED SUBMISSIONS FOR HUD FIELD OFFICE REVIEW .....</b>	<b>6</b>
ATTACHMENT "A" PHA PLAN ELEMENTS 6.0.....	7
ATTACHMENT "B" PHA HOUSING NEEDS 9.0 .....	23
ATTACHMENT "C" STRATEGY FOR ADDRESSING HOUSING NEEDS 9.1 .....	24
ATTACHMENT "D" ADMIN PLAN CHANGES .....	25
ATTACHMENT "E" ACOP CHANGES.....	68
ATTACHMENT (a) FOR HUD-50077, PHA CERTIFICATIONS OF COMPLIANCE WITH THE PHA PLANS AND RELATED REGULATIONS .....	81
ATTACHMENT (b) FOR HUD-50070, CERTIFICATION OF A DRUG-FREE WORKPLACE .....	86
ATTACHMENT (c) FORM HUD-50071, CERTIFICATION OF PAYMENTS TO INFLUENCE FEDERAL TRANSACTIONS .....	87
ATTACHMENT (d) FORM SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES.....	88
ATTACHMENT (e) FORM SF-LLL-A, DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET.....	89
ATTACHMENT (f) RESIDENT ADVISORY BOARD COMMENTS.....	90
ATTACHMENT (g) CHALLENGED ELEMENTS .....	95
ATTACHMENT (h) FORM HUD-50075.1, CAPITAL FUND PROGRAM ANNUAL STATEMENT/PERFORMANCE AND EVALUATION REPORT.....	96
ATTACHMENT (i) FORM HUD-50075.2, CAPITAL FUND PROGRAM FIVE-YEAR ACTION PLAN .....	151

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

<b>1.0</b>	<b>PHA Information</b> PHA Name: <u>Housing Authority of the County of Merced</u> PHA Code: <u>CA023</u> PHA Type: <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performing <input type="checkbox"/> Standard <input type="checkbox"/> HCV (Section 8) PHA Fiscal Year Beginning: (MM/YYYY): <b>10/2015</b>																										
<b>2.0</b>	<b>Inventory</b> (based on ACC units at time of FY beginning in 1.0 above) Number of PH units: <u>421</u> Number of HCV units: <u>2,780</u>																										
<b>3.0</b>	<b>Submission Type</b> <input checked="" type="checkbox"/> 5-Year and Annual Plan <input type="checkbox"/> Annual Plan Only <input type="checkbox"/> 5-Year Plan Only																										
<b>4.0</b>	<b>PHA Consortia</b> <input type="checkbox"/> PHA Consortia: (Check box if submitting a joint Plan and complete table below.)																										
	<table border="1"> <thead> <tr> <th rowspan="2">Participating PHAs</th> <th rowspan="2">PHA Code</th> <th rowspan="2">Program(s) Included in the Consortia</th> <th rowspan="2">Programs Not in the Consortia</th> <th colspan="2">No. of Units in Each Program</th> </tr> <tr> <th>PH</th> <th>HCV</th> </tr> </thead> <tbody> <tr> <td>PHA 1:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 2:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>PHA 3:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program		PH	HCV	PHA 1:						PHA 2:						PHA 3:					
Participating PHAs	PHA Code					Program(s) Included in the Consortia	Programs Not in the Consortia	No. of Units in Each Program																			
		PH	HCV																								
PHA 1:																											
PHA 2:																											
PHA 3:																											
<b>5.0</b>	<b>5-Year Plan.</b> Complete items 5.1 and 5.2 only at 5-Year Plan update.																										
<b>5.1</b>	<b>Mission.</b> State the PHA's Mission for serving the needs of low-income, very low-income, and extremely low income families in the PHA's jurisdiction for the next five years: <p style="text-align: center;"><b>The Housing Authority of the County of Merced offers affordable housing opportunities in our community, free from discrimination, to enhance the quality of life for those we serve.</b></p>																										
<b>5.2</b>	<b>Goals and Objectives.</b> Identify the PHA's quantifiable goals and objectives that will enable the PHA to serve the needs of low-income and very low-income, and extremely low-income families for the next five years. Include a report on the progress the PHA has made in meeting the goals and objectives described in the previous 5-Year Plan. <p><b>GOAL 1: Create and preserve quality affordable housing opportunities in Merced County.</b></p> <ul style="list-style-type: none"> <li>- Continue to increase the HACM's inventory of affordable housing through new construction and/or acquisition of existing housing.</li> <li>- Continue to partner with local non-profit agencies especially those serving special needs populations in developing affordable for their clients.</li> <li>- Advocate for and aggressively pursue all federal, state, and local funding sources available to HACM for affordable housing.</li> <li>- Continue to assist in the development of 13<sup>th</sup> Street property in Merced.</li> </ul> <p><b>GOAL 2: Preserve and expand HACM's affordable housing programs.</b></p> <ul style="list-style-type: none"> <li>- Apply for additional vouchers as they become available, (VASH, Shelter Plus Care, etc.)</li> <li>- Promote the participation of Merced rental property owners in HACM's rental assistance payment programs. (Sec. 8, VASH, Shelter + Care, etc.)</li> </ul> <p><b>GOAL 3: Strengthen partnerships with City and County to develop and maintain affordable housing, furthering HACM's mission.</b></p> <ul style="list-style-type: none"> <li>- Enhance the communication and partnership with HACM staff and City/County staff.</li> <li>- Have HACM Commissioners continue to build strong relationships with City/County/community so all are informed on the business of the HACM as well as any future projects.</li> <li>- Continue to participate and assist in City staff on the City's Consolidated Plan and Housing Element updates to ensure affordable housing elements are in alignment.</li> </ul> <p><b>GOAL 4: Improve the quality of assisted housing</b></p> <ul style="list-style-type: none"> <li>- Renovate and/or modernize public housing units utilizing Capital Fund Development Plan.</li> <li>- Continue to increase High Performer Score (REAC Inspections).</li> <li>- Partner with County/City/non-profits to improve housing stock and create stable and viable neighborhoods.</li> <li>- Increase customer satisfaction.</li> <li>- Continue to improve curb appeal of HACM complexes through landscape and other physical improvements.</li> <li>- Promote actions to de-concentrate - bring higher income tenants into lower income areas and lower income tenants into higher income areas.</li> <li>- Continue renovations to public housing properties to increase accessibility requirement.</li> </ul> <p><b>GOAL 5: Promote and secure services for Housing Authority residents and participants</b></p> <ul style="list-style-type: none"> <li>- Increase, create, and develop partnerships with community service providers to improve economic advancement, self-sufficiency, and homeownership opportunities.</li> <li>- Apply for available funding (federal, state, local, private) to enhance resident services and self-sufficiency opportunities.</li> <li>- Increase enrollment in HACM Family Self-Sufficiency Program.</li> <li>- Develop system to track participant success, including the number of residents/clients who move to unsubsidized housing.</li> <li>- Expand partnerships, resources and referrals to create more education and job training programs tailored to needs of participants.</li> </ul> <p><b>GOAL 6: Strengthen the agency's financial position and its ability to respond to shifting economic conditions</b></p> <ul style="list-style-type: none"> <li>- Continue to analyze opportunities for operational cost savings as funding levels remain below normal.</li> <li>- Control expenditures and seek other revenue sources to sustain and develop new housing programs.</li> <li>- Monitor staffing and business needs and implement changes as necessary.</li> </ul>																										

**PHA Plan Update**

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

**PHA Plan Updates:**

- 5.2 Goals and Objectives – Updated
- 6.0 Financial Resources – Updated
- 8.1 & 8.2 Capital Fund – Updated
- 9.0 Housing Needs – Updated
- 9.1 Strategy for Addressing Housing Needs – Updated
- 10.0 Additional Information – Updated

**HCV Policies Updated:**

- Chap 1 Statement of Policies and Objectives
- Chap 2 Eligibility for Admission
- Chap 3 Pre-Application Process
- Chap 4 Waiting List and Tenant Selection
- Chap 6 Factors Related to Total Tenant Payment Determination
- Chap 7 Verification Procedures
- Chap 8 Voucher Issuance and Briefings
- Chap 10 Housing Quality Standards and Inspections
- Chap 11 VAWA
- Glossary

6.0

*To view Administrative Plan visit [www.merced-pha.com](http://www.merced-pha.com)*

**ACOP Policies Updated:**

- Chap 1 Fair Housing
- Chap 7 Taking Applications
- Chap 9 Managing the Waiting List
- Chap 10 Tenant Selection and Assignment Plan
- Chap 12 Verification
- Chap 21 Smoke Free Policy
- Glossary

*To view ACOP visit [www.merced-pha.com](http://www.merced-pha.com)*

**PHA Plan Elements 1-13:**

*1-13 Included as Attachment A*

(b) Identify the specific location(s) where the public may obtain copies of the 5-Year and Annual PHA Plan. For a complete list of PHA Plan elements, see Section 6.0 of the instructions.

**The PHA Plan is available on our website: [www.merced-pha.com](http://www.merced-pha.com) and at the offices listed below.**

- **HACM, Administrative Office: 405 U Street, Merced, CA 95341**
- **Merced PH Office: 400 West Avenue, Merced, CA 95341**
- **Atwater PH Office: 2870 Crest Road, Atwater, CA 95301**
- **Livingston PH Office: 1005 8<sup>th</sup> Street, Livingston, CA 95334**
- **Dos Palos PH Office: 21918 Lexington Avenue, Dos Palos, CA 93620**
- **Los Banos PH Office: 88 7<sup>th</sup> Street, Los Banos, CA 93635**

7.0	<p><b>Hope VI, Mixed Finance Modernization or Development, Demolition and/or Disposition, Conversion of Public Housing, Homeownership Programs, and Project-based Vouchers.</b> <i>Include statements related to these programs as applicable.</i></p> <p>a) <b>HACM will not be pursuing any Hope VI or Mixed Finance Modernization or Development in FY 2015. HACM reserves the right to pursue the use of these programs in the future, if warranted.</b></p> <p>b) <b>No Demolition and/or Disposition activities planned in FY 2015.</b></p> <p>c) <b>HACM does not presently plan to convert public housing to tenant based assistance in FY 2015</b></p> <p>d) <b>HACM administers PH Homeownership Program – prepare 3 families for homeownership/purchase.</b></p> <p>e) <b>HACM with HUD approval, utilizes Project Based Vouchers at the following complexes:</b></p> <ul style="list-style-type: none"> <li>– <b>Laurel Glenn Apartments, 777 Loughborough Drive, Merced, CA</b></li> <li>– <b>The Grove Apartments, 340 S. Parsons Avenue, Merced, CA</b></li> <li>– <b>Gateway Terrace, U Street &amp; Leshner Drive, Merced, CA</b></li> <li>– <b>Midway Apartments, 2127 S. Reynolds Avenue, Dos Palos, CA</b></li> <li>– <b>O’Banion Terrace (Senior Living), 6142 Dora Street, Dos Palos, CA</b></li> <li>– <b>Sierra Vista (Senior Living), 1054 Sierra Vista, Atwater, CA</b></li> </ul> <p>f) <b>HACM has received HUD approval to utilize RHF funds, for the purchase and development modernization of two (2) triplexes. Each building consists of 3 two-bedroom units, for a total of six additional Public Housing units.</b></p>
8.0	<p><b>Capital Improvements.</b></p> <p><b>Capital Fund Improvements included in the 5 Year Action Plan submitted to HUD on March 13, 2015, include the following:</b></p> <ul style="list-style-type: none"> <li>• <b>Unit Modifications (cabinets, counter tops, floor, plumbing)</b></li> <li>• <b>Security screens</b></li> <li>• <b>Energy efficient lighting</b></li> <li>• <b>ADA Improvements</b></li> </ul>
8.1	<p><b>Capital Fund Program Annual Statement/Performance and Evaluation Report.</b></p> <p><b>No longer required in PHA Plan submission per the Capital Fund Rule effective November 25, 2013.</b></p> <p><i>See Attachment (h)</i></p>
8.2	<p><b>Capital Fund Program Five-Year Action Plan.</b></p> <p><b>No longer required in PHA Plan submission per the Capital Fund Rule effective November 25, 2013.</b></p> <p><i>See Attachments (i)</i></p>
8.3	<p><b>Capital Fund Financing Program (CFFP).</b></p> <p><input type="checkbox"/> Check if the PHA proposes to use any portion of its Capital Fund Program (CFP)/Replacement Housing Factor (RHF) to repay debt incurred to finance capital improvements.</p> <p><b>HACM will not be utilizing CFP or RHF to repay debt.</b></p>
9.0	<p><b>Housing Needs.</b> Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data, make a reasonable effort to identify the housing needs of the low-income, very low-income, and extremely low-income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities, and households of various races and ethnic groups, and other families who are on the public housing and Section 8 tenant-based assistance waiting lists. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location.</p> <p><i>See Attachment B</i></p>
9.1	<p><b>Strategy for Addressing Housing Needs.</b> Provide a brief description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. <b>Note: Small, Section 8 only, and High Performing PHAs complete only for Annual Plan submission with the 5-Year Plan.</b></p> <p><i>See Attachment C</i></p>

**Additional Information.** Describe the following, as well as any additional information HUD has requested.

(a) Progress in Meeting Mission and Goals. Provide a brief statement of the PHA's progress in meeting the mission and goals described in the 5-Year Plan.

**Regardless of budgets cuts and a significant reduction in staffing levels by approximately 50% the Housing Authority of the County has been able to achieve significant progress in achieving established goals.**

- **Improve the quality of assisted housing:**  
Capital fund has provided unit upgrades which have included energy efficient a/c upgrades, lighting improvements, sewer-line upgrades and improvements, and various unit and landscaping improvements.
- **HACM has been successful in achieving additional vouchers for special populations:**  
Received additional Section 8 vouchers:
  - ✓ 40 VASH (25 vouchers - 2012; 15 vouchers - 2014)
  - ✓ 8 Shelter Plus Care received
  - ✓ 20 Tenant Protection Vouchers
  - ✓ Applied for 15 additional VASH vouchers 2015 - Received
- **Public Housing lease up rate 98%**
- **HACM has been successful in increasing the inventory of affordable rental housing in Merced County:**  
In partnership with local nonprofit assisted in the development of 66 unit complex for low income and mental health clients. In the process of partnering with local nonprofit for the development of 33 unit complex for veterans. Utilized Replacement Housing Funds for the purchase of two, triplexes, adding 6 additional public housing units.
- **Progress in strengthening the agency's financial position and its ability to respond to shifting economic conditions and unstable funding:**
  - ✓ Reduced staffing levels by 50% to reduce operational costs due to low funding levels
  - ✓ Achieved High Performer status for Fiscal Year 2013 – Public Housing
  - ✓ Achieved High Performer status for Fiscal Year 2014 – Public Housing
  - ✓ Average PH turn around days reduced – 10 average turn around days
  - ✓ Achieved High Performer status for Fiscal Year 2013 – Section 8
  - ✓ Achieved High Performer status for Fiscal Year 2014 – Section 8
  - ✓ Provided staff training opportunities as funding would permit
  - ✓ Efforts to improve management functions
    - ✓ Upgraded computer and phone systems
    - ✓ Streamlined operational processes

10.0

**Increase assisted housing choices**

**Progress made to date:**

- Six properties in Merced County were Project-Based. This helped over 400 clients with better access to neighborhoods outside of high poverty areas
- Actively participated in the Continuum of Care
- Continue to partner with other community organizations to promote and increase awareness of housing opportunities for low income families
- Actively participate in Project Homeless Connect committee meeting and events
- Conduct outreach to new landlords
- Increase supportive services for Project-Based Voucher
- 

**Provide an improved living environment**

**Progress made to date:**

- Security improvements made
- Improved and upgraded lighting
- Project-Based Properties allowed; with de-concentration goals
- Crime Prevention Programs

**Promote self-sufficiency and asset development of assisted households**

**Progress made to date:**

- Continue to collaborate with other agencies to provide client services and increase self-sufficiency
- Increase Family Self-Sufficiency Program Participation
- Continue to promote Public Housing Section 3 Program
- Partner with F&M Bank to provide Money Management, Credit Repair, Homeownership
- AARP – provide Senior Low Income Training Opportunities
- Educate tenants about Landlord/Tenant Rights
- Fair Housing Training

**Ensure equal opportunity and affirmatively further fair housing**

**Progress made to date:**

- Continue to apply for additional vouchers as they become available
- Continue to maintain High Performer Status with scores of at least 90%
- Expand Family Self-Sufficiency program for voucher holders
- Continue to enhance access to supportive services for seniors and disabled populations
- Maintain an overall occupancy rate of 98% for all Housing Authority owned or managed properties

**(b) Significant Amendment and Substantial Deviation/Modification. Provide the PHA's definition of "significant amendment" and "substantial deviation/modification"**

- Substantial deviations, significant amendments, and/or modifications are considered discretionary changes in the plan or policies of the Housing Authority that fundamentally change the mission, goals, and objectives, and/or plans or the Agency. This manner of change requires formal approval from the Board of Commissioners in order to implement items such as: change to tenant/resident admissions policy, changes to organization of waitlist, substantial change in goal and objectives.

10.0

<p><b>11.0</b></p>	<p><b>Required Submission for HUD Field Office Review.</b> In addition to the PHA Plan template (HUD-50075), PHAs must submit the following documents. Items (a) through (g) may be submitted with signature by mail or electronically with scanned signatures, but electronic submission is encouraged. Items (h) through (i) must be attached electronically with the PHA Plan. <b>Note:</b> Faxed copies of these documents will not be accepted by the Field Office.</p> <ul style="list-style-type: none"> <li>(a) Form HUD-50077, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i> (which includes all certifications relating to Civil Rights, Consistency with the Consolidated Plan). <b>(Attachment (a))</b></li> <li>(b) Form HUD-50070, <i>Certification for a Drug-Free Workplace</i> (PHAs receiving CFP grants only) <b>(Attachment (b))</b></li> <li>(c) Form HUD-50071, <i>Certification of Payments to Influence Federal Transactions</i> (PHAs receiving CFP grants only) <b>(Attachment (c))</b></li> <li>(d) Form SF-LLL, <i>Disclosure of Lobbying Activities</i> (PHAs receiving CFP grants only) <b>(Attachment (d))</b></li> <li>(e) Form SF-LLL-A, <i>Disclosure of Lobbying Activities Continuation Sheet</i> (PHAs receiving CFP grants only) <b>Attachment (e) Not Applicable</b></li> <li>(f) Resident Advisory Board (RAB) comments. Comments received from the RAB must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the recommendations and the decisions made on these recommendations. <b>(Attachment (f))</b></li> <li>(g) Challenged Elements <b>(Attachment (g)) Not Applicable</b></li> <li>(h) Form HUD-50075.1, <i>Capital Fund Program Annual Statement/Performance and Evaluation Report</i> (PHAs receiving CFP grants only) <b>(Attachment (h))</b></li> <li>(i) Form HUD-50075.2, <i>Capital Fund Program Five-Year Action Plan</i> (PHAs receiving CFP grants only) <b>(Attachment (i))</b></li> </ul>
--------------------	--



CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

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

HACM has updated the process and policy related to admissions. On-line Pre-Applications for Public Housing and HCV programs are available on the PHA Website when waiting lists are open for new applicants. The PHA has established annual admissions goals for the Public Housing and HCV Programs, which include provisions for deconcentration of poverty, and income mixing. These admission goals conform to HUD guidelines for new admissions and include targeting of extremely-low income families.

Centralized waiting lists are maintained for Section 8 Tenant-Based Assistance and for the four (4) public housing/low income AMPs within the HACM jurisdiction. Waiting Lists contain pertinent applicant information, including family size, local ranking preferences for which they have claimed and are deemed eligible for (Independent Living Skills; Involuntary Displacement; Homeless Preference, Veteran Preference; Victim of Domestic Violence, etc.). All waiting lists are updated and purged on a regular basis in order to maintain an accurate record of the households requesting housing assistance. An applicant household determined ineligible will be notified promptly in writing of the determination and informed of the right to an informal review.

## CA023 – Housing Authority of the County of Merced (HACM)

## 2015 Agency Plan

**6.0 PHA PLAN ELEMENTS****2. Statement of Financial Resources**

[24 CFR Part 903.12 (b), 903.7 (c)]

List on the following table the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year. Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2015 grants)</b>		
a) Public Housing Operating Fund	1,971,186	Public Housing
b) Public Housing Capital Fund <b>CA39P02350L15</b>	714,098	Unit Rehab
c) HOPE VI Revitalization		
d) HOPE VI Demolition		
e) Annual Contributions for Section 8 Tenant-Based Assistance	17,413,145	Housing Choice Voucher Rental Assistance
f) Resident Opportunity and Self-Sufficiency Grants	53,946	Ross Coordinator
g) Community Development Block Grant		
h) HOME		
Other Federal Grants (list below)		
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>		
j) Resident Opportunity and Self-Sufficiency Grants		
<b>Public Housing Capital Fund</b>	1,206,709	
<b>3. Public Housing Dwelling Rental Income</b>		
	1,484,000	Public Housing Operations
<b>4. Other income (list below)</b>		
Shelter Plus Care	54,720	Rental Assistance
VASH	240,000	Rental Assistance
<b>5. Non-federal sources (list below)</b>		
State Programs	1,128,290	Operations
Local	3,243,398	Operations
<b>Total resources</b>	<b>27,009,492</b>	

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

### 3. **Rent Determination.** *A statement of the policies of the PHA governing rents charged for Public Housing and HCV dwelling units.*

Public Housing residents are provided the choice of paying an Income-Based or a Flat Rent at initial Lease-Up and at Annual Reexamination. The HACM has established the Minimum Rent at \$50 unless the household qualifies for an exemption, as requested by the client and verified by the HACM.

Per PIH Notice 2014-12, the PHA is required to increase the established Public Housing Flat Rents to no lower than 80 percent of Fair Market Rent (FMR) in order to be in compliance with HUD requirements. See the attached Flat Rent Significant Amendment to the Annual Plan.

Under the HCV Program, the HACM establishes Payment Standards based upon the HUD-published Fair Market Rents. The HACM reviews proposed rents to ensure they meet the rent reasonableness criteria set by HUD and that Contract Rents are reasonable in relation to rents currently being charged for comparable units in the private, unassisted market. The tenant's portion of rent is determined by their income.

CA023 – Housing Authority of the County of Merced (HACM)

### **FLAT RENT SIGNIFICANT AMENDMENT**

The Housing Authority of the County of Merced (HACM) hereby amends its flat rent policies to comply with the statutory changes contained within, Public Law, 113-76, the Fiscal Year 2014 Appropriations Act.

The HACM will set the flat rental amount for each public housing unit that complies with the requirement that all flat rents be set at no less than 80 percent of the applicable Fair Market Rent (FMR) adjusted, if necessary, to account for reasonable utilities costs. The new flat rent amount will apply to all new program admissions effective October 1, 2014. For the current program participants that pay the flat rent amount, the new flat rent amount will be offered as well as the income-based rental amount, at the next annual rental option.

The HACM will place a cap on any increase in family's rental payment that exceed 35 percent, and is a result of changes to the flat rent amount as follows:

- Multiply the existing flat rental payment by 1.35 and compare that to the updated flat rent amount;
- The PHA will present two rent options to the family as follows:
  - The lower of the product of the calculation and the updated flat rent amount; and
  - The income based rent.

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

**4. Operation and Management.** *A statement of the rules, standards, and policies of the PHA governing maintenance management of housing owned, assisted, or operated by the public housing agency and management of the PHA and programs of the PHA.*

The HACM has established the following plans:

- 1) Public Housing Maintenance and Management
  - Public Housing - Admissions & Occupancy Policies
- 2) Section 8 Management
  - HCV - Section 8 Administrative Plan

The purpose of the plans is to establish policies for carrying out the programs in a manner consistent with HUD requirements and local objectives.

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

### 5. **Grievance Procedures.** *A description of the grievance and informal hearing and review procedures that the PHA makes available to its residents and applicants.*

An Applicant who is denied assistance may present written or oral objections to the HACM and request an Informal Review. An applicant who is denied assistance will receive written notice from the HACM stating the reason(s) for the decision. An applicant who is denied assistance may present written or oral objections to the HACM and request an Informal Review be made regarding the decision. At a participant's request, the HACM will provide the opportunity for an Informal Hearing to consider if the types of decisions are in accordance with law, HUD regulations, and HACM policy. If the party requesting an Informal Review is determined to be entitled to the procedure, and has properly filed a timely request, an Informal Review will be conducted by Administrative staff. The decision will be put into writing, within a reasonable amount of time, and mailed to the last known address of the applicant. This decision, called a "Decision of Informal Review", explains what was decided, and it will also state the reasoning involved in the rendering of the decision. If the Administrative Staff determines that the requesting applicant is not entitled to an Informal Review, the HACM will send a letter to the applicants last known address, explaining the denial of the request.

An Administrative Discussion is completed and a written summary of discussion rendered prior to the submission of a request for a Formal Hearing, except where the complainant can show good cause why he/she failed to proceed with Discussion. The request for a Formal Hearing shall then be submitted to the HACM within the required time days of receipt of the written Summary of Discussion. PH applicants are entitled to an Informal Hearing if they are determined to be ineligible for admission. PH participants are entitled to a Formal Hearing providing that the termination does not involve criminal activity, which threatens others, or employees of the HACM, and/or, does not involve drug-related activity.

The Informal Hearing provides an opportunity for the participant to question certain determinations of the HACM. When entitled to an Informal Hearing, the complainant will have the right to present arguments, witnesses, and documentation in support of their case, and to refute any arguments, witnesses, and documentation, which is presented in opposition to their case. The Informal Hearing is generally conducted by the Hearing Officer, who is appointed by the HACM's Executive Director to conduct a fair and impartial review of the grievance issue.

CA023 – Housing Authority of the County of Merced (HACM)  
6.0 PHA PLAN ELEMENTS, 5. Grievance Procedures, continued

A participant's request to an Informal Hearing includes the consideration of the following types of decisions:

- 1) A determination of the family's annual income, utility allowance, or monthly rent contribution.
- 2) A decision to terminate housing assistance.
- 3) A determination that a participant is residing in a unit with a larger number of bedrooms than allowed under the Housing Authority's unit size standards, or to deny that participant's request for an exception from the unit size standards.
- 4) A determination of the number of bedrooms to be entered on the HCV for a wishing to move to another unit.

The client is required to notify the Hearing Officer immediately, and provide a written statement of the reason for their inability to attend a scheduled Hearing. If the Hearing Officer determines that the reason is justifiable, the Hearing Officer may grant a postponement. Proper and timely notification is required, or the Informal Hearing will not be granted postponement. If a party fails to appear to a scheduled Hearing, the Hearing Officer shall determine that he party has waived his/her right to a hearing, except in extenuating circumstances whereupon the Hearing Officer may postpone the hearing for up to five (5) business days; provided, that a determination that the Complainant has waived his/her right to a hearing shall not constitute a waiver of any right the Complainant may have to contest the PHA's decision of the grievance in an appropriate judicial proceeding.

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

**6. Designated Housing for Elderly and Disabled Families.** *With respect to public housing projects owned, assisted, or operated by the PHA, describe any projects (or portions thereof), in the upcoming fiscal year, that the PHA has designated or will apply for designation for occupancy by elderly and disabled families. The description shall include the following information: 1) development name and number; 2) designation type; 3) application status; 4) date the designation was approved, submitted, or planned for submission, and; 5) the number of units affected.*

The PHA does not plan to apply for designation of projects under this category in the upcoming fiscal year.



CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

**7. Community Service and Self-Sufficiency.** *A description of: (1) Any programs relating to services and amenities provided or offered to assisted families; (2) Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS; (3) How the PHA will comply with the requirements. (Note: applies to only public housing).*

(1) *Any programs relating to services and amenities provided or offered to assisted families.*

The HACM has received funding and operated a Resident Opportunity Self-Sufficiency (ROSS) Program and Family Self Sufficiency for clients. Programs provide for economic and self-sufficiency opportunities.

(2) *Any policies or programs of the PHA for the enhancement of the economic and social self-sufficiency of assisted families, including programs under Section 3 and FSS.*

The HACM promotes Section 3, encouraging the hiring of residents when when possible and as part of increasing family self sufficiency.

(3) *How the PHA will comply with the requirements of community service and treatment of income changes resulting from welfare program requirements.*

In order to be eligible for continued occupancy, each adult family member must either contribute eight hours per month of community service, participate in an economic self-sufficiency program, or a combination of both, unless they are determined exempt from this requirement under PHA policy, including household member who are exempt from work activity under part A title IV of the Social Security Act or under any other State welfare program, including the welfare-to-work program. Household members receiving assistance, benefits, or services under a State program funder under part A title IV of the Social Security Act or under any other State welfare program, including welfare-to-work and who are in compliance with that program.

The HACM identifies all adult household members who are apparently not exempt from the community service requirement and notifies them of the community service requirement, and of the categories of individuals who are exempt from the requirement. The notification advices households that failure to comply with the community service requirement will result in ineligibility

CA023 – Housing Authority of the County of Merced (HACM)  
6.0 PHA PLAN ELEMENTS, 7. Community Service and Self-Sufficiency, cont'd

for continued occupancy at the time of any subsequent annual reexamination, and also provides the opportunity for household member to claim and explain an exempt status; the PHA verifies all such claims.

At initial lease-up and subsequent annual reexaminations, the PHA provides each non-exempt adult household member with a Community Service Certification Form, which they are to complete and submit each month. The PHA tracks the household member's progress, meets with them to encourage compliance. In addition, households are provided with information about obtaining suitable volunteer positions and are provided with a listing of volunteer opportunities. At least thirty (30) days before the household's next annual reexamination, the PHA will determine whether household members are in compliance with the Community Service requirement. If any household member is found to be in noncompliance, they are offered the opportunity to enter into an agreement to comply. If noncompliance is determined and the household member does not agree to enter into the compliance agreement, the lease will not be renewed or will be terminated; this determination is subject to the grievance procedure.

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

**6.0 PHA PLAN ELEMENTS**

- 8. Safety and Crime Prevention.** *For public housing only, describe the PHA’s plan for safety and crime prevention to ensure the safety of the public housing residents. The statement must include: (i) A description of the need for measures to ensure the safety of public housing residents; (ii) A description of any crime prevention activities conducted or to be conducted by the PHA; and (iii) A description of the coordination between the PHA and the appropriate police precincts for carrying out crime prevention measures and activities.*

The HACM partners with local law enforcement agencies, (Police, Sheriffs and District Attorney) to determine the safety needs of the residents and community, working towards a mutual goal of ensuring and improving the safety of residents. The HACM has undertaken partnerships with local organizations to encourage the prevention of crime and/or drug activities, especially targeting at-risk youth.

Measures taken by the HACM include:

- Resident reports
- HA employee reports
- Police reports
- Encouragement for residents to form volunteer neighborhood watch programs
- Working with law enforcement to analyze crime statistics over time for crimes committed “in and around” public housing authority
- Analysis of vandalism and removal of graffiti
- Safety and security survey of residents

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

9. **Pets.** *A statement describing the PHA's policies and requirements pertaining to the ownership of pets in public housing.*

The HACM has the discretion to decide when and how the keeping of pets will be allowed in public housing units, as described in Chapter 18 of the Admission and Continued Occupancy Policy.

HACM's policy describes on the keeping of pets in and on properties owned and operated by the HACM. The HACM's Pet Policy is related to the legitimate interest of providing decent, safe, and sanitary living environment for all tenants, to protecting and preserving the physical condition of HA property, and to the financial interest of the HA. All pets must be registered with the HACM. Permitted pets are domesticated dogs, cats birds. No other type of pet shall be allowed or kept on HA property, including but not limited to, illegal, exotic, or endangered animals, reptiles, arachnid, etc.

The intent of the HACM Pet Policy is to grant individual authorization to possess a pet within their unit and to allow the HA to reasonably impose additional deposits to cover potential costs incurred for damages cause to PHA property. Nothing in the Pet Policy shall imply approval or acceptance of such pet ownership to the extent of passing liability to the HACM (including liability, judgments, expenses (including costs and attorney's fees), or claims by third parties in relation to the resident's pet(s).

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

- 10. Civil Rights Certification.** *A PHA will be considered in compliance with the Civil Rights and AFFH Certification if: It can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with local jurisdiction to implement any of the jurisdiction's initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any Consolidated Plan for its jurisdiction.*

Civil Rights Certifications are included in the HACM Plan Certifications of Compliance with the HACM's Plans and Regulated Regulations.

The HACM ensures that staff obtains training in and practices Fair Housing in all dealings with clientele. The HACM has a Reasonable Accommodation Policy in place to ensure that any impediments to fair housing are addressed in a reasonable fashion.

The HACM has consulted with the Consolidated Plan agency during the development of this HACM's Five Year Plan. Activities to be undertaken by the HA in the coming year are consistent with the initiatives contained in the Consolidated Plan.

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

**6.0 PHA PLAN ELEMENTS**

**11. Fiscal Year Audit.** *The results of the most recent fiscal year audit for the PHA.*

The fiscal year audit was conducted in accordance with auditing standards and as required by U.S. Office of Management and Budget Circular-133, Audits of States, Local Government, and Non-Profit Organizations and the financial data schedule required by the Department of Housing and Urban Development and found compliance with requirements applicable to each program and on internal control over compliance.

Full report is available upon request.

CA023 – Housing Authority of the County of Merced (HACM)

2015 Agency Plan

## 6.0 PHA PLAN ELEMENTS

**12. Asset Management Statement.** *A statement of how the agency will carry out its asset management functions with respect to the public housing inventory of the agency, including how the agency will plan for the long-term operating, capital investment, rehabilitation, modernization, disposition and other needs for such inventory.*

The agency has four (4) different asset management projects; AMP 1, AMP 2, and AMP 3 and AMP 4. Property Managers are assigned to the various AMPS. The agency continues to evaluate the performance of the AMPs and the sustainability of the current subsidy levels.

## CA023 – Housing Authority of the County of Merced (HACM)

## 2015 Agency Plan

**6.0 PHA PLAN ELEMENTS**

**13. Violence Against Women Act (VAWA).** *A description of: 1) Any activities, services, or programs provided or offered by an agency, either directly or in partnership with other service providers, to child or adult victims of domestic violence, dating violence, sexual assault, or stalking; 2) Any activities, services, or programs provided or offered by a PHA that helps child and adult victims of domestic violence, dating violence, sexual assault, or stalking, to obtain or maintain housing; and 3) Any activities, services, or programs provided or offered by a public housing agency to prevent domestic violence, dating violence, sexual assault, and stalking, or to enhance victim safety in assisted families.*

- The HACM supports the goals of the VAWA Amendments and will comply with its requirements and will continue to administer its housing programs in ways that support and protect residents (including Section 8 Housing Choice Voucher program participants) and applicants who may be victims of domestic violence, dating violence, sexual assault or stalking.
- The HACM will not take any adverse action against a resident/participant or applicant solely on the basis of her or his being a victim of such criminal activity, including threats of such activity. “Adverse action” in this context includes denial or termination of housing assistance.
- The HACM will not subject a victim of domestic violence, dating violence, sexual assault, or stalking to a more demanding standard of lease compliance than other residents.
- The HACM has developed policies and procedures to implement the requirements of VAWA. The victim or threatened victim of an incident or incidents of actual or threatened domestic violence, dating violence or stalking will not be construed as a serious or repeated violation of the lease, and shall not be good cause for terminating the assistance, tenancy, or occupancy rights of the victim of such violence. The HACM may terminate the assistance/tenancy to remove a lawful occupant or tenant who engages in criminal acts or threatened acts of violence or stalking to family members or others without terminating the assistance or evicting victimized lawful occupants. The HACM may honor court orders regarding the right of access or control of the property and orders issued to protect the victim and to address the distribution or possession of property among household members where the family “breaks up”. There is no limitation on the ability of the HACM to terminate assistance for other good cause unrelated to the incident or incidents of domestic violence, dating violence, or stalking, other than the victim may not be subject to a “more demanding standard” than non-victims. There is no prohibition on the HACM terminating assistance if it “can demonstrate an actual and imminent threat to other tenants or those employed at or providing service to the property if that tenant’s (victim’s) assistance is not terminated”. Any protections provided by law which give greater protection to the victim are not superseded by these provisions. The HACM may require certification by the victim of victim status on such forms as the HACM and/or HUD shall prescribe or approve.



## 9. Housing Needs

*Based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data make a reasonable effort to identify the housing needs of low income, very low income and extremely low income families who reside in the jurisdiction served by the PHA, including elderly families, families with disabilities and households of various races and ethnic groups and issues of affordability, supply, quality, accessibility, size of units, and location.*

Data used to assist in determining local housing needs have come from multiple sources which include the HACM's Waiting List, City of Merced- Consolidated Plan, the Housing Element Plan, and Merced County General Plan.

The HACM has analyzed the housing needs of low, very low and extremely low-income families who reside the HA's jurisdiction. The housing needs of the very low and extremely low income families who reside in the community continue to be great. According to current U.S. Census Bureau information 35.1% of the population is living below the poverty level. In addition Merced County unemployment leads the state and the nation with 18.8% unemployment.

See Housing Needs from HACM's wait list below.

<b>Housing Needs of Families on HACM's Waiting List</b>		
	# of families	% of total families
Waiting list total	3,209	
Extremely low income <=30% AMI	2,926	91%
Very low income (>30% but <=50% AMI)	236	7.9%
Low income (>50% but <80% AMI)	43	1.1%
Families with children	2,044	64%
Elderly families	217	7%
Families with Disabilities	133	4%
Race/ethnicity: White	1,551	48%
Race/ethnicity: Black	675	21%
Race/ethnicity: Asian	202	6.2%
Race/ethnicity: Hispanic	1,632	51%
Race/ethnicity: A. Indian	63	2%

<b>Housing Needs of Families on HACM's Waiting List</b>		
Characteristics by Bedroom Size (Public Housing Only)	# of families	% of total families
1BR	1387	43%
2BR	1156	36%
3BR	559	5%
4BR	107	3%

## **9.1 Strategy for Addressing Housing Needs**

Provide a brief description of the PHA's strategy for addressing the housing needs of families in the jurisdiction and on the waiting lists in the upcoming year.

- The waiting list for both Public Housing and HCV is currently closed. HACM opened the HCV Wait List for one day on March 24, 2015 and received 700 pre-applications. It is anticipated that the HCV wait list will re-open in approximately 4-6 months (possibly July, August or September). All applications will be accepted online at that time. This is to refresh the waiting list which has not been opened for approximately five years. There are no current plans to open the Public Housing wait list which currently has over 3,000 families.
- The Housing Authority does permit specific categories of families onto the waiting list, even when it is closed but only in accordance with agency policy.
- HACM will apply for all available NOFA's for additional vouchers that match our community need.
- Partner with local non-profit organizations to increase the supply of affordable housing.
- Maintain and improve physical condition of HACM properties while exploring avenues to develop affordable housing for low income residents.
- Promote affordable housing in the community.

## **SUMMARY OF PROPOSED ADMIN PLAN CHANGES – Revised May 19, 2015**

### Chapter 1 - **STATEMENT OF POLICIES AND OBJECTIVES**; Page 1-6 through 1-8

- Fair Housing and Non Discrimination

### Chapter 2 - **ELIGIBILITY FOR ADMISSION**; Page 2-6 and 2-8

- New definition of “family” to include gender identity
- New definition of Extremely Low-Income Limits

### Chapter 3 - **PRE-APPLICATION PROCESS**; Page 3-1 through 3-8

- Opening and closing of waiting list
- New pre-application process;
- How to apply
  - Online
  - By phone
  - By mail
  - Submitted in person
  - By other method as described in public announcement

### Chapter 4 - **WAITING LIST AND TENANT SELECTION**; Page 4-1 through 4-7

- Modified Preferences

### Chapter 6 - **FACTORS RELATED TO TOTAL TENANT PAYMENT DETERMINATION**; Page 6-27

- As per the FY 2014 Consolidated Appropriations Act, the utility allowance will be based on the lower of the actual unit size or the voucher bedroom size.

### Chapter 7 - **VERIFICATION PROCEDURES**; Page 7-24 and 7-25

- Verification of waiting list preferences
  - Modified verification process for preferences

### Chapter 8 – **VOUCHER ISSUANCE AND BRIEFINGS**; Page 8-4 through 8-8

- Modified information and materials provided in briefing packet
- Modified Transfer/Move process
- Modified Owner Briefings
- Modified Voucher Issuance Determination for split households to Family Breakup and Remaining Member of Tenant Family

### Chapter 10 – **HOUSING QUALITY STANDARDS AND INSPECTIONS**; Page 10-1 through 10-13

- Defined Annual/Biennial inspections for assisted units
- Remove “Close Out” inspections

make every reasonable attempt to determine whether the applicant's or participant's assertions have merit and take any warranted corrective action. In addition, the HACM is required to provide the applicant or participant with information about how to file a discrimination complaint [24 CFR 982.304].

Upon receipt of a housing discrimination complaint, the HACM is required to:

- Provide written notice of the complaint to those alleged and inform the complainant that such notice was made.
- Investigate the allegations and provide the complainant and those alleged with findings and either a proposed corrective action or an explanation of why corrective action is not warranted.
- Keep records of all complaints, investigations, notices, and corrective actions.

Applicants or participants who believe that they have been subject to unlawful discrimination may notify the HACM either orally or in writing.

Within 10 business days of receiving the complaint, the HACM will provide a written notice to those alleged to have violated the rule. The HACM will also send a written notice to the complainant informing them that notice was sent to those alleged to have violated the rule, as well as information on how to complete and submit a housing discrimination complaint form to HUD's Office of Fair Housing and Equal Opportunity (FHEO).

The HACM will attempt to remedy discrimination complaints made against the PHA and will conduct an investigation into all allegations of discrimination. Within 10 business days following the conclusion of the HACM's investigation, the HACM will provide the complainant and those alleged to have violated the rule with findings and either a proposed corrective action plan or an explanation of why corrective action is not warranted.

The HACM will keep a record of all complaints, investigations, notices, and corrective actions.

#### **H. REASONABLE ACCOMMODATIONS POLICY** [24 CFR 100.202]

It is the policy of this HACM to be service-directed in the administration of our housing programs and to exercise and demonstrate a high level of professionalism while providing housing services to families.

A participant with a disability must first ask for a specific change to a policy or practice as an accommodation of his or her disability before the HACM will treat a person differently than anyone else. The HACM's policies and practices will be designed to provide assurances that persons with disabilities will be given reasonable accommodations, upon request, so that they may fully access and utilize the housing program and related services.

To be eligible to request a reasonable accommodation, the requester must first certify (if apparent) or verify (if not apparent) that they are a person with a disability under the following ADA definition:

A physical or mental impairment that substantially limits one or more of the major life activities of an individual:

- A record of such impairment; or
- Being regarded as having such an impairment

*Note: This is not the same as the HUD definition used for purposes of determining allowances.*

Rehabilitated former drug users and alcoholics are covered under the ADA. However, a current drug user is not covered. In accordance with 24 CFR 5.403 HUD regulations, individuals are not considered disabled for eligibility purposes solely on the basis of any drug or alcohol dependence. Individuals whose drug or alcohol addiction is a material factor to their disability are excluded from the definition. Individuals are considered disabled if disabling mental and physical limitations would persist if drug or alcohol abuse were discontinued.

Once the person's status as a qualified person with a disability is confirmed, the HACM may require that a professional third party competent to make the assessment provides written verification that the person needs the specific accommodation due to their disability and the change is required for them to have equal access to the housing program.

If the HACM finds that the requested accommodation creates an undue administrative or financial burden, the HACM will either deny the request and/or present an alternate accommodation that will still meet the need of the person.

An undue administrative burden is one that requires a fundamental alteration of the essential functions of the HACM, including, but not limited to waiving a family obligation.

An undue financial burden is one that when considering the available resources of the agency as a whole, the requested accommodation would pose a severe financial hardship on the HACM.

In determining whether accommodation would create an undue hardship, the following guidelines will apply:

The nature and cost of the accommodation needed;

The overall financial resources of the facility or facilities involved in the provision of the reasonable accommodation; and

The number of persons employed at such facility, the number of families likely to need such accommodation, the effect on expenses and resources, or the likely impact on the operation of the facility as a result of the accommodation.

The HACM will provide a written decision to the person requesting the accommodation within a reasonable time. If a person is denied the accommodation or feels that the alternative suggestions are inadequate, they may request an informal hearing to review the HACM's decision.

Reasonable accommodation will be made for persons with a disability that requires an advocate or accessible offices. A designee will be allowed to provide some information, but only with the permission of the person with the disability.

### **Verification of Disability**

The HACM will verify disabilities under definitions in the Fair Housing Amendments Act of 1988, Section 504 of the 1973 Rehabilitation Act, and Americans with Disabilities Act.

### **Applying for Admission**

All persons who wish to apply for any of the HACM's programs must submit an application in written format. Exceptions may be made for someone with a disability requesting a reasonable accommodation.

## **I. TRANSLATION SERVICES**

### **Oral Translation**

The HACM has bilingual staff to assist non-English speaking families in Spanish and Hmong and orally translates documents into Spanish and Hmong. Where bilingual staff is not available to interpret for these families, the HACM will use an online language interpretation service, which offers translation in over 100 languages, or available local organizations such as: Merced Lao Family, Inc or Healthy House Merced to communicate effectively with clients.

### **Written Translation**

In determining whether it is feasible to provide translation of documents written in English into other languages, the HACM will consider the following factors:

- Number of applicants and participants in the jurisdiction who do not speak English and speak the other language.
- Estimated cost to HACM per client of translation of English written documents into the other language.
- The availability of local organization to provide translation services to non-English speaking families.
- Availability of bi-lingual staff to provide translation for non-English speaking families.

9. The live-in aide's qualification for housing occupancy terminates when the individual needing the supportive services leaves the unit or fails to qualify for continued occupancy or where the need for live in assistance ceases. The live-in aide does not qualify for continued occupancy as a remaining member of the tenant family, even if they are related by blood, marriage or operation of law.

### **Multiple Families in the Same Household**

When families apply which consist of two families living together, (such as a mother and father, and a daughter with her own husband or children), if they apply as a family unit, they will be treated as a family unit.

### **Joint Custody of Children**

Children who are subject to a joint custody agreement but live with one parent at least 51% of the time will be considered members of the household. "51% of the time" is defined as 183 days of the year, which do not have to run consecutively.

When both parents are on the Waiting List and both are trying to claim the child, the parent whose address is listed in the school records will be allowed to claim the school-age child as a dependent.

In some instances both parents will have joint custody of a child, and the child will reside with one parent more than 51 percent of the time, but the other parent will receive the welfare benefits for the child. In these cases the HACM will consult with the welfare department and review the court ordered visitation documents. HACM will make a determination based on the information presented.

Other factors that the HACM will consider to determine subsidy standard and/or deductions from annual income are:

- Which family takes the child as a dependent on the most recent Federal Income Tax Return.
- School records showing address of child.
- Who pays for the primary medical care of child.
- Any other court documents pertaining to custody or details of support for the child.
- Whose name and address appear on the SS and/or SSI income records with Social Security for the child's benefits.

### **Restrictions on Individuals Who are Enrolled at an Institution of Higher Education and Applying for Section 8 Assistance in their Individual Capacity.**

Students enrolled at an institution of higher education who are under the age of 24, not a veteran, unmarried, and do not have a dependent child, AND are

seeking Seeking Section 8 assistance in their individual capacity (separate from their parents), may not be eligible for assistance unless they pass a two-part income eligibility test.

This income test requires that both the student and the student's parents (the parents individually or jointly) must be income eligible for the student to receive Section 8 assistance. If it is determined that the parent are not income eligible, the student is ineligible to receive Section 8 assistance.

Most definitions that apply to the new "Student Rule" are outlined in the Supplementary Guidance dated April 10, 2006, regarding Eligibility of Students for Assisted Housing under Section 8 of the U.S. Housing Act of 1937. However, this HUD Notice requires that housing authorities adopt their own definition of "veteran" and "parents" under this rule. Therefore, the HACM has adopted these definitions:

"Veteran" means a person who served in the active military, naval, or air service, and who was discharged or released there from under conditions other than dishonorable.

HUD defines "*parents*" for the purposes of Section 8 Program to mean the biological or adoptive parents, or guardians (e.g., step-parents, grandparents, aunt/uncle, godparents, etc.). The HACM will adopt this definition without adding any further stipulations.

### **C. INCOME LIMITATIONS** [24 CFR 982.201(b), 982.353]

In order to be eligible for assistance, an applicant must:

Have an Annual Income at the time of admission that does not exceed the very low-income limits for occupancy established by HUD.

To determine if the family is income-eligible, the HACM compares the Annual Income of the family to the applicable income limit for the family's size.

Families whose Annual Income exceeds the income limit will be denied admission and offered an informal review.

#### **Definitions of the Income Limits [24 CFR 5.603(b)]**

*Low-income family.* A family whose annual income does not exceed 80 percent of the median income for the area, adjusted for family size.

*Very low-income family.* A family whose annual income does not exceed 50 percent of the median income for the area, adjusted for family size.



*Extremely low-income family.* A family whose annual income does not exceed the federal poverty level or 30 percent of the median income for the area, whichever number is higher. Area median income is determined by HUD, with adjustments for smaller and larger families. HUD may establish income ceilings higher or lower than 30, 50, or 80 percent of the median income for an area if HUD finds that such variations are necessary because of unusually high or low family incomes.

**Using Income Limits for Eligibility [24 CFR 982.201]**

Income limits are used for eligibility only at admission. Income eligibility is determined by comparing the annual income of an applicant to the applicable income limit for their family size.

In order to be income eligible, an applicant family must be one of the following:

- A *very low-income* family
- A *low-income* family in any of the following categories:
  - A low-income family that has been "continuously assisted" under the 1937 Housing Act. (An applicant is continuously assisted if the family has received assistance under any 1937 Housing Act program. Programs include Public Housing, all Housing Choice programs, and all Section 23 programs).
- A low-income family that qualifies for voucher assistance as a non-purchasing household living in HOPE 1 (public housing homeownership), HOPE 2 (multifamily housing homeownership) developments, or other HUD-assisted multifamily homeownership programs covered by 24 CFR 248.173
- A low-income or moderate-income family that is displaced as a result of the prepayment of a mortgage or voluntary termination of a mortgage insurance contract on eligible low-income housing as defined in 24 CFR 248.101

*Note: Once families are briefed their annual income is "frozen" until lease up. If the families acquire additional income, the additional income will be verified and reviewed and added as an interim AFTER LEASE UP. However, if the additional income puts the family over the very low-income limit for the program before leaseup, the family's voucher will be withdrawn and the family will be denied admittance to the program.*

**For admission to the program (initial lease-up):** The family must be within the extremely low-income limit, or the very low-income limit of the HACM's jurisdiction. HACM will pull 75% of targeted income at the extremely low-income limits. Local preferences will adhere to this income targeting, as well as the Family Unification Program.

## Chapter 3

### PRE-APPLICATION PROCESS

[24 CFR 982.204]

#### **INTRODUCTION**

The policy of the HACM is to ensure that all families who express an interest in housing assistance are given an equal opportunity to apply, and are treated in a fair and consistent manner. At the time the waiting list is open, families wishing to participate in the Housing Choice Voucher (HCV) program must submit a pre-application providing all information requested by the HACM. This information allows the HACM to place each applicant on the waiting list in accordance with the policies in this Administrative Plan.

This section covers an overview of the initial pre-application intake process. It will explain the HACM policies on how to notify the public of the opening and closing of the waiting list. It also describes how an applicant may apply for rental assistance and how the HACM will handle the pre-application it receives.

#### **The Pre-application Process:**

##### **Opening and closing of the pre-application intake list:**

The HACM shall announce its intent to accept pre-applications for the purpose of establishing a waiting list by placing a public notice in *The Merced Sun Star*, a local newspaper of general circulation, and also by minority media and other suitable means, including the agency website at [www.merced-pha.com](http://www.merced-pha.com).

The notice will comply with HUD Fair Housing requirements. The notice will contain:

- The dates, times, and the locations where families may apply
- The program(s) for which pre-applications will be taken.
- A brief description of the program(s).
- The methods by which pre-applications will be accepted.
- Limitations, if any, on who may apply.

Normally, the opening and closing dates for pre-applications will be clearly stated in the notice. However, if at the time the pre-application list is opened, the closing date for pre-applications has not yet been determined, the notice will indicate that pre-applications will be accepted until further notice. Once it becomes necessary to close the pre-application list, the HACM will apply the same advertising methods of broad general circulation for closing the pre-application list as were used for opening the list.

#### **FAMILY OUTREACH [24 CFR 982.266]**

The HACM will conduct outreach as necessary to ensure that the HACM has a sufficient number of applicants on the waiting list to use the resources available.

Because HUD requires the HACM to serve a specified percentage of extremely low income families, the HACM may need to conduct special outreach to ensure that an adequate number of such families apply for assistance.

The HACM may utilize public service announcements.

#### **FAIR HOUSING POLICY [24 CFR 982.54(d)(6)]**

It is the policy of the Housing Authority to comply fully with all Federal, State, and local Non-discrimination laws and with the rules and regulations governing Fair Housing and Equal Opportunity in housing and employment.

The HACM shall not deny any family or individual the opportunity to apply for or receive assistance under the Section 8 Programs on the basis of race, color, religion, sex, national origin, age, familial or marital status, disability, sexual orientation and gender identity.

#### **HOW TO APPLY**

The HACM is permitted by HUD to determine the format and content of pre-applications. For the purpose of establishing a waiting list, pre-applications will be accepted from any family wishing to apply for Housing Choice Voucher rental assistance. The HACM may select one or more of the following methods for pre-applications:

1. Online
2. By phone
3. By mail
4. Submitted in person
5. By other method as described in the public announcement

At the time the HACM announces its intent to open the waiting list, the actual methods for accepting pre-applications will be clearly stated in the public announcement and similar outreach methods. If an applicant is disabled and requires special accommodation, specific instructions in making a reasonable accommodation request will be included in the public notice and other pre-application outreach materials.

#### ***Pre-application by Web***

When this method is available, families can apply on-line at [www.merced-pha.com](http://www.merced-pha.com).

#### ***Pre-application Intake by Phone or by Mail***

When this method is available, pre-applications will be taken by phone or mail. HACM will record the date and time the pre-application is received.

#### ***Pre-application Intake In-Person***

When this method is available, pre-applications will be completed by the family. The HACM will record the date and time the pre-application is received.

Duplicate pre-applications, including pre-applications from a segment of an applicant household, will not be accepted.

#### **Methods for Placement on the Waiting List:**

- **Lottery:**  
The Housing Authority may use a lottery system to select and place families on the waiting list. Pre-applications will be accepted for a designated period of time as specified in the announcement notice. After pre-applications are no longer being accepted, the Housing Authority will take pre-applications that have been submitted and randomly assigned a lottery number to each pre-application. The number of applicants selected for the list will be based on the number of families required to achieve a sufficient waiting list as determined by the HACM.
- **Date and Time:**  
The Housing Authority may use a date and time system to select and place families on the waiting list. Pre-applications will be accepted for a designated period of time as specified in the announcement notice. The number of applicants selected for the list will be based on the number of families required to achieve a sufficient waiting list as determined by the HACM.

**Placement on the Waiting List:**

The HACM may send a written notification to all households selected for placement on the waiting list. Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list.

**Special Admissions (non-waiting list): Assistance Targeted by HUD [24 CFR 982.203]**

If HUD awards the HACM program funding that is targeted for families living in specified units:

- The HACM must use the assistance for the families living in these units.
- The HACM may admit a family that is not on the HACM waiting list, or without considering the family's waiting list position.
- The HACM must maintain records showing that the family was admitted with HUD-targeted assistance.

The following are examples of types of program funding that may be targeted for a family living in a specified unit:

- A family displaced because of demolition or disposition of a public housing project;
- A family residing in a multifamily rental housing project when HUD sells, forecloses, or demolishes the project;
- For housing covered by the Low Income Housing Preservation and Resident Homeownership Act of 1990;
- A non-purchasing family residing in a project subject to a homeownership program (under 24 CFR 248.173);
- A family displaced because of mortgage prepayment or voluntary termination of a mortgage insurance contract (as provided in 24 CFR 248.165);

- A family residing in a project covered by a project-based Section 8 HAP contract at or near the end of the HAP contract term; and
- A non-purchasing family residing in a HOPE 1 or HOPE 2 project period.

**Targeted Admissions**

HACM periodically has the opportunity to apply for targeted funding for special populations. The programs covered in this chapter refer to the following:

- Family Unification Program (FUP)
- Veteran’s Affairs Supportive Housing (VASH) program

Specific criteria related to these programs are covered in the charts below.

**Continued Assistance for Targeted Programs**

Targeted Programs refers to special purpose vouchers operated within the Housing Choice Voucher program and are intended to serve specific subpopulations and often correspond with supportive services. Although most of these programs provide ongoing housing assistance as long as the household is income eligible, some have an expiration period or can terminate eligibility if supportive services or funding cease to exist. HACM recognizes that this practice could potentially result in homelessness or other unstable living conditions, therefore, will exercise the option to continue assistance to such populations under the Housing Choice Voucher program. This option will be available to Targeted Programs such as, but not limited to:

- Family Unification Program – FUP
- Veteran Affairs Supportive Housing Program – VASH

In effort to align with voucher utilization goals, continued assistance for targeted program participants (Except FUP-Youth) will only be considered when 1) the program making the request is at 98% utilization or above; 2) tenant-based vouchers are available; and 3) the transfer would not result in over leasing under the tenant-based voucher program. The intent of providing the continued assistance option is to:

- Create attrition and availability of targeted program vouchers to targeted subpopulations with special needs.
- Allow participants who no longer require the supportive services to retain housing, but still need rental subsidy, the opportunity to “graduate” from a targeted program to the next level towards independence.
- Provide continuity and housing stability for youth who have an expiring FUP voucher.

Pre-Entry Factors Related to Targeted Programs		
Program Specific Criteria	VASH	FUP

Eligibility Criteria	<p>VAMC Determination of Veteran status by VAMC. They are also responsible for documenting homelessness according to HACM.</p> <ul style="list-style-type: none"> <li>Income eligibility; up to 50% AMI</li> <li>Citizenship Verification</li> <li>Criminal Background Check for Lifetime Sexual Offender</li> </ul>	<ul style="list-style-type: none"> <li>Families for whom lack of adequate housing is a primary factor in the separation or threat of imminent separation of a child or children from their families</li> <li>Youths (18-21years old) who left foster care at age 16 or older and lack adequate housing</li> <li>Families or youths displaced by domestic violence and lack adequate housing</li> </ul>
Outreach Responsibility	VAMC (primary) & HACM (secondary)	HACM and Human Services Agency (HSA)
Partnership or MOU?	MOU between HACM & VAMC	MOU between HACM and HSA
Requires Referral? Y/N	Yes	Yes
Pre-Application Process	Handled by VAMC	HCV Pre-Application and Referral Form
Referral Process	<p>Referrals handled by VAMC</p> <ul style="list-style-type: none"> <li>VAMC Social Worker refers VASH eligible households</li> <li>HACM notifies VAMC when a voucher is vacated.</li> <li>VAMC maintains the waitlist of pre-screened applicants</li> </ul>	HSA refers FUP-eligible families or youth by submitting a completed HCV Pre-application Form and eligibility packet

Pre-Entry Factors Related to Targeted Programs		
Program Specific Criteria	VASH	FUP
Placed on HCV Waiting List?	No. VAMC maintains waitlist	<ul style="list-style-type: none"> <li>• Yes. FUP eligible families and youth are placed on HCV waiting list and coded as "FUPF" or "FUPY" respectively.</li> <li>• HACM will check to see if the referred family/youth is on existing HCV waiting list and code them accordingly.</li> <li>• If FUP-eligible families or youths are not on the existing open HCV waiting list, HACM will add the family/youth on the HCV waiting list in date and time order of the referral and code them accordingly.</li> <li>• If the existing HCV waiting list is closed and there is availability of FUP voucher(s), HACM will open the HCV waiting list to accept FUP program-specific HCV pre-applications.</li> </ul>
Selection from the HCV Waiting List	N/A	<p>HACM will select from the tenant-based waiting list according to date and time of FUP referrals.</p> <p>HACM may pull only FUP program-specific applicants in date and time order of the referral.</p>
Must Meet HCV Voucher Eligibility? Y/N	Yes, except will be required to undergo criminal background check only regarding registered sex offenders.	Yes. Must meet income and other voucher eligibility requirements. If requirements are not met, the FUP-eligible family or youth will not be eligible to be placed back on the HCV waiting list.
Program Specific Screening Criteria Y/N	Required to prohibit admission if any member of the household is subject to a lifetime registration requirement under a state sex offender registration program. (24 CFR 982.553[2])	No. FUP-eligible family or youth must meet all HCV screening criteria

Pre-Entry Factors Related to Targeted Programs

In accordance with HUD regulations (24 CFR 982.205 (ii)) at the time an applicant is applying for HCV assistance, if pre-applications are being accepted for its Public Housing or Project-Based program, the family must be offered an opportunity to apply for the other program.

**PRE-APPLICATION [24 CFR 982.204]**

Pre-application will include the following:

For head of household:

- Social Security number
- First, middle initial and last name
- Date of birth
- Gender
- Street address, city, state and zip
- Contact phone number
- Race
- Ethnicity
- E-Mail Address
- Source of Income, if applicable
- Total Monthly Income, if applicable

For other family members:

- For each member:
  - first and last name;
  - relationship to head of household;
  - date of birth
  - gender
  - Race
  - Ethnicity
  - Source of Income, if applicable
  - Total monthly income, if applicable

Other information:

- Identify whether any household member is a person with disabilities. and/or a person with a mobility impairment needing an accessible unit (wheelchair accessible)
- Selected preference, if applicable.



## Chapter 4

### WAITING LIST AND TENANT SELECTION

[24 CFR 982.54, 982.203 - 207]

#### **INTRODUCTION**

This chapter will explain the HACM's policies for managing the waiting list and selecting families for HCV assistance. It also specifies the methods used to ensure that HACM has the information needed to make a final eligibility determination.

#### **WAITING LIST ESTABLISHMENT [24 CFR 982.204 and 205]**

HUD requires the HACM to maintain a single waiting list for the HCV program unless it serves more than one county or municipality.

At the time of the pre-application, any information indicating the applicant may qualify for a local preference (e.g., an applicant's certification that they reside within the jurisdiction qualifying them for the Residency Preference) will be accepted without verification. Actual entitlement for a local preference will be verified at initial eligibility determination.

The waiting list will be maintained in accordance with the following guidelines:

- The pre-application will be a permanent file.
- Pre-applications must include as a minimum the following information to be placed on the preliminary waiting list with the following information about each applicant:
  - 1) name
  - 2) family unit size
  - 3) date and time of the completed pre-application
  - 4) information pertaining to possible qualification for a local preference
  - 5) race and ethnicity of the head of household
- Pre-applications taken by a method other than lottery or random methodology will be maintained in order of date and time.

#### **APPLICANT STATUS WHILE ON WAITING LIST [CFR 982.202 (c), 982.204]**

No applicant has a right or entitlement to be listed on the waiting list, or to any particular position on the waiting list.

Applicants are required to inform the HACM in writing of changes of their address within 10 business days of the occurrence. This will also assist the HACM in establishing and maintaining a current and updated waiting list to effectively plan for future pre-application intake. Applicants are also required to respond to requests from the HACM to update information on their pre-application, or to determine their continued interest in assistance.

Families who are ineligible for the reason of only owing a debt to the HACM or any other Federal Housing Program will be allowed to have their pre-application placed on the waiting list. When the family is interviewed for placement into the Housing Choice Voucher Program, the family must pay the debt in full before the final eligibility process will continue.

If the family is determined to be ineligible based on the information provided in the pre-application, the HACM will notify the family in writing (in an accessible format upon request as a reasonable accommodation), state the reason(s), and inform them of their right to an informal review. Persons with disabilities may request to have an advocate attend the informal review as an accommodation. See Chapter 19 on, "Complaints and Appeals."

The waiting list will be maintained with accurate information.

### **APPLICANT PORTAL**

The Applicant Portal has been established for persons that make a pre-application with Housing Authority of the County of Merced Housing Authority (HACM) so that they may create an on-line account to review and update their personal information, including their current address, as well as indicate their continued interest in remaining on the waiting list. As our primary mode of communication with the applicant is by mail, it is critical that we have a valid, current address at all times so that we will be able to make contact with the applicant.

### **PURGING THE WAITING LIST [24 CFR 982.204 (c)]**

The primary goal in purging a waiting list is to obtain current information on interested applicants and to remove applicants no longer interested in participating in the program.

The waiting list will be purged as needed to ensure that all applicants and applicant information is current and accurate. To update the waiting list, the HACM will send an update request via first-class mail or e-mail to each family on the waiting list. The applicant will be asked whether the family continues to be interested in the program and will provide a deadline by which the family must respond. This update request will be sent to the last mail and/or e-mail address that the HACM has on record for the family. The collection of this form may be in an electronic format at the HACM's prerogative.

If no response is received by the deadline, the applicant is removed from the waiting list.

### **GROUND FOR CANCELLATION FROM THE WAITING LIST**

The HACM will cancel the pre-application when the applicant does not respond to the HACM's request for response by a specific date, failure to attend a scheduled appointment or if a letter is returned by the Post Office.

Any mailings to the applicant which require a response by a specific deadline will state that failure to respond by the deadline will result in the applicant's name being removed from the waiting list.

If a letter is returned by the Post Office, the pre-application will be canceled without further notice, and the envelope and letter will be maintained in the file. Applicants may be reinstated after the HACM has conducted a review of the case and is approved. If the applicant did not respond to the HACM request for information or updates because of a family member's

disability, this fact will be verified and documented, and the HACM will reinstate the applicant in the family's former position on the waiting list.

**SELECTION FROM THE WAITING LIST FOR ADMISSION** [24 CFR 982.207].

As vouchers become available for admission, the HACM will select from its waiting list. Preference and application information will be verified and updated.

**METHOD OF SELECTION** [24 CFR 982.202(d) and 982.207 (c)]

The HACM selects families from the waiting list according to preferences, lottery number and/or the date and time of the pre-application.

Families who are selected from the waiting list shall be contacted by the HACM to complete a full intake packet for occupancy. Applicants may not retain their place on the waiting list if they refuse to complete the application process.

The HACM will conduct its method of selection so there is a clear audit trail that can be used to verify each applicant has been selected in accordance with the method specified in this administrative plan.

In the event eligibility information, such as criminal background checks, is received or obtained after an applicant is issued a voucher, that information, if it shows ineligibility, will be used to deny/terminate admission/assistance in HCV Program.

**INITIAL DETERMINATION OF LOCAL PREFERENCE QUALIFICATION** [24 CFR 982.207]

At the time of pre-application, an applicant's entitlement to a Local Preference may be made on the following basis:

- An applicant's self-certification that they qualify for a preference will be accepted at time of pre-application. **When the family is selected from the waiting list for the final determination of eligibility, the preference will be verified.**

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the Local Preference and given an opportunity for an informal review.

If an applicant is found to have provided false documentation in order to qualify for a Local preference, the HACM will permanently deny admission to the program for the family, and the family will be given an opportunity for an informal review.

Local preferences will not have the effect of disproportionately delaying or denying assistance to members of protected classes (race, color, religion, sex, national origin, age, familial status, disability, sexual orientation or gender identity of any member of an applicant family).

**LOCAL PREFERENCES** [24 CFR 982.207]

The HACM may establish local preferences based upon housing need and priorities as determined by the agency. The local preferences are consistent with HACM's plan, the

Consolidated Plan, and based on local housing needs and priorities. HACM will offer public notice when changing its preference system and the notice will be publicized using the same guidelines as those for opening and closing the wait list.

Except for Targeted/Special Admissions: HUD VASH Program, Limited Preferences, and special non-waiting list admissions, applicants for Housing Choice Voucher Program assistance will be taken from the Housing Choice Voucher Program waiting list in order of the following local preferences:

Points:

**250 Independent Living Skills Program:** Foster youth/young adults transitioning from foster care and who lack adequate housing or are at risk for homelessness. Must be referred by partnering agency where MOU is in place.

**100 Homeless Preference:** Families who are referred to the HACM by a partnering homeless service organization that is a member of the Merced County Continuum of Care's centralized/coordinated assessment system and who meet the following criteria:

- An individual or family who lacks a fixed, regular and adequate nighttime residence meaning:
  - ✓ An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals)
  - ✓ An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
  - ✓ A primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground
- Any individual or family who:
  - ✓ Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; **and**
  - ✓ Has no other residence; **and**
  - ✓ Lacks the resources or support networks, e.g. family, friend, and faith-based or other social networks, to obtain other permanent housing

This preference shall be limited to applicants based on certification/referrals from identified agencies with whom HACM has a written agreement. Eligibility criteria for referral will be developed by the referring agency in conjunction with the HACM.

If it is determined that an applicant does not meet the criteria described therein, the applicant will lose their preference points and will be returned to applicable HACM waiting list/s.

- 100 Veteran Preference:** Current members of the military, veterans, or surviving spouses of veterans may qualify for this preference. Applicants must provide proof of honorable discharge. If discharge is less than honorable, applicant must provide proof of eligibility to receive veteran benefits.
- 10 Involuntarily Displaced:** Families who have been displaced due to a locally declared disaster, state declared disaster, federally declared disaster or other national emergency. It will also be given to those or other local disasters as approved by the Executive Director.
- 10 Residency Preference:** Families who live, work, or have been hired to work within Merced County and /or residents. Applicants who are working or who have been notified that they are hired to work in a residency preference area must be treated as residents of the residency preference area.
- HUD regulations state that a residency preference must not be based on how long an applicant has resided or worked in a residency preference area.
- 10 Elderly or Disabled Person Preference:** An elderly preference applies if the head, spouse or co-head is a person who is age 62 or older. A disabled person preference applies if the head, spouse or co-head receives Social Security or Supplemental Security benefits or otherwise meets the definition of disabled as defined under Section 223 of the Social Security Act.

#### **AMONG APPLICANTS WITH EQUAL PREFERENCE STATUS**

In the event two or more applicants with identical preferences are eligible for placement on the waiting list, their order of placement will be determined by the order in which the family was randomly selected in the lottery process or the date and time of pre-application if a lottery was not conducted.

**INCOME TARGETING**

At least 75% of the families admitted to the HACM's program during a PHA fiscal year must be extremely low-income families. HUD may approve exceptions to this requirement if the PHA demonstrates that it has made all required efforts, but has been unable to attract an adequate number of qualified extremely low-income families.

Families continuously assisted under the 1937 Housing Act and families living in eligible low-income housing that are displaced as a result of prepayment of a mortgage or voluntary termination of a mortgage insurance contract are not counted for income targeting purposes.

**PREFERENCE DENIAL [24 CFR 5.415]**

If HACM denies a preference, HACM will notify the applicant in writing of the reasons why the preference was denied and offer the applicant an opportunity for an informal review. If the preference denial is upheld, as a result of the review or the applicant does not request a review, the applicant will be placed on the waiting list without benefit of the preference. Applicants may exercise other rights if they believe they have been discriminated against.

If the applicant falsifies documents or makes false statements in order to qualify for any preference, they will be removed from the waiting list.

**CHANGE IN CIRCUMSTANCES**

Changes in an applicant's circumstances while on the waiting list may affect the family's entitlement to a preference. Applicants are required to notify HACM in writing or via Applicant Portal when their circumstances change. When an applicant claims an additional preference, they will be placed on the waiting list in the appropriate order determined by the newly-claimed preference. The exception to this is, if at the time the family applied, the waiting list was only open to families who claimed that preference. In such case, the applicant must verify that they were eligible for the first preference before they are returned to the waiting list with the new preference.

If the family's verified annual income at final eligibility determination does not fall under the extremely low-income limit and the family was selected for income targeting purposes before family with a higher preference, the family will be returned to the waiting list. In addition, while the family is on the waiting list, the family must immediately inform HACM of changes in contact information, including current residence, mailing addresses and phone number. The changes must be submitted in writing or via Applicant Portal.

Families that qualify for a specified category of program funding (targeted funding) may be selected from the waiting list ahead of higher placed families that do not qualify for the targeted funding. However, within any targeted funding category, pre-applications will be selected on a first-come, first-served basis according to the date and time their complete pre-application is received or the assigned lottery number. Documentation will be maintained by the HACM as to whether families on the list qualify for and are interested in targeted funding. If a higher placed family on the waiting list is not qualified or not interested in targeted funding, there will be a notation maintained so that the HACM does not have to ask higher placed families each time targeted selections are made.

**OTHER HOUSING ASSISTANCE [24 CFR 982.205(b)]**

Other housing assistance means a federal, state, or local housing subsidy, as determined by HUD, including public housing.

The HACM may not take any of the following actions because an applicant has applied for, received, or refused other housing: [24 CFR 982.205(b)]

- Refuse to list the applicant on the HACM waiting list for tenant-based assistance;
- Deny any admission preference for which the applicant is currently qualified;
- Change the applicant's place on the waiting list based on preference, date and time of pre-application, or other factors affecting selection under the HACM selection policy; or
- Remove the applicant from the waiting list.

**FINAL DETERMINATION AND NOTIFICATION OF ELIGIBILITY [24 CFR 982.201]**

After the verification process is completed the HACM will make a final determination of eligibility. This decision is based upon information provided by the family, the verification completed by the HACM, and the current eligibility criteria in effect. If the family is determined to be eligible, the HACM will either hand-deliver the notification at time of eligibility interview, mail, email or verbally notify the family of eligibility and orientation briefing.

If the family is not eligible, a letter will be sent denying admission with the reason given. Family will be provided an opportunity for an informal review.

- Reason for the reduction; and
- Subsequent changes in term or amount of reduction.

### **Cooperation Agreements**

The HACM has a written cooperation agreement in place with the local welfare agency which assists the HACM in obtaining the necessary information regarding welfare sanctions.

### **R. UTILITY ALLOWANCE AND UTILITY REIMBURSEMENT PAYMENTS**

[24 CFR 982.153, 982.517]

The HACM will maintain an up-to-date utility allowance schedule.

The Utility Allowance is intended to help defray the cost of utilities not included in the rent and is subtracted from Total Tenant Payment to establish the family's rent to the landlord. The allowances are based on actual rates and average consumption studies, not on a family's actual consumption. The HACM will review the Utility Allowance Schedule on an annual basis and revise it if needed.

As per the FY 2014 Consolidated Appropriations Act, the utility allowance will be based on the lower of the actual unit size or the voucher bedroom size.

A family with a 2-bedroom voucher that chooses to lease a 3-bedroom unit will now have the 2-bedroom utility allowance applied. The HACM must make an exception if necessary as a reasonable accommodation for a family that includes a person with disabilities.

The new rule on utility allowances is to be applied for all new admissions. For current, program participants, the new rule must be applied at the family's next annual reexamination.

An allowance for tenant-paid air conditioning will be provided in the utility allowance for the Merced County jurisdiction.

The HACM will review the utility allowance schedule annually. If the review finds a utility rate has changed by 10 percent or more since the last revision of the utility allowance schedule, the schedule will be revised to reflect the new rate. Revised utility allowances will be applied in a participant family's rent calculation at their next reexamination.

Where families provide their own range and refrigerator, the HACM will establish an allowance adequate for the family to purchase or rent a range or refrigerator, even if the family already owns either appliance. Allowances for ranges and refrigerators will be based on the lesser of the cost of leasing or purchasing the appropriate appliance over a 12 month period.



Where the calculation on the HUD 50058 results in a utility reimbursement payment due the family [24 CFR 982.514(b)], the HACM will provide a utility reimbursement payment for the family each month. The check will be made out directly to the client.

If the family member states they have not been issued a number, the family member will be required to sign a certification to this effect.

Any submission of a fraudulent Social Security Number or Social Security Card document by the family will be grounds for termination or denial of admission to the program.

### **Medical Need for Larger Unit**

A written certification that a larger unit is necessary must be obtained from a reliable, knowledgeable professional. If the family member gets written certification that the need for the larger unit is based on a permanent disability, this certification will only need to be obtained once. If the certification does not indicate how long the larger unit is necessary, the medical need will be verified annually at the recertification.

When a victim of domestic violence requests special consideration, (e.g. to transfer to another unit during the first year of tenancy, or to refrain from being terminated from the HCV program due to be evicted from a unit as a result of being a victim of a domestic violence act), the HACM will require that the individual certify via a HUD-approved certification form that s/he is a victim of domestic violence, dating violence, or stalking, and that the incident/s in question are bona fide incidents of the actual or threatened abuse: as well as to provide any documentation required by the HACM such as a police report or court record relating to the violent act.

## **I. VERIFICATION OF WAITING LIST PREFERENCES [24 CFR 982.207]**

**Independent Living Skills Program:** Foster youth/young adults transitioning from foster care and who are at risk for homeless and who are referred by partnering agency where MOU is in place.

**Involuntarily Displaced:** written verification must be made by local, state or federal agency verifying declared disaster.

**Homeless Preference:** written verification must be provided by partnering homeless service organization who are a part of the Merced County Continuum of Care and have signed agreement with the HACM.

**Veteran Preference:** The HACM will require US Government documents, which indicate that the applicant qualifies under the following definition: a veteran is any person who served in the United States military or served 6 years as a reservist or national guardsman (not including the two years of standby).

If the spouse is applying for a veteran status, verification will be required of marital status to the veteran. If the veteran is deceased, the spouse cannot have remarried.

**Residency Preference:** verification that person currently lives, works or has been hired to work within the HACM's area of jurisdiction.

**Elderly Preference:** verification of birth or Social Security or Supplemental Security benefits.

**Disabled Preference:** verification of Social Security disability benefits or completion of HACM's disability verification form.

20. Expanding Housing Opportunities, includes:

- Maps of Poverty and Minority Areas (Low Poverty and Low Minority Areas), as well as Housing Choice Voucher Impacted Areas
  - Information includes schools, employment and any outreach programs.
- Bus routes

21. HUD Form 903.1 – “Are You a Victim of Housing Discrimination?”

22. Intent to Vacate Notice

23. HACM Informal Hearing procedures including when the HACM is required to offer an applicant or participant family the opportunity for an informal hearing, and how to request the hearing.

24. Family Self-Sufficiency Brochure

25. HACM's sample lease for owners who do not use their own lease for their tenants.

**Other Information to be Provided at the Briefing** [24 CFR 982.301(a)]

The person conducting the briefing will also describe how the program works and the relationship between the family and the owner, the family and the HACM, and the HACM and the owner.

The briefing presentation emphasizes:

- Family and owner responsibilities
- Where a family may lease a unit inside and outside its jurisdiction
- How portability works for families eligible to exercise portability
- Advantages to moving to area with low concentration of poor families if family is living in a high poverty census tract in the HACM's jurisdiction
- Choosing a unit carefully and only after due consideration.
- Procedures for notifying the HACM of program abuses such as side payments, extra charges, violations of tenant rights, and owner failure to repair.
- The family's rights as a tenant and a program participant

- Requirements for reporting changes between annual recertifications.
- Advantages of Family Self-Sufficiency Program

### **Transfer/Moves**

Participants who wish to move from one unit to another, will be given a move out packet at the time they submit their Intent to Vacate Notice that is signed by Owner/Agent and tenant. Family will be issued a new voucher to begin their housing search and will not be required to attend a briefing.

### **Owner Briefings**

Briefings will be held periodically for all owners. Current owners are notified by mail and prospective owners verbally informed via the phone. The purpose of the briefing is to assure successful owner participation in the program and to review Federal regulations and HACM policies and procedures. It includes the responsibilities and roles of all three parties.

### **C. ENCOURAGING PARTICIPATION IN AREAS WITHOUT LOW INCOME OR MINORITY CONCENTRATION**

At the briefing, families are encouraged to search for housing in non-impacted areas and the HACM will provide assistance to families who wish to do so.

The HACM has areas of poverty and minority concentration clearly delineated in order to provide families with information and encouragement in seeking housing opportunities outside highly concentrated areas.

### **D. ASSISTANCE TO FAMILIES WHO CLAIM DISCRIMINATION**

If staff receives a Fair Housing complaint, it will be referred immediately to Management pursuant to the Fair Housing Complaint Investigation Policy of the HACM (refer to Chapter 1).

Any Fair Housing complaints will be fully investigated and reviewed by HACM pursuant to said policy.

The HACM will then take whatever appropriate action is necessary.

### **E. SECURITY DEPOSIT REQUIREMENTS [24 CFR 982.313]**

The owner is not required to but may collect a security deposit from the tenant.

Security deposits charged by owners may not exceed those charged to unassisted tenants (nor the maximum prescribed by State or local law.)

For lease-in-place families, responsibility for first and last month's rent is not considered a security deposit. In these cases, the owner should settle the issue with the tenant prior to the beginning of assistance.

**F. TERM OF VOUCHER** [24 CFR 982.303, 982.54(d)(11)]

During the briefing session, each household will be issued a Voucher, which represents a contractual agreement between the HACM and the Family specifying the rights and responsibilities of each party. It does not constitute admission to the program, which occurs when the lease and contract become effective.

**Expirations**

The Voucher is valid for a period of 60 calendar days from the date of issuance. The family must submit a Request for Tenancy Approval within the 60-day period unless a request for a reasonable accommodation has been granted by the HACM.

If the Voucher has expired, the family will be denied assistance. The family will not be entitled to a review or hearing. The family will need to reapply to the program.

If the family is currently assisted, they may remain as a participant in their unit if there is an assisted lease/contract in effect before the 60-day period has expired.

**Suspensions**

When a Request for Tenancy Approval is received, the HACM will deduct the number of days required to process the request from the term of the voucher (called tolling or suspension).

**Extensions**

Any requests for an extension of the voucher time period must be made prior to the expiration date of the voucher. Extensions may be granted with supervisory approval at the discretion of the HACM, primarily for, but not exclusive of, any of the following reasons:

- It is necessary as a reasonable accommodation for a person with disabilities,
- Extenuating circumstances such as illness, hospitalization or a family emergency, which affected the family's ability to find a unit within the voucher time period;
- Family can show evidence, through a completed search record, that they were unable to locate a unit;

- Family has submitted Request(s) for Tenancy Approval that the HACM has disapproved (i.e., HACM unable to negotiate rent(s) with owner or unit(s) do not meet HQS);
- Family size or other special requirements made finding a unit difficult.

The HACM will request proof to substantiate the need for an extension.

The family may request one or more extensions.

### **Assistance to Voucher Holders**

Voucher holders will be notified at their briefing session they may access updated listings of available units by visiting our office or the agency website at [www.merced-pha.com](http://www.merced-pha.com).

The HACM will assist families with negotiations with owners and provide other assistance related to the families' search for housing.

### **G. FAMILY BREAKUP AND REMAINING MEMBER OF TENANT FAMILY**

Family Breakup (24CFR 982.315)

Except under the following conditions, the HACM has discretion to determine which members of an assisted family continue to receive assistance if the family breaks up:

- If the family breakup results from an occurrence of domestic violence, dating violence, sexual assault, or stalking, the HACM must ensure that the victim retains assistance.
- If a court determines the disposition of property between the members of an assisted family members continue to receive assistance.

When a family on the waiting list breaks up into two otherwise eligible families, only one of the new families may retain the original application date. Other former family members may make a new application with a new application date if the waiting list is open.

If a family breaks up into two otherwise eligible families while receiving assistance, only one of the new families will continue to be assisted.

In the absence of a judicial decision or an agreement among the original family members, the HACM will determine which family will retain their placement on the waiting list or continue to receive assistance. In making its determination, the HACM will take into consideration the following factors: (1) the interest of any minor children, including custody arrangements; (2) the interest of any ill, elderly, or disabled family members; (3) the interest of any family member who is the victim of domestic violence, dating violence, sexual assault, or stalking, including a family member who was forced to leave an assisted unit as a result of such actual or threatened abuse; (4) any possible

risks to family members as a result of criminal activity; (5) the recommendations of social service professionals; and (6) given to the adult member who initially applied, if another adult member was added at a later time.

*Note: If an adult member requests residual rights to the Voucher (head of household requests that other adult member receive the Voucher), the adult member who wishes to receive the Voucher, must have been an approved member of the household by the HACM for at least 6 months.*

The HACM shall require verification of the above circumstances. If either or both of the families do not provide the documentation requested by the HACM, termination of the Voucher for failure to supply requested verifications will occur.

**Remaining Member of a Tenant Family [24 CFR 5.403]**

The HUD definition of family includes the *remaining member of a tenant family*, which is a member of an assisted family who remains in the unit when other members of the family have left the unit. Household members such as live-in aides, foster children, and foster adults do not qualify as remaining members of a family.

If dependents are the only “remaining members of a tenant family” and there is no family member able to assume the responsibilities of the head of household, see Chapter 6, Section 6-D, for the policy on “Caretaker for a Children.”

A reduction in family size may require a reduction in the voucher family unit size.



**CHAPTER 10****HOUSING QUALITY STANDARDS AND INSPECTIONS**

[24 CFR 982.401]

**INTRODUCTION**

Housing Quality Standards (HQS) are the HUD minimum quality standards for tenant-based programs. HQS standards are required both at initial occupancy and during the term of the lease. HQS standards apply to the building and premises, as well as the unit. Newly leased units must pass the HQS inspection before the beginning date of the assisted lease and HACM contract.

The HACM may inspect each unit under contract at least annually/biennially. Biennial inspections may be utilized for units that have a record of good property maintenance and have two consecutive passes (pass or a pass with comment) on the last two annual HQS inspections. The HACM shall have a supervisor or other qualified person perform quality control inspections on the number of files required for file sampling by SEMAP annually to maintain the HACM's required standards and to assure consistency in the HACM's program. This Chapter describes the HACM's procedures for performing HQS and other types of inspections and HACM standards for the timeliness of repairs. It also explains the responsibilities of the owner and family, and the consequences of non-compliance with HQS requirements for both families and owners. The use of the term "HQS" in this Administrative Plan refers to the combination of both HUD and HACM requirements. (See the additions to HQS listed under "Acceptability Criteria and Exceptions to HQS" later in this chapter).

**A. GUIDELINES/TYPES OF INSPECTIONS** [24 CFR 982.401(a), 982.405]

All units must meet the minimum standards set forth in the building/housing Code. In cases of inconsistency between the Code and these HQS, the stricter of the two shall prevail.

Efforts will be made at all times to encourage owners to provide housing above HQS minimum standards.

All utilities must be in service prior to the effective date of the HACM contract. If the Inspector goes out to a unit and the utilities are not on, the Inspector will not conduct the inspection.

If the tenant is responsible for supplying the stove and/or the refrigerator, the HACM will allow the stove and refrigerator to be placed in the unit after the HACM has passed all other HQS requirements. The family must then certify that the appliances are in the unit and working. The HACM may or may not conduct a reinspection.

There are four types of inspections the Housing Authority will conduct:

1. Initial/Move-In inspection  
Conducted upon completion of the Request for Tenancy Approval (RFTA) process.
2. Annual/Biennial Inspections
  - Annual inspections may be conducted within 12 months of the last HACM inspection.
  - Biennial Inspections may be conducted within 24 months of the last HACM inspection.

High performing units that have a history of passing HQS Inspections may qualify for biennial Inspections.

3. Special/Complaint  
At request of the owner, the family, an agency, or a third-party a unit may be inspected to ensure compliance with HACM and HQS standards.
4. Quality Control Inspections  
HACM will conduct inspections on a random sample of units to ensure consistency and accuracy.

Any time an inspector is present in an assisted unit, the inspector has the right to conduct a full inspection. If new HQS deficiencies are discovered during the time of the re-inspection, the new items must be noted. The owner and/or tenant will be notified to correct the deficiencies.

#### **B. INITIAL HQS INSPECTION** [24 CFR 982.401(a), 982.305(b)(2)]

The Housing Authority will conduct an initial inspection in the unit identified by the family and owner in the Request for Tenancy Approval. The owner/agent and Head of Household or spouse must be present.

The Housing Authority will determine whether the unit satisfies the HACM and HQS Standards and notify the family and owner of the determination within a reasonable time frame.

The initial inspection will be conducted to:

- Determine if the unit and property meet all HUD required HQS criteria and all HACM established inspections criteria.
- Document the current condition of the unit as to assist in future evaluations whether the condition of the unit exceeds normal wear and tear.
- Document information to be used for determination of rent reasonableness.

If the unit fails the initial inspection, the owner/family will be given up to 30 days to correct the items noted as Fail, at the Inspector's discretion, depending on the amount and complexity of work to be done. The owner will be advised to notify the HACM in writing once repairs are completed. The HACM will conduct a re-inspection. If the

second inspection fails, the family and/or owner will be advised to notify the Housing Authority in writing that repairs have been completed and a third inspection will be conducted.

If the time period given by the Inspector to correct the repairs has elapsed, or the maximum number of failed inspections has occurred, the family must select another unit.

**C. ANNUAL/BIENNIAL HQS INSPECTIONS** [24 CFR 982.405(a)]

The Housing Authority conducts an inspection of each unit under HAP Contract biennially for qualifying units and annually for all other units in the Housing Choice Voucher program. HACM Local Inspection Standard deficiencies which cause a unit to fail must be corrected by the landlord unless it is a fail for which the participant is responsible.

The family must allow the Housing Authority to inspect the unit at reasonable times with reasonable notice. HACM considers reasonable hours to conduct an inspection between business hours Monday through Friday, 8:00am to 5:00pm.

The family and owner are notified of the date and time of the inspection appointment by mail. If the family is unable to be present, they may authorize a representative who is 18 years of age or older to be present to allow the inspector access to unit to conduct the inspection. The family may provide written permission for the property manager or owner to allow the inspector entry into the unit. If the family (or an adult) is unable to be present, they must reschedule the appointment so that the inspection is completed within thirty (30) days.

If the family (or an adult) is not present to allow access, the inspection is considered to be a participant-caused "no show" and the participant will be in non-compliance for violating a Family Obligation. The family will be sent a non-compliance letter giving the family one final inspection appointment.

If the family does not contact the Housing Authority to reschedule the inspection, or if the family misses two (2) inspection appointments, the Housing Authority will consider the family to have violated a family obligation and their assistance may be terminated in accordance with the termination procedures in Chapter 15 of this Administrative Plan.

**Reinspection:** The owner must notify the HACM in writing within 30 days of the mail date of the inspection report that all items are completed. Once the HACM receives the written certification (fax and/or email accepted) the HACM may schedule a reinspection appointment to verify the repairs. If the owner does not notify the HACM of repairs completed, a letter is forwarded to the owner warning of impending abatement and contract termination. A copy of this letter is sent to the client. Abatement begins on 31st day. A 30 day termination letter will be mailed to all parties.

The family is also notified that it is a Family Obligation to allow the HACM to inspect the unit. If the family was responsible for a breach of HQS identified in Chapter 15, "Denial or Termination of Assistance," they will be advised of their responsibility to correct.

### **Time Standards for Repairs**

Emergency items which endanger the family's health or safety must be corrected by the owner within 24 hours of notification.

For non-emergency items, repairs must be made within 30 days

For major repairs, an extension beyond 30 days may be approved.

### **Rent Increases**

Rent increases requested by owner may not be approved if the unit does not meet minimum Housing Quality Standards.

### **D. SPECIAL/COMPLAINT INSPECTIONS** [24 CFR 982.405(c)]

If at any time the family or owner notifies the HACM that the unit does not meet Housing Quality Standards, the HACM may conduct an inspection.

The HACM may also conduct a special inspection based on information from third parties such as neighbors or public officials.

The HACM may inspect only the items which were reported, but if the Inspector notices additional deficiencies that would cause the unit to fail HQS, a full inspection may be conducted and the responsible party will be required to make the necessary repairs.

### **E. QUALITY CONTROL INSPECTIONS** [24 CFR 982.405(b)]

Quality Control inspections shall be performed by the supervisor or other qualified person. A sampling of units throughout the year will be inspected to ensure that units maintain compliance with HACM inspection standards and also to ensure that each inspector is conducting accurate and complete inspections, and that there is consistency among inspectors in application of the HQS.

The sampling of files will include recently completed inspections (within the prior 3 months), a cross-section of neighborhoods, and a cross-section of inspectors.

### **F. ACCEPTABILITY CRITERIA AND EXCEPTIONS TO HQS** [24 CFR 982.401]

The HACM adheres to the Acceptability Criteria in the program regulations 24 CFR 982.401 and local codes, with the additions described below:

**Thermal Environment**

- Primary heat source must be capable of maintaining an even temperature of 65 degrees at a height of 36" from the floor in all rooms in the unit living and sleeping area.
- A working air conditioning or cooling system capable of cooling one central area of the unit is required where any monthly average temperature exceeds 95 degrees.

**Water Heaters**

- Water heater tanks must have two earthquake straps in place, one in the top third of the tank and one in the bottom third of the tank.

**Walls:**

- In areas where plaster or drywall is sagging, severely cracked or otherwise damaged, it must be repaired or replaced.
- Any exterior or interior surfaces with peeling or chipping paint on units built prior to 1978 must be scraped and painted with two coats of unleaded paint or other suitable material, according to lead-based paint abatement regulations. If the peeling or chipping paint is excessive on units built 1978 and after, scraping and repainting will also be required.
- Any exterior or interior surfaces with graffiti must be painted with as many coats of unleaded paint or other suitable material to cover all the graffiti.
- All walls in a tub or shower area must be covered with ceramic tile or other material that is impervious to water to prevent water damage and eventual deterioration.
- Any exterior vents must be covered to prevent rodents from entering the unit.
- Visible mold/mildew must be eliminated

**Windows:**

- All window sashes must be in good condition, solid and intact, and fit properly in the window frame. Damaged or deteriorated sashes must be replaced.
- Windows must be weather-stripped as needed to ensure a watertight seal.
- Any room for sleeping must have a window.

- Units will be required to have an air conditioning unit or evaporative cooler supplied by the owner. However, if the tenant's preference is not to have an air cooling device, the unit will then be required to have screens on all exterior doors and windows at the time of the initial and annual inspection. (Windows must open to outside). In all other initial and annual inspections, the unit will require one screen at one window per room. All screens must be in place on all second story and higher windows at all times.
- Window screens must be in good condition. (Applies only if screens are present or a required per HQS.)

**Doors:**

- All exterior doors must be weathertight to avoid any air or water infiltration, have no holes larger than the size of a quarter (coin), have all trim intact, and have a threshold.
- All interior doors must have a doorknob and all trim intact. Tenant must have keys.
- Doors must be present on all bedrooms and rooms used for sleeping and bathrooms. Doors need not be present on the master bedroom bathroom.
- All exterior doors must have single cylinder deadbolt locks, front and back doors, which includes the garage door. Garage door to the interior of the unit must have self-closing hinge and be solid (no windows).
- All interior doors must not have keyed locks; privacy locks are permissible
- All exterior and interior doors must have doorknobs.

**Floors:**

- All wood floors must be sanded to a smooth surface and sealed. Any loose or warped boards must be resecured and made level. If they cannot be leveled, they must be replaced.
- All floors must be in a finished state, including common hallways and balconies.

**Electricity**

- GFCI outlets must work properly. If 3-prong, must be grounded.
- No open light sockets allowed.
- Globes on interior lights are not required.

**Toilet Seats**

- Cracked toilet seats and tank lids must be replaced.
- Toilet tank lid must fit properly

**Sinks:**

- All sinks and commode water lines must have shut off valves, unless faucets are wall mounted.
- Garbage disposal must have acceptable splashguard. Worn splashguards are unacceptable.

**Cabinets:**

- If present, cabinet drawers and doors must be in tact, with proper door hinges and on tracks.

**Countertops:**

- In areas where tile is broken or grout is missing, it must be repaired or replaced if it poses a sanitary hazard.

**Security:**

- If window security bars or security screens are present on emergency exit window, they must be equipped with a quick release system. The owner is responsible for ensuring that the family is instructed on the use of the quick release system.

**Fire Safety:**

- The garage-to-house connecting door must self-close, latch properly when it closes, and to be sealed to prevent airflow around all four edges.
- Excessive accumulation of material or belongings in unit must not hinder movement through the unit in an emergency.
- A common wall between a garage and the interior area of the unit must provide a firebreak by having the garage side of the wall finished with 5/8" drywall. All joints, corners, holes or cracks must be properly sealed with joint tape and taping compound.

**Smoke Detectors:**

- Tenants are responsible for providing and replacing old batteries on battery powered smoke detectors unless prohibited by manager/owner of property. Tenants will be instructed not to tamper with smoke detectors or remove batteries,

and to notify the owner if the smoke detector becomes inoperable for whatever reason.

- Each dwelling unit must have at least one battery-operated or hard-wired smoke detector, in proper operating condition, in each bedroom, hallway and on each level of the dwelling unit, including basements.

### **Carbon Monoxide Detectors:**

At the time of the HQS inspection, any unit having a fossil fuel burning heater or appliance, fireplace, or an attached garage must have a carbon monoxide detection device installed. Placement of the device should be as follows:

- There must be one centrally located outside of each separate sleeping area in the immediate vicinity of the bedrooms, and each detector shall be located on the wall or ceiling. Any other location is only acceptable if specified in the installation instructions that accompany the unit. If there are distinctly separate sleeping areas in the unit, there must be a detector for each sleeping area.
- There must be at least one carbon monoxide detector on each level of the unit.
- Carbon monoxide detectors cannot be installed directly above, or next to a fuel burning appliance.
- If the device is a combination carbon monoxide device and smoke detector, then the combined device must emit an alarm or voice warning in a manner that clearly differentiates between a carbon monoxide alarm warning and a smoke detector warning.
- Tenants are responsible for providing and replacing old batteries on battery powered carbon monoxide detectors unless prohibited by manager/owner of property. Tenants will be instructed not to tamper with carbon monoxide detectors or remove batteries, and to notify the owner if the carbon monoxide detector becomes inoperable for whatever reason.

### **Bedroom:**

- A bedroom must have a floor area of not less than seventy (70) square feet.
- Bedrooms in basements or attics are not allowed unless they meet local code requirements; must have adequate ventilation, emergency exit capability and a smoke detector.
- Minimum bedroom ceiling height is 7'6" or local code, whichever is greater. Sloping ceilings may not slope to lower than five feet in the 70 square foot area.
- Access to any required exits of a room or suite of rooms designated as bedrooms for these purposes is permissible passing through a bathroom, toilet room, or



another bedroom, if all bedrooms or rooms used as sleeping areas have an emergency exit.

- Each bedroom must have a window present that can be opened.
- Rooms identified as bedroom must have a closet and a door for privacy.
  - Free standing closets may substitute built-in closets, if no hazard is posed.
  - If a closet is present, a clothes pole must be provided by the owner.
- Closet doors are not required; will be considered a tenant preference.
- Closet door guides will not be required if it does not pose a potential safety risk.

### **Sanitary:**

- The HACM may fail unsanitary conditions where exposed food, garbage, and excrement exist to a degree where health may be endangered.
- Trash bags will not be considered "adequate covered facilities" in buildings with four or more units.
- Private water supply systems (wells) may be required to be tested.
- Septic tanks will require leechlines.
- Excessive grease buildup on the stove or overhead is considered a fail item due to fire hazard.
- The accumulation of waste paper, hay, grass, dirt, straw, weeds, litter or combustible trash upon the premises or in front of said premises or upon any roof or building, entrance way, court, or yard is a condition detrimental to health, safety, or general welfare is prohibited.

### **Modifications:**

- Modifications or adaptations to a unit due to a disability must meet all applicable HQS and building codes.
- Extension for repair items not required by HQS will be granted for modifications/adaptations to the unit if agreed to by the tenant and landlord. HACM will allow execution of the HACM contract if unit meets all requirements and the modifications do not affect the livability of the unit.

### **Landscaping:**

- All yards must conform to neighborhood standards. Single family units or duplexes must have one operating outside water faucet.

**Miscellaneous:**

- The existence of any unused and abandoned open pipe, well, or excavation, building foundation, or buildings which are abandoned, or boarded up, partially destroyed, or unfinished and not properly secured on the property is prohibited.
- The keeping and storage of property owned by the owner on the property is allowable if:
  - Property is in storage shed that is locked.
  - Accessible to the Owner without disturbing tenant.
  - Storage shed detached from the unit.
  - No hazardous materials can be stored in the shed.
  - Allowable if detached garage; however, all of the above applies and in addition,
    - HACM will require signed statement from participant that they are aware and allowing owner permission to store belongings in the detached garage.
    - HACM will reduce contract rent by at least \$20 in order to comply with rent reasonableness.
- The keeping and storage of an inoperable, dismantled, or not currently registered automobile, trailer, house trailer, boat or vehicle or major part thereof within the view of persons on the public streets or other properties adjacent to said premises is prohibited.
- Tenant may not park vehicles on the lawn.
- Swimming pools are allowed in single family and multi-family units, as long as they are properly secured and must be clean and sanitary to avoid health hazards. Swimming pools are defined as pools that are more than 2 feet in depth. Included but not limited to: Wading/swimming pools, below or above ground pools, ponds requiring filters. They must be properly secured with a fence that separates it from the remainder of the yard, have a self locking gate, fence must be at least 4 feet high and recommended pool gate alarm.
- Community swimming pools, such as those in an apartment complex, must be at all times clean and sanitary, to avoid health hazards. In addition, pool must be secured with a fence/security gate at times when pool is not open. Management must take all other signs and safety precautions adhering to pool regulations.

- Fireplaces must have a “cap”/spark arrester. The HACM may require at the time of inspection that the chimney be cleaned and/or inspected.

#### **G. EMERGENCY REPAIR ITEMS [24 CFR 982.404(a)]**

Emergency items that are identified through an inspection or verified by another public agency which endanger the family’s health or safety must be corrected by the owner within twenty-four (24) hours of notification.

The following items are considered of an emergency nature and must be corrected within twenty-four (24) hours of notice by the HACM:

- Ceiling in imminent danger of falling or other dangerous structural damage
- Lack of security for the unit
- Major plumbing leaks or flooding, i.e. water heater, sewage leak
- Natural gas leak or fumes, includes water heater vent pipe terminated improperly or missing
- Electrical problem which could result in shock or fire, exposed live wiring, exposed contacts of outlets and switches
- No heat or air conditioning when weather conditions dictate a need for health and safety reasons
- Utilities not in service
- No running hot water
- Broken glass where someone could be injured
- Obstacle which prevents tenant’s entrance or exit
- Lack of functioning toilet
- No operable refrigerator or stove
- Unit must have at least one operable smoke alarm.

The HACM may give a short extension not more than 72 additional hours whenever the responsible party cannot be notified or it is impossible to affect the repair within the 24-hour period.

In those cases where there is leaking gas or potential of fire or other threat to public safety, and the responsible party cannot be notified or it is impossible to affect the repair, proper authorities will be notified by the HACM.

If the emergency repair item(s) are not corrected in the time period required by the HACM, the housing assistance payment will be abated and the HACM contract will be terminated. If the tenant is responsible and in violation of their family obligations, the HACM will take termination action against the tenant.

#### **H. CONSEQUENCES IF OWNER IS RESPONSIBLE (NON-EMERGENCY ITEMS)**

[24 CFR 982.405, 982.453]

When it has been determined that a unit on the program fails to meet Housing Quality Standards, and the owner is responsible for completing the necessary repair(s) in the time period specified by the HACM, the assistance payment to the owner will be abated.

### **Abatement**

A notice of abatement and termination of contract will be sent to the owner after the unit is found in noncompliance with the HACM local inspection standards at the correction date. The abatement will be effective from the first day of the month after the date of the failed reinspection. The contract termination date will be 30 days after the effective date of the abatement.

The owner may still make repairs on the unit during the abatement period. However, the owner must notify the HACM in writing that all repairs have been completed. After receiving notification of completed repairs, the HACM may conduct a reinspection. The family and owner will be notified of the reinspection date in writing.

No retroactive payments will be made to the owner for the period of time the rent was abated and the unit did not comply with HQS. The notice of abatement states that the tenant is not responsible for the HACM's portion of rent that is abated.

### **Extensions**

The HACM will grant an extension in lieu of abatement in the following cases:

- There is an unavoidable delay in completing repairs due to difficulties in obtaining parts or contracting for services.
- The owner makes a good faith effort to make the repairs.
- The repairs must be delayed due to climate conditions.

### **Termination of Contract**

If the owner is responsible for repairs, and fails to correct all the deficiencies cited prior to the end of the abatement period, the contract will be terminated. This termination is stated in the abatement notice and no further notice need be mailed. The participant receives a copy of the notice. Prior to the effective date of the termination, the abatement will remain in effect. The tenant will be issued a voucher to search for another unit.

If repairs are completed before the effective termination date, the termination may be rescinded by the HACM, if the tenant chooses to remain in the unit.

**I. DETERMINATION OF RESPONSIBILITY** [24 CFR 982.404, 982.54(d)(14)]

Certain HQS deficiencies are considered the responsibility of the family:

- Tenant-paid utilities not in service
- Failure to provide or maintain family-supplied appliances
- Damage to the unit or premises caused by a household member or guest beyond normal wear and tear. "Normal wear and tear" is defined as items which could not be charged against the tenant's security deposit under state law or court practice.

The owner is responsible for all other HQS violations; other than those listed above.

The owner is responsible for vermin infestation even if caused by the family's living habits. However, if such infestation is serious and repeated, it may be considered a lease violation and the owner may evict for serious or repeated violation of the lease. The HACM may terminate the family's assistance on that basis.

The inspector will make a determination of owner or family responsibility during the inspection to the best of their ability. If the family is responsible but the owner carries out the repairs, the owner will be encouraged to bill the family for the cost of the repairs.

**J. CONSEQUENCES IF FAMILY IS RESPONSIBLE** [24 CFR 982.404(b)]

If emergency or non-emergency violations of HQS are determined to be the responsibility of the family, the HACM will require the family make any repair(s) or corrections within; 24-hours for emergency violations and thirty (30) days for non-emergency violations. If the repair(s) or correction(s) are not made in this time period, the Housing Authority will terminate assistance to the family. The owner's rent will not be abated for items which are the family's responsibility.

If the tenant is responsible and corrections are not made, the HACM Contract will terminate when assistance is terminated.

A letter will be sent to the family and a copy to Landlord, advising landlord that the contract may be terminated immediately if family fails to comply and correct HQS deficiencies.

Family and Landlord are verbally notified of violation and that the family has 24 hours from time of notification to rectify the situation by providing written verification to the HA of the corrected HQS violation.

**LEAD-BASED PAINT AND HQS** [24 CFR Part 35]

## **SUMMARY OF PROPOSED ACOP CHANGES – Revised May 19, 2015**

Below is a summary of the proposed changes to be incorporated into the 2015 ACOP regarding the policies for the Low Income Public Housing program (LIPH).

### **1.0 FAIR HOUSING**

- Fair Housing; Page 1
- Non Discrimination; Pages 1-3
- Discrimination Complaints; Page 2

### **7.0 TAKING APPLICATIONS**

- Opening and closing of waiting list; Page 5
- How to apply; Page 5
  - Online
  - By phone
  - By mail
  - Submitted in person
  - By other method as described in public announcement
- Method for placement on the waiting list; Page 6
- Eligible for placement on the waiting list; Page 6
- Pre-application; Page 7

### **9.0 MANAGING THE WAITING LIST**

- Applicant portal; Page 16
- Preliminary Wait List Structure; Page 16

### **10.0 TENANT SELECTION AND ASSIGNMENT PLAN**

- Removed City of Merced’s Affordable Housing Programs preference
- Removed Working preference
- Modified Homeless preference; Page 19
- Modified Involuntarily Displaced preference; Page 20
- Added Elderly or Disabled Person preference; Page 20

### **12.0 VERIFICATION**

- Verification of waiting list preferences; Page 52

### **21.0 SMOKE FREE POLICY**

- Added Smoke Free Policy; Page 83

### **GLOSSARY**

- Modified new definition of Extremely Low-Income Limits; Page 88
- Modified new definition of “family” to include gender identity; Page 88

## **ADMISSIONS AND CONTINUED OCCUPANCY POLICY**

---

This Admissions and Continued Occupancy Policy defines the Merced Housing Authority's policies for the operation for the Public Housing Program, incorporating Federal, State and local law. If there is any conflict between this policy and laws or regulations, the laws and regulations will prevail.

### **1.0 FAIR HOUSING**

It is the policy of the Merced Housing Authority to fully comply with all Federal, State and local nondiscrimination laws; the Americans with Disabilities Act; and the U. S. Department of Housing and Urban Development regulations governing Fair Housing and Equal Opportunity in housing and employment. The HACM will comply with all laws relating to Civil Rights including:

- Title VI of the Civil Rights Act of 1964
- Title VIII of the Civil Rights Act of 1968 (as amended by the Community Development Act of 1974 and the Fair Housing Amendments Act of 1988)
- Executive Order 11063
- Section 504 of the Rehabilitation Act of 1973
- The Age Discrimination Act of 1975
- Title II of the Americans with Disabilities Act (to the extent that it applies, otherwise Section 504 and the Fair Housing Amendments govern)
- The Equal Access to Housing in HUD Programs Regardless of Sexual Orientation or Gender Identity Final Rule, published in the *Federal Register* February 3, 2012 and further clarified in Notice PIH 2014-20
- Violence Against Women Reauthorization Act of 2013 (VAWA)
- Any applicable state laws or local ordinances and any legislation protecting individual rights of tenants, applicants, or staff that may subsequently be enacted will also apply.

When more than one civil rights law applies to a situation, the laws will be read and applied together.

### **1.1 NONDISCRIMINATION:**

The HACM will not, on account of race, color, sex, religion, creed, national or ethnic origin, age, familial or marital status, handicap, disability, gender identity or sexual orientation:

- Deny to any family the opportunity to apply for housing, nor deny to any qualified applicant the opportunity to participate in the low income housing program
- Provide housing that is different from that provided to others
- Subject anyone to segregation or disparate treatment

- Restrict anyone's access to any benefit enjoyed by others in connection with the housing program
- Treat a person differently in determining eligibility or other requirements for admission
- Steer an applicant or participant toward or away from a particular area based any of these factors
- Deny anyone access to the same level of services
- Deny anyone the opportunity to participate in a planning or advisory group that is an integral part of the housing program
- Discriminate in the provision of residential real estate transactions
- Discriminate against someone because they are related to or associated with a member of a protected class
- Publish or cause to be published an advertisement or notice indicating the availability of housing that prefers or excludes persons who are members of a protected class

### **1.2 DISCRIMINATION COMPLAINTS:**

If an applicant or participant believes that any family member has been discriminated against by the HACM, the family should advise the HACM. The HACM will make every reasonable attempt to determine whether the applicant's or participant's assertions have merit and take any warranted corrective action. In addition, the HACM is required to provide the applicant or participant with information about how to file a discrimination complaint [24 CFR 982.304].

Upon receipt of a housing discrimination complaint, the HACM is required to:

- Provide written notice of the complaint to those alleged and inform the complainant that such notice was made
- Investigate the allegations and provide the complainant and those alleged with findings and either a proposed corrective action or an explanation of why corrective action is not warranted
- Keep records of all complaints, investigations, notices, and corrective actions

Applicants or participants who believe that they have been subject to unlawful discrimination may notify the HACM either orally or in writing. Within 20 business days of receiving the complaint, the HACM will provide a written notice to those alleged to have violated the rule. The HACM will also send a written notice to the complainant informing them that notice was sent to those alleged to have violated the rule, as well as information on how to complete and submit a housing discrimination complaint form to HUD's Office of Fair Housing and Equal Opportunity (FHEO). The HACM will attempt to remedy discrimination complaints made against the PHA and will conduct an investigation into all allegations of discrimination.

Within 10 business days following the conclusion of the HACM's investigation, the HACM will provide the complainant and those alleged to have violated the rule with findings and either a proposed corrective action plan or an explanation of why corrective



action is not warranted. The HACM will keep a record of all complaints, investigations, notices, and corrective actions.

## **2.0 REASONABLE ACCOMMODATION**

Sometimes people with disabilities may need a reasonable accommodation in order to take full advantage of the Merced Housing Authority housing programs and related services. When such accommodations are granted, they do not confer special treatment or advantage for the person with a disability; rather, they make the program accessible to them in a way that would otherwise not be possible due to their disability. Because disabilities are not always apparent, the Merced Housing Authority will ensure that all applicants/tenants are aware of the opportunity to request reasonable accommodations.

### **2.1 COMMUNICATION**

Notifications of reexamination, inspection, appointment, or eviction will include information about requesting a reasonable accommodation. Any notification requesting action by the tenant will include information about requesting a reasonable accommodation.

All decisions granting or denying requests for reasonable accommodations will be in writing.

## **3.0 LIMITED ENGLISH PROFICIENCY (LEP) TRANSLATION SERVICES**

### **3.1 ORAL TRANSLATION**

The Housing Authority has bilingual staff to assist non-English speaking families in Spanish and Hmong and orally translates documents into Spanish and Hmong. Where bilingual staff is not available to interpret for these families, the HACM will use a telephone language interpretation service, which offers translation in over 100 languages or available local organizations such as: Merced Lao Family, Inc or Healthy House Merced, to communicate effectively with clients.

### **3.2 WRITTEN TRANSLATION**

In determining whether it is feasible to provide translation of documents written in English into other languages, HACM will consider the following factors:

- Number of applicants and participants in the jurisdiction who do not speak English and speak the other language.
- Estimated cost to HACM per client of translation of English written documents into the other language.
- The availability of local organizations to provide translation services to non-English speaking families.
- Availability of bi-lingual staff to provide translation for non-English speaking

- H. Grievance Procedure
- I. Fair Housing Poster
- J. Equal Opportunity in Employment Poster
- K. Any current Merced Housing Authority Notices

## 7.0 TAKING APPLICATIONS

### 7.1 OPENING AND CLOSING OF THE WAITING LIST

The HACM shall announce its intent to accept pre-applications for the purpose of establishing a waiting list by placing a public notice in *The Merced Sun Star*, a local newspaper of general circulation, and also by minority media and other suitable means, including the agency website at [www.merced-pha.com](http://www.merced-pha.com).

The notice will comply with HUD Fair Housing requirements. The notice will contain:

- The dates, times, and the locations where families may apply
- The program(s) for which pre-applications will be taken.
- A brief description of the program(s).
- The methods by which pre-applications will be accepted.
- Limitations, if any, on who may apply.

Normally, the opening and closing dates for pre-applications intake will be clearly stated in the notice. However, if at the time the waiting list is opened, the closing date for pre-application intake has not yet been determined, the notice will indicate that pre-application intake will be until further notice.

Once it becomes necessary to close the waiting list the HACM will apply the same advertising methods of broad general circulation for closing the waiting list as were used for opening the waiting list.

### 7.2 HOW TO APPLY

The HACM is permitted by HUD to determine the format and content of pre-applications. For the purpose of establishing a waiting list, pre-applications will be accepted from any family wishing to apply for Public Housing. The HACM may select one or more of the following methods for pre-applications:

1. Online
2. By phone

3. By mail
4. Submitted in person
5. By other method as described in the public announcement

At the time the HACM announces its intent to open the waiting list, the actual methods for accepting pre-applications will be clearly stated in the public announcement and similar outreach methods. If an applicant is disabled and requires special accommodation in submitting a pre-application, the accommodation request must be made in writing prior to the closure of the waiting list. Specific instructions for making a reasonable accommodation request will be included in the public notice and other pre-application outreach materials.

***Pre-application by Web***

When this method is available, families can apply on-line at [www.merced-pha.com](http://www.merced-pha.com)

***Pre-application Intake by Phone or by Mail***

When this method is available, pre-applications will be taken by phone or mail. HACM will record the date and time the pre-application is received.

***Pre-application Intake In Person***

When this method is available, pre-applications will be completed by the family and HACM will record the date and time the pre-application is received.

Duplicate applications, including applications from a segment of an applicant household, will not be accepted.

### **7.3 METHOD FOR PLACEMENT ON THE WAITING LIST**

- **Lottery:**  
The Housing Authority may use a lottery system to select and place families on the waiting list. Pre-applications will be accepted for a designated period of time as specified in the announcement notice. After pre-applications are no longer being accepted, the Housing Authority will take pre-applications that have been submitted and randomly assigned a lottery number to each pre-application. The number of applicants selected for the list will be based on the number of families required to achieve a sufficient waiting list as determined by the HACM.
- **Date and Time:**  
The Housing Authority may use a date and time system to select and place families on the waiting list. Pre-applications will be accepted for a designated period of time as specified in the announcement notice. The number of applicants selected for the list will be based on the number of families required to achieve a sufficient waiting list as determined by the HACM.

#### **7.4 ELIGIBLE FOR PLACEMENT ON THE WAITING LIST**

The HACM may send a written notification to all households selected for placement on the waiting list. Placement on the waiting list does not indicate that the family is, in fact, eligible for assistance. A final determination of eligibility will be made when the family is selected from the waiting list. Selected applicants are randomly assigned a lottery number. Applicants will be placed on the waiting list in order of their assigned lottery number and according to the Housing Authority's preference.

#### **7.5 SEPARATE WAITING LISTS FOR HOUSING AUTHORITY PROGRAMS**

In accordance with HUD regulations (24 CFR 982.205 (ii)) at the time an applicant is applying for Public Housing, if pre-applications are being accepted for its Housing Choice Voucher Program or Project-Based program, the family must be offered an opportunity to apply for the other program/s.

#### **7.6 PRE-APPLICATION [24 CFR 982.204]**

Pre-application will include the following:

For head of household:

- Social Security number
- First, middle initial and last name
- Date of birth
- Gender
- Street address, city, state and zip
- Contact phone number
- Race
- Ethnicity
- E-Mail Address
- Source of Income, if applicable
- Total Monthly Income, if applicable

For other family members:

- For each member:
  - first and last name;
  - relationship to head of household;
  - date of birth
  - gender
  - Race
- Ethnicity
- Source of Income, if applicable
- Total monthly income, if applicable

Families who are ineligible for the reason of only owing a debt to the HACM or any other Federal Housing Program will be allowed to have their pre-application placed on the waiting list. When the family is interviewed for placement into the Low Income Housing Program, the family must pay the debt in full before the final eligibility process will continue.

If the family is determined to be ineligible based on the information provided in the pre-application, the HACM will notify the family in writing (in an accessible format upon request as a reasonable accommodation), state the reason(s), and inform them of their right to an informal review. Persons with disabilities may request to have an advocate attend the informal review as an accommodation.

The waiting list will be maintained with accurate information.

### **9.3 APPLICANT PORTAL**

The Applicant Portal has been established for persons that make a pre-application with Housing Authority of the County of Merced Housing Authority (HACM) so that they may create an on-line account to review and update their personal information, including their current address, as well as indicate their continued interest in remaining on the waiting list. As our primary mode of communication with the applicant is by mail, it is critical that we have a valid, current address at all times so that we will be able to make contact with the applicant.

### **9.4 PRELIMINARY WAIT LIST STRUCTURE**

Once the pre-application is complete, the HACM will place all applicants on the wait list except duplicate records; determination of eligibility will not be assessed until the full formal application process has been completed. Within the list, the HACM will designate subparts to easily identify who should be offered the next available unit (i.e. mixed population, general occupancy, unit size, and accessible units). Families will receive a notification via Applicant Portal or through the mail (if family provides a self-addressed/stamped written envelope that their application was accepted). They will be informed to notify the HACM via the Applicant Portal or through the mail of address and family composition changes within 10 business days.

### **9.5 PLACEMENT ON THE WAIT LIST**

The HACM will assign families on the waiting list according to the bedroom size for which a family qualifies as established in its occupancy standards and location selection. Families may request to be placed on the waiting list for a unit size smaller than designated by the occupancy guidelines (as long as the unit is not overcrowded according to HACM standards and local codes). However, in these cases, the family must agree not to request a transfer for one year after admission, unless they have a change in family size or composition. No applicant has a right or entitlement to be listed on the wait list, or to any particular position on the wait list.

age, familiar status, disability, sexual orientation or gender identity of any member of an applicant family).

### 10.1 RANKING AND ORDER OF SELECTION IN GROUPS

*Ranking preferences are used to prioritize applicants. These categories will receive a ranking preference:*

Points:

**100 Homeless Preference:** Families who are referred to the HACM by a partnering homeless service organization that is a member of the Merced County Continuum of Care's centralized/coordinated assessment system and who meet the following criteria:

- An individual or family who lacks a fixed, regular and adequate nighttime residence meaning:
  - ✓ An individual or family living in a supervised publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state or local government programs for low-income individuals)
  - ✓ An individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter or place not meant for human habitation immediately before entering that institution
  - ✓ A primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings, including a car, park, abandoned building, bus or train station, airport or camping ground
- Any individual or family who:
  - ✓ Is fleeing, or is attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family member, including a child, that has either taken place within the individual's or family's primary nighttime residence or has made the individual or family afraid to return to their primary nighttime residence; **and**
  - ✓ Has no other residence; **and**
  - ✓ Lacks the resources or support networks, e.g. family, friend, and faith-based or other social networks, to obtain other permanent housing

This preference shall be limited to applicants based on certification/referrals from identified agencies with whom HACM has a written agreement. Eligibility criteria for referral will be developed by the referring agency in conjunction with the HACM.

If it is determined that an applicant does not meet the criteria described therein, the applicant will lose their preference points and will be returned to applicable HACM waiting list/s.

- 100 Veteran Preference:** Current members of the military, veterans, or surviving spouses of veterans may qualify for this preference. Applicants must provide proof of honorable discharge. If discharge is less than honorable, applicant must provide proof of eligibility to receive veteran benefits.
- 10 Involuntarily Displaced:** Families who have been displaced due to a locally declared disaster, state declared disaster, federally declared disaster or other national emergency. It will also be given to those or other local disasters as approved by the Executive Director.
- 10 Residency Preference:** Families who live, work, or have been hired to work within Merced County and /or residents. Applicants who are working or who have been notified that they are hired to work in a residency preference area must be treated as residents of the residency preference area.
- HUD regulations state that a residency preference must not be based on how long an applicant has resided or worked in a residency preference area.
- 10 Elderly or Disabled Person Preference:** An elderly preference applies if the head, spouse or co-head is a person who is age 62 or older. A disabled person preference applies if the head, spouse or co-head receives Social Security or Supplemental Security benefits or otherwise meets the definition of disabled as defined under Section 223 of the Social Security Act.

## 10.2 PREFERENCE CERTIFICATION

At the time of pre-application, an applicant's entitlement to a Local Preference may be made on the following basis:

- An applicant's self-certification that they qualify for a preference will be accepted at time of pre-application. **When the family is selected from the waiting list for the final determination of eligibility, the preference will be verified.**

If the preference verification indicates that an applicant does not qualify for the preference, the applicant will be returned to the waiting list without the Local Preference and given an opportunity for an informal review.

If an applicant is found to have provided false documentation in order to qualify for a Local preference, the HACM will permanently deny admission to the program for the family, and the family will be given an opportunity for an informal review.

## 10.3 AMONG APPLICANTS WITH EQUAL PREFERENCE STATUS

If the family member states they have not been issued a number, the family member will be required to sign a certification to this effect.

Any submission of a fraudulent Social Security Number or Social Security Card document by the family will be grounds for termination or denial of admission to the program.

#### **12.10 MEDICAL NEED FOR A LARGER UNIT**

A written certification that a larger unit is necessary must be obtained from a reliable, knowledgeable professional. If the family member gets written certification that the need for the larger unit is based on a permanent disability, this certification will only need to be obtained once. If the certification does not indicate how long the larger unit is necessary, the medical need will be verified annually at the recertification.

#### **12.11 VIOLENCE AGAINST WOMEN ACT (VAWA) SPECIAL CONSIDERATION**

When a victim of domestic violence requests special consideration, (e.g. to transfer to another unit during the first year of tenancy, or to refrain from being evicted from the Low Income Housing program as a result of being a victim of a domestic violence act), the HACM will require that the individual certify via a HUD-approved certification form that s/he is a victim of domestic violence, dating violence, or stalking, and that the incident/s in question are bona fide incidents of the actual or threatened abuse: as well as to provide any documentation required by the HACM such as a police report or court record relating to the violent act.

#### **12.12 VERIFICATION OF WAITING LIST PREFERENCES [24 CFR 982.207]**

**Involuntarily Displaced:** written verification must be made by local, state or federal agency verifying declared disaster.

**Homeless Preference:** written verification must be provided by partnering homeless service organization who are a part of the Merced County Continuum of Care and have signed agreement with the HACM.

**Veteran Preference:** The HACM will require US Government documents, which indicate that the applicant qualifies under the following definition: a veteran is any person who served in the United States military or served 6 years as a reservist or national guardsman (not including the two years of standby).

If the spouse is applying for a veteran status, verification will be required of marital status to the veteran. If the veteran is deceased, the spouse cannot have remarried.

**Residency Preference:** verification that person currently lives, works or has been hired to work within the HACM's area of jurisdiction.



than those imposed on all tenants to maintain their units and associated facilities in a decent, safe, and sanitary manner and to refrain from disturbing their neighbors.

## **22.0 Smoke Free Policy**

To insure quality of air and the safety of all public housing residents, HACM has declared that all public housing communities have a No Smoking Policy.

In accordance with PIH Notice-2009-21 (HA), 24 CFR 903.7 (b) (3), smoking (including, but not limited to, smoking cigarettes, cigars, and pipe) is prohibited in all Housing Authority of Merced public housing communities.

This includes all indoor areas including but not limited to residential units and common areas; and within twenty (20) feet of said buildings and outdoor areas (apartments, entry ways, walkways, grassed areas, play areas, parking lots and private vehicles parked on HACM property).

Smoking outside is limited to the following: public areas such as sidewalks and streets.

The term "smoking" is defined as inhaling, exhaling, burning, or carrying any lit cigar, cigarette or other similar tobacco products in any manner or in any forms.

The No Smoking Policy applies to all visitors, residents, contractors, volunteers, vendors, and HACM employees. Tenants and members of the household shall be responsible to enforce this No Smoking Policy as to their guests, invitees, and visitors to their residential units.

## **22.1 Responsibilities**

It is the responsibility of the HACM staff to educate residents and visitors about the No Smoking Policy. Printed material will be available for visitors at the AMP Offices. HACM has posted signage that reads "No Smoking Allowed except in designated area" and the designed smoking area will be clearly marked.

All public housing residents and their guest, invitees, and visitors are expected to:

1. Comply with the Resident Tenancy Lease Agreement and House Rules;
2. Not smoke in any resident unit, Housing Authority offices, and within twenty (20) feet of any doors and windows at said premises;
3. Not cause or permit a nuisance;
4. Not interfere, or cause or permit interference with, the reasonable peace, comfort or privacy of others;
5. Be responsible for behavior, conduct of their occupants and/or visitors to their unit, and ensure their compliance with HACM designated tobacco-free units and common areas.

**Elderly Family Allowance:** For elderly families, an allowance of \$400 is deducted from the household's annual income in determining adjusted annual income.

**Elderly Person:** A person who is at least 62 years of age. (1937 Housing Act)

**Extremely low-income families:** A family whose annual income does not exceed the federal poverty level or 30 percent of the median income for the area, whichever number is higher. Area median income is determined by HUD, with adjustments for smaller and larger families. HUD may establish income ceilings higher or lower than 30, 50, or 80 percent of the median income for an area if HUD finds that such variations are necessary because of unusually high or low family incomes.

**Fair Housing Act:** Title VIII of the Civil Rights Act of 1968, as amended by the Fair Housing Amendments Act of 1988 (42 U.S.C. 3601 et seq.). (24 CFR 5.100)

**Family** includes but is not limited to the following, **regardless of actual or perceived sexual orientation, gender identity, or marital status:**

- (1) A single person, who may be an elderly person, displaced person, disabled person, near-elderly person or any other single person; or
- (2) A group of persons residing together and such group include, but are not limited to:
  - (i) A family with or without children (a child who is temporarily away from the home because of placement in foster care is considered a member of the family);
  - (ii) An elderly family;
  - (iii) A near-elderly family;
  - (iv) A disabled family;
  - (v) A displaced family; and
  - (vi) The remaining member of a tenant family

**Family Members:** All members of the household other than live-in aides, foster children, and foster adults. All family members permanently reside in the unit, though they may be temporarily absent. All family members are listed on the lease.

**Family Self-Sufficiency Program (FSS Program):** The program established by a housing authority to promote self-sufficiency among participating families, including the coordination of supportive services. (24 CFR 984.103(b))

**Flat Rent:** A rent amount the family may choose to pay in lieu of having their rent determined under the formula method. The flat rent is established by the Housing Authority set at the lesser of the market value for the unit or the cost to operate the unit. Families selecting the flat rent option have their income evaluated once every three years, rather than annually.

<b>PHA Certifications of Compliance with PHA Plans and Related Regulations</b>	<b>U.S. Department of Housing and Urban Development</b> Office of Public and Indian Housing <b>Expires 4/30/2011</b>
--	--

---

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

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the X 5-Year and/or X Annual PHA Plan for the PHA fiscal year beginning 10/2015, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

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

ATTACHMENT (a)

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

Housing Authority of the County of Merced

CA023

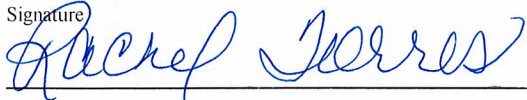
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 15 - 20 20

Annual PHA Plan for Fiscal Years 20 15 - 20 16

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

Name of Authorized Official Rachel Torres	Title Chairperson, Board of Commissioners
Signature 	Date 6-19-2015

ATTACHMENT (a)

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

Housing Authority of the County of Merced

CA023

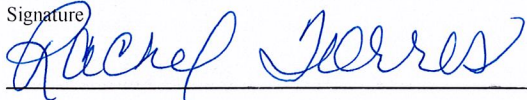
PHA Name

PHA Number/HA Code

5-Year PHA Plan for Fiscal Years 20 15 - 20 20

Annual PHA Plan for Fiscal Years 20 15 - 20 16

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

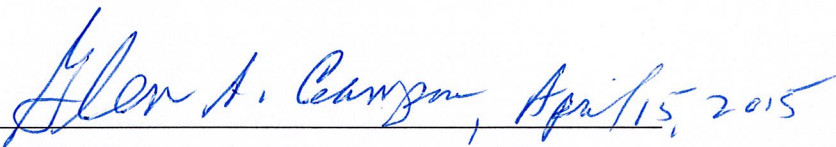
Name of Authorized Official Rachel Torres	Title Chairperson, Board of Commissioners
Signature 	Date 6-19-2015

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

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing  
**OMB# 2577-0226**  
**Expires 08/30/2011**

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

I, Glen Campora the Assistant Deputy Director certify that the Five Year and Annual PHA Plan of the Housing Authority of Merced is consistent with the Consolidated Plan of the State of California prepared pursuant to 24 CFR Part 91.

  
Glen A. Campora, April 15, 2015

Signed / Dated by Appropriate State or Local Official

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

**U.S. Department of Housing and Urban Development**  
Office of Public and Indian Housing  
**OMB# 2577-0226**  
**Expires 08/30/2011**

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

I, John Bramble the City Manager certify that the Five Year and  
Annual PHA Plan of the Housing Authority of Merced is consistent with the Consolidated Plan of  
City of Merced prepared pursuant to 24 CFR Part 91.



Signed / Dated by Appropriate State or Local Official

# Certification for a Drug-Free Workplace

U.S. Department of Housing and Urban Development

ATTACHMENT (b)

Applicant Name

Housing Authority of the County of Merced

Program/Activity Receiving Federal Grant Funding

Housing Authority of the County of Merced

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

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

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

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

- (1) The dangers of drug abuse in the workplace;
- (2) The Applicant's policy of maintaining a drug-free workplace;
- (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
- (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace.

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

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

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

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

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

- (1) Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
- (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;

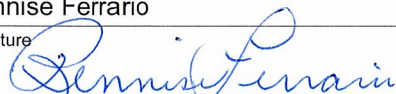
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs a. thru f.

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

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

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

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

Name of Authorized Official Rennise Ferrario	Title Executive Director
Signature 	Date 06/18/2015



# Certification of Payments to Influence Federal Transactions

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

ATTACHMENT (c)

Applicant Name

Housing Authority of the County of Merced

Program/Activity Receiving Federal Grant Funding

Housing Authority of the County of Merced

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

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

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

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

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

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

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

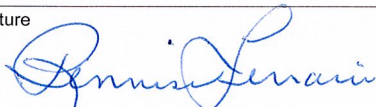
Name of Authorized Official

Rennise Ferrario

Title

Executive Director

Signature



Date (mm/dd/yyyy)

06/18/2015

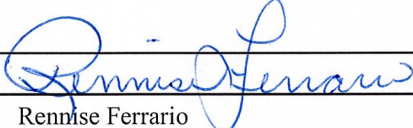
**DISCLOSURE OF LOBBYING ACTIVITIES**

Approved by OMB

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

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input checked="" type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> NA a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> NA a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Housing Authority of the County of Merced 405 U Street - Merced, CA 95341  <b>Congressional District, if known:</b> 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  N/A  <b>Congressional District, if known:</b>	
<b>6. Federal Department/Agency:</b> U.S Department of Housing and Urban Development	<b>7. Federal Program Name/Description:</b>  N/A  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b> N/A	<b>9. Award Amount, if known:</b> \$ 0.00	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):  N/A	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  N/A	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature:  Print Name: <u>Rennise Ferrario</u> Title: <u>Executive Director</u> Telephone No.: <u>209-386-4108</u> Date: <u>6/18/2015</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

# DISCLOSURE OF LOBBYING ACTIVITIES CONTINUATION SHEET

Approved by OMB  
0348-0046

Reporting Entity: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_

**HOUSING AUTHORITY OF THE COUNTY OF MERCED**  
**Resident Advisory Board Members**  
**2015**

Aloha Berino T0140  
Sujei Caldera T0357  
Pat Tusing T5473

---

**The Resident Advisory Board met on May 13, 2015 and made the following recommendations for the Agency's 5-Year Plan (2015-2020) and ACOP (2015):**

- Requested that we apply for grant to support Resident Service Coordinator.
- Concerns about City of Merced watering schedule.
  - Tenant was questioning watering day schedules, because she was approach by City Worker and was asked to turn off water; she informed him that it was her scheduled watering day. Linda Dominguez informed the tenant she would look into any other regulations that need to be followed and she will follow up with the tenants accordingly.
- Project 23-01 pleased with new installation of sewer lines. They no longer have issues with backed up sewer lines.
- Very pleased with Maintenance Staff concerning completion of repairs, interacting with tenants and addressing additional concerns while in the unit.
- Project 23-01 tenants requesting new front and back porch light fixtures.
  - With new modernized energy efficient light fixtures.
- Supportive of implementation of Smoke Free Policy.
- AARP- one tenant asked how to apply for AARP positions. Gina Thexton advised tenant that applicants are referred through local AARP Office. Tenant was familiar with office and location.

HOUSING AUTHORITY OF THE COUNTY OF MERCED  
**Resident Advisory Board Members**  
**2015**

Rocelia Chavez t6969  
Margarita Savageau t7224

---

The Resident Advisory Board met on May 12, 2015 and made the following recommendations for the Agency's 5-Year Plan (2015-2020) and ACOP (2015):

- Install dishwashers as a way to conserve water
- Install sprinklers in areas without sprinklers
- Livingston roof - moisture on fascia boards causing them to rot
- Livingston – clean out gutters in back yard
- Livingston – streets lights owned by City are old and provide poor lighting

HOUSING AUTHORITY OF THE COUNTY OF MERCED  
**Resident Advisory Board Members**  
**2015**

Taofia Eseroma T7253  
Joanna Gomez T7253  
Tonya Hernandez T0098

---

**The Resident Advisory Board met on May 5, 2015 and made the following recommendations for the Agency's 5-Year Plan (2015-2010) and ACOP (2015):**

- Provide additional lighting in common area – 416 K Street, Los Banos
- Adjust current lighting so it does not shine in bedrooms - 416 K #B Street #, Los Banos
- Spray on an annual basis for spiders – brown recluse and black widow spiders
- Offer education and job training programs for residents
- Provide additional lighting near alley/fence line – Alleyne Avenue, Los Banos

Signature: \_\_\_\_\_

Joanna Gomez

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

5.8.15

# Housing Authority of the County of Merced

405 U STREET MERCED, CA 95341

PHONE (209) 722-3501

FAX (209) 722-0106

VISIT OUR WEB SITE AT: [www.merced-pha.com](http://www.merced-pha.com)



---

## ATTACHMENT (f)

May 30, 2015

Resident Advisory Board

RE: Recommendations and Suggestions Submitted

To All Concerned:

Thank you so much for your participation in the planning of this years' Capital Fund Program. It is very beneficial to the agency to hear from our tenants and have the opportunity to address the concerns and issues that are important to each and every one of you.

During the meetings some very good ideas were shared. Tenant recommendations included:

- Conserving watering during the drought - There were suggestions of installing additional sprinklers and dishwashers to conserve water.
- Lighting – Tenants suggested new energy efficient light fixtures for the front and back porches in AMP 1
- Resident Services Coordinator – Tenants said that the program has been of a benefit to the tenants and the HACM should continue.
- Tenant at 416 K Street, AMP 3, suggested that additional lighting on K Street would be of benefit for security. Tenant thought that the new lights they received should be adjusted so that it did not shine in the unit window.
- It was suggested that HACM do regular pest control spraying.
- AMP 2 tenants suggested that roofs be checked/repared and gutters be cleaned.
- It was also shared that the street lights were old and provided poor lighting.

In response to the ideas and suggestions that were shared, I would like to provide you with the following update:

- Unfortunately at this time we are not considering adding additional sprinkler lines or dish washers to the units. In attempting to reduce water usage and based on the watering restrictions in the various cities, it is not cost effective to install new watering lines. Unfortunately some areas will not be as green as we have enjoyed in the past.
- Lighting – Replacement of old light fixtures with new energy efficient lighting fixtures has been an ongoing project and will continue in 2015.
- Resident Services Coordinator – the HACM will continue to apply for grant funding when available.

- Security lighting – updating replacing old security lights continues. Six areas previously identified as high priority have been addressed. K Street will be reviewed.
- Pest Control – HACM is in the process of releasing new RFP for pest control.
- Gutters will be cleaned as part of regularly scheduled seasonal preventative maintenance.
- Contact will be made with the City of Livingston regarding the poor street lighting.

Thank you again for taking the time to participate in the meetings and for sharing your concerns and offering solutions and suggestions.

Sincerely,

*Rennise Ferrario*

Rennise Ferrario  
Executive Director



**CHALLENGED ELEMENTS**

Not Applicable

ATTACHMENT (h)

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 9/14/2011

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <b>CA39P023501-11</b> Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: <b>2011</b> FFY of Grant Approval: <b>2011</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 5)	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20)3	\$ -	\$ -		
3	1408 Management Improvements	\$ 66,252	\$ 132,504	\$ 132,504	\$ 132,504
4	1410 Administration (may not exceed 10% of line 20)	\$ 66,252	\$ 66,252	\$ 66,252	\$ 66,252
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ 413,000	\$ 294,002	\$ 294,002	\$ 294,002
10	1460 Dwelling Structures	\$ 117,019	\$ 169,765	\$ 169,765	\$ 169,765
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ -	\$ -		

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

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

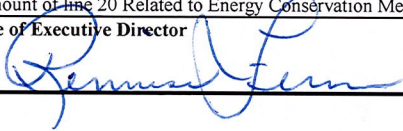
<sup>3</sup> PHA's under 250 units in management may use 100% of CFP Grants for operations.

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

ATTACHMENT (h)

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 9/14/2011

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: CA39P023501-11 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: 5)	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 662,523	\$ 662,523	\$ 662,523	\$ 662,523
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		
Signature of Executive Director 		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date	

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

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

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

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

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 9/14/2011

<b>Part II: Supporting Pages</b>								
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <b>CA39P023501-11</b> Replacement Housing Factor Grant No:			Federal FFY of Grant: <b>2011</b>			
Development Number Name/HA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>2</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	<b>OPERATIONS</b>		Revised Annual \$	\$ -	\$ -			
PHA-Wide	<b>MANAGEMENT IMPROVEMENTS</b>	1408		\$ 66,252	\$ 132,504			
	<i>Computer Software</i>				\$ 40,925			
	<i>Computer Hardware upgrade replacement</i>				\$ 68,447			
	<i>Telephone system replacement</i>				\$ 23,132			
PHA-Wide	<b>ADMINISTRATION</b>	1410		\$ 66,252	\$ 66,252			
PHA-Wide	<b>FEES &amp; COSTS</b>	1430		\$ -	\$ -			
PHA-Wide	<b>SITE IMPROVEMENTS</b>	1450		\$ 413,000	\$ 294,002			
23-10 & 13/AMP #1 and 23-04 & 11/AMP #3	<i>Replace/Upgrade Exterior Site Lights</i>		142		\$ 246,918			
23-01/AMP #1	<i>Wastewater System Upgrades</i>				\$ 2,455			
23-01 & 23-05	<i>Wastewater System Upgrades &amp; Driveways</i>				\$ 6,682			
23-05	<i>ADA Entry Ramp</i>				\$ 5,455			
23-06/AMP #2	<i>Play Area dismantle</i>				\$ 32,492			
PHA-Wide	<b>DWELLING STRUCTURES</b>	1460		\$ 117,019	\$ 169,765			
23-02/04/11/AMP #3	<i>Exterior Paint</i>		70	\$ -	\$ 159,063			
23-01	<i>Reroofing</i>		19		\$ 1,543			
PHA-Wide	<i>HVAC Replacement</i>				\$ 9,160			
PHA-Wide	<b>DWELLING EQUIPMENT -NON EXPENDABLE</b>	1465.1		\$ -	\$ -			
PHA-Wide	<b>NON DWELLING STRUCTURES</b>	1470		\$ -	\$ -			
				\$ -	\$ -			
				\$ -	\$ -			
PHA-Wide	<b>NON DWELLING EQUIPMENT</b>	1475		\$ -	\$ -			
PHA-Wide	<b>Relocation Costs</b>	1495.1		\$ -	\$ -			

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

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

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 9/14/2011

<b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>					<b>Federal FY of Grant:</b> CA39P023501-11		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA-Wide</i>	Sep-13			Sep-15			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

<b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>						<b>Federal FY of Grant:</b> <b>CA39PO23501-12</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA-Wide</i>	Mar-14			Mar-16			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: CA39P023501-13 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2013 FFY of Grant Approval: 2013	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ 63,298	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ 63,298	\$ 63,298		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ -	\$ 245,349		
10	1460 Dwelling Structures	\$ 506,386	\$ 324,335		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ -	\$ -		
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 632,982	\$ 632,982	\$ -	\$ -
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

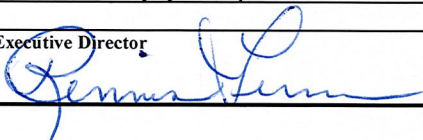
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <b>CA39P023501-13</b> Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: <b>2013</b> FFY of Grant Approval: <b>2013</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date	



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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

**Part II: Supporting Pages**

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <u>CA39P023501-13</u> CFFP (Yes/No): Replacement Housing Factor Grant No:				Federal FFY of Grant: 2013		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Management Improvements</b>	1408		\$ 63,298	\$ -			
	<b>Administration</b>	1410		\$ 63,298	\$ 63,298			
	<b>Fees &amp; Costs</b>	1430		\$ -	\$ -			
	<b>Site Improvements</b>	1450		\$ -	\$ 245,349			
<i>CA023--05, Dos Palos/AMP #3</i>	<i>Replace driveways</i>		30		\$ 245,349			
	<b>Dwelling Structures</b>	1460		\$ 506,386	\$ 324,335			
<i>PHA-Wide</i>	<i>Unit Modifications</i>			\$ 6,386				
<i>CA23012A/B - Atwater/Winton/ AMP #2</i>	<i>HVAC equipment replace &amp; improvements</i>		42	\$ 6,386	\$ 324,335			
<i>A/B/C/D -Atwater/Winton/Los Banos/D</i>	<i>Unit Modifications (Cabinets/countertops/floors/plumbing)</i>		64	\$ 500,000	\$ -			
	<b>Dwelling Equipment - Non Expendable</b>	1465.1		\$ -	\$ -			
	<b>Non Dwelling Structures</b>	1470		\$ -	\$ -			
	<b>Non Dwelling Equipment</b>	1475		\$ -	\$ -			
	<b>Relocation Costs</b>	1495.1		\$ -	\$ -			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

<b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>						<b>Federal FY of Grant:</b> CA39P023501-13	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA-Wide</i>	Sep-15			Sep-17			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>					
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: CA39P02350114 Replacement Housing Factor Grant No: Date of CFFP:		<b>FFY of Grant:</b> 2014 <b>FFY of Grant Approval:</b> 2014	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )			
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ 66,251	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ 50,000	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ 119,436	\$ -		
10	1460 Dwelling Structures	\$ 426,826	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ -	\$ -		
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 662,513	\$ -	\$ -	\$ -
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security – Soft Costs	0	0		
24	Amount of Line 20 Related to Security – Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

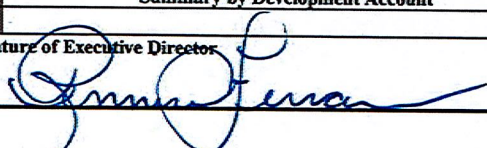
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

Part I: Summary				
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: CA39P02350114 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2014 FFY of Grant Approval: 2014
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated
	Signature of Executive Director 	Date 5/21/2014	Signature of Public Housing Director	Date

ATTACHMENT (n)

**Part II: Supporting Pages**

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <u>CA39P02350114</u> <u>CFFP (Yes/No):</u> Replacement Housing Factor Grant No:			Federal FFY of Grant: 2014			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Management Improvements</b>	1408			\$ -			
	Administration	1410		\$ 66,251				
	Fees & Costs	1430		\$ 50,000	\$ -			
<i>PHA-Wide</i>	Architectural Service			\$ 50,000				
	<b>Site Improvements</b>	1450		\$ 119,436	\$ -			
<i>CA023-05, Dps Palos/AMP #3</i>	Replace driveways		30	\$ 37,436				
<i>CA023-13, Merced/AMP #1</i>	Parking area improvements		28	\$ 41,000				
<i>CA023-12A/B, Atwater/AMP #2</i>	Privacy fencing		42	\$ 41,000				
	<b>Dwelling Structures</b>	1460		\$ 426,826	\$ -			
<i>CA02306, Livingston/AMP #2</i>	Unit modification including floor replacement & bath upgrades		60	\$ 349,826				
<i>PHA-Wide</i>	ADA modifications			\$ 77,000				
	<b>Dwelling Equipment - Non Expendable</b>	1465.1		\$ -	\$ -			
	Non Dwelling Structures	1470		\$ -	\$ -			
	Non Dwelling Equipment	1475		\$ -	\$ -			
	<b>Relocation Costs</b>	1495.1		\$ -	\$ -			

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

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

ATTACHMENT (n)

**Part III: Implementation Schedule**

PHA Name: <i>The Housing Authority of the County of Merced</i>						Federal FY of Grant: CA39P02350114	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA-Wide</i>	May-16			May-18			

ATTACHMENT (n)

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

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

U.S Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0266  
Expires 06/30/2017

<b>Part III: Implementation Schedule</b>					
<b>PHA Name:</b>			<b>Federal FY of Grant:</b>		
<i>The Housing Authority of the County of Merced</i>			<b>CA39P02350115</b>		
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
<i>PHA-Wide</i>	4/12/2017		4/12/2019		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: CA39P02350115 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2015 FFY of Grant Approval: 2015	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance & Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ 71,410	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ 14,952	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ 17,500	\$ -		
10	1460 Dwelling Structures	\$ 610,237	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ -	\$ -		
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 714,098	\$ -	\$ -	\$ -
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

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

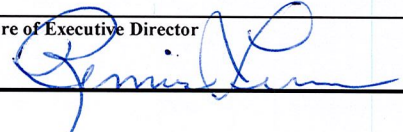
<sup>3</sup> PHA's under 250 units in management may use 100% of CFP Grants for operations.

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



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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 06/30/2017

Part I: Summary				
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <b>CA39P02350115</b> Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: <b>2015</b> FFY of Grant Approval: <b>2015</b>
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated
	Signature of Executive Director 	Date <i>2/3/2015</i>	Signature of Public Housing Director	
				Date

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 06/30/2017

**Part II: Supporting Pages**

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <u>CA39P02350115</u> CFFP (Yes/No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2015			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Management Improvements</b>	1408		\$	-			
	<b>Administration</b>	1410		\$	71,410			
	<b>Fees &amp; Costs</b>	1430		\$	14,952			
	<b>Site Improvements</b>	1450		\$	17,500			
<i>23-12 C/D</i>	<i>Replace privacy fencing</i>		22	\$	17,500			
	<b>Dwelling Structures</b>	1460		\$	610,237			
<i>PHA-Wide</i>	<i>Unit Modificaitons/Improvements</i>			\$	6,000			
<i>23-12C/D</i>	<i>Unit Modificaitons (cabinets/countertops, floors/plumbing)</i>		42	\$	502,600			
<i>23-12C/D, 23-03, 23-13, 23-10</i>	<i>Install Exterior Security Screen Doors</i>		175	\$	73,903			
<i>23-12C/D &amp; 23-03</i>	<i>Install Energy Efficient Lighting</i>		37	\$	5,550			
<i>PHA-Wide</i>	<i>ADA Improvements - Interior</i>		2	\$	22,184			
				\$	-			
				\$	-			
	<b>Dwelling Equipment - Non Expendable</b>	1465.1		\$	-			
	<b>Non Dwelling Structures</b>	1470		\$	-			
	<b>Non Dwelling Equipment</b>	1475		\$	-			
	<b>Relocation Costs</b>	1495.1		\$	-			

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

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

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
**Expires 06/30/2017**

<b>Part III: Implementation Schedule</b>					
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>			<b>Federal FY of Grant:</b> <b>CA39P02350115</b>		
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End Date	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
<i>PHA-Wide</i>	4/12/2017		4/12/2019		

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: CA39P02350115 Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: 2015 FFY of Grant Approval: 2015	
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$	-		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$	-		
3	1408 Management Improvements	\$	-		
4	1410 Administration (may not exceed 10% of line 20)	\$	-		
5	1411 Audit	\$	-		
6	1415 Liquidated Damages	\$	-		
7	1430 Fees and Costs	\$	-		
8	1440 Site Acquisition	\$	-		
9	1450 Site Improvements	\$	-		
10	1460 Dwelling Structures	\$	-		
11	1465.1 Dwelling Equipment - Nonexpendable	\$	-		
12	1470 Nondwelling Structures	\$	-		
13	1475 Nondwelling Equipment	\$	-		
14	1485 Demolition	\$	-		
15	1492 Moving to Work Demonstration	\$	-		
16	1495.1 Relocation Costs	\$	-		
17	1499 Development Activities <sup>4</sup>	\$	30,913		
18a	1501 Collateralization or Debt Service paid by the PHA	\$	-		
18ba	Payment	\$	-		
19	1502 Contingency (may not exceed 8% of line 20)	\$	-		
20	Amount of Annual Grant: (sum of lines 2-19)	\$	30,913		
21	Amount of line 20 Related to LBP Activities	\$	-		
22	Amount of line 20 Related to Section 504 compliance	\$	-		
23	Amount of line 20 Related to Security -- Soft Costs	\$	-		
24	Amount of Line 20 Related to Security -- Hard Costs	\$	-		
25	Amount of line 20 Related to Energy Conservation Measures	\$	-		

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

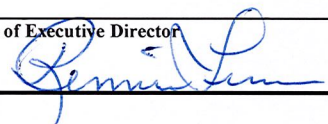
<sup>2</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.

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

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

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 06/30/2017

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <b>CA39P02350115</b> Replacement Housing Factor Grant No: Date of CFFP:		FFY of Grant: <b>2015</b> FFY of Grant Approval: <b>2015</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )			
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date	

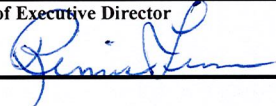
Annual Statement/Performance and Evaluation Report  
 Capital Fund Program, Capital Fund Program Replacement Housing Factor and  
 Capital Fund Financing Program

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 06/30/2017

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: <u>CA39P02350115</u> CFFP (Yes/No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant:</b> 2015			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
	<b>Management Improvements</b>	1408		\$	-			
	<b>Administration</b>	1410						
	<b>Fees &amp; Costs</b>	1430						
	<b>Site Improvements</b>	1450		\$	-			
	<b>Dwelling Structures</b>	1460		\$	-			
	<b>Dwelling Equipment - Non Expendable</b>	1465.1		\$	-			
	<b>Non Dwelling Structures</b>	1470		\$	-			
	<b>Non Dwelling Equipment</b>	1475		\$	-			
	<b>Relocation Costs</b>	1495.1		\$	-			
	<b>Development Activities</b>	1499		\$	<b>30,913</b>			
				\$	-			

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

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

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023501-08</b> Date of CFFP:		FFY of Grant: <b>2008</b> FFY of Grant Approval: <b>2008</b>	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date	

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023501-09</b> Date of CFFP:			FFY of Grant: <b>2009</b> FFY of Grant Approval: <b>2009</b>
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ -	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ -	\$ -		
10	1460 Dwelling Structures	\$ -	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ 1,909	\$ -	\$ 1,909	\$ 1,909
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 1,909	\$ -	\$ 1,909	\$ 1,909
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

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

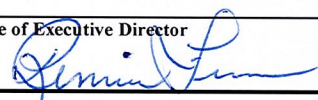
<sup>3</sup> PHA's under 250 units in management may use 100% of CFP Grants for operations.

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



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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

Part I: Summary				
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023501-09</b> Date of CFFP:		FFY of Grant: <b>2009</b> FFY of Grant Approval: <b>2009</b>
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated
				Expended
Signature of Executive Director 		Date <i>July 31, 2015</i>	Signature of Public Housing Director	
			Date	

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023501-09</b>				<b>Federal FFY of Grant:</b> <b>2009</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CA023024	Development Activities	1499		\$ 1,909		\$ 1,909.00	\$ 1,909.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

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

U.S Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0266  
 Expires 08/31/2011

<b>Part III: Implementation Schedule</b>							
PHA Name: <i>The Housing Authority of the County of Merced</i>					Federal FY of Grant: <b>2009</b>		
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
CA023024	Sep-15		Jun-15	Sep-17		Jun-15	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>					
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R02350110</b> Date of CFFP:			<b>FFY of Grant:</b> 2010 <b>FFY of Grant Approval:</b> 2010
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ -	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ -	\$ -		
10	1460 Dwelling Structures	\$ -	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ 111,934	\$ -	\$ 111,934	\$ 111,934
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 111,934	\$ -	\$ 111,934	\$ 111,934
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -	\$ -	\$ -
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

Part I: Summary				
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CA39R023501-10 Date of CFFP:		FFY of Grant: 2010 FFY of Grant Approval: 2010
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input checked="" type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated
				Expended
Signature of Executive Director <i>Rennus Lenan</i>		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date

**Part II: Supporting Pages**

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023501-10</b>			Federal FFY of Grant: <b>2010</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CA023024	Development Activities	1499		\$ 111,934		\$ 111,934.00	\$ 111,934.00	

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>						<b>Federal FY of Grant:</b> 2010	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
CA023024	Sep-15		Jun-15	Sep-15		Jun-15	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>					
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-11</b> Date of CFFP:		<b>FFY of Grant:</b> 2011 <b>FFY of Grant Approval:</b> 2011	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/> Performance & Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ -	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ -	\$ -		
10	1460 Dwelling Structures	\$ -	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ 91,272	\$ -		
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 91,272	\$ -		
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -		
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

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


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

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



<b>Part III: Implementation Schedule</b>							
PHA Name: <i>The Housing Authority of the County of Merced</i>						Federal FY of Grant: <b>2011</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>CA023024</i>	Sep-15		Jun-15	Sep-17		Jun-15	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CA39R023502-11 Date of CFFP:		FFY of Grant: 2011 FFY of Grant Approval: 2011	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date <i>July 21, 2015</i>		Signature of Public Housing Director Date	

<b>Part III: Implementation Schedule</b>							
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>						<b>Federal FY of Grant:</b> 2012	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>CA023024</i>	Sep-15		Jun-15	Sep-17		Jun-15	

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part III: Implementation Schedule</b>							
PHA Name: <i>The Housing Authority of the County of Merced</i>						Federal FY of Grant: <b>2013</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
CA023024	Sep-15			Sep-17			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

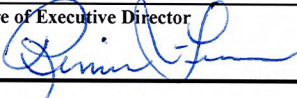
Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CA39R023501-14 Date of CFFP:			FFY of Grant: 2014 FFY of Grant Approval: 2014
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20)3	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ -	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ -	\$ -		
10	1460 Dwelling Structures	\$ -	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ 61,083	\$ -		
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 61,083	\$ -		
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -		
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

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

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

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

Part I: Summary				
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023501-14</b> Date of CFFP:		FFY of Grant: 2014 FFY of Grant Approval: 2014
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated
Signature of Executive Director 		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date

**Part II: Supporting Pages**

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <u>2014</u> Replacement Housing Factor Grant No: <b>CA39R023501-14</b>				Federal FFY of Grant: <b>2014</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CA023024	Development Activities	1499		\$ 61,083				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule</b>							
PHA Name: <i>The Housing Authority of the County of Merced</i>							Federal FY of Grant: <b>2014</b>
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
Development Activities	Jun-16			Jun-18			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.



<b>Part II: Supporting Pages</b>								
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-11</b>				<b>Federal FFY of Grant:</b> 2011		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CA023024	Development Activities	1499		\$	91,272			

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

**Part III: Implementation Schedule**

PHA Name: <i>The Housing Authority of the County of Merced</i>				Federal FY of Grant: 2011			
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>CA023024</i>	Dec-17			Dec-19			


<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part III: Implementation Schedule</b>							
PHA Name: <i>The Housing Authority of the County of Merced</i>						Federal FY of Grant: <b>2012</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
CA023024	Dec-17			Dec-19			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

<b>Part I: Summary</b>						
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-13</b> Date of CFFP:			<b>FFY of Grant:</b> 2013 <b>FFY of Grant Approval:</b> 2013	
<input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 ) <input type="checkbox"/> Performance & Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report						
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>		
		Original	Revised <sup>2</sup>	Obligated	Expended	
1	Total non-CFP Funds	\$ -	\$ -			
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -			
3	1408 Management Improvements	\$ -	\$ -			
4	1410 Administration (may not exceed 10% of line 20)	\$ -	\$ -			
5	1411 Audit	\$ -	\$ -			
6	1415 Liquidated Damages	\$ -	\$ -			
7	1430 Fees and Costs	\$ -	\$ -			
8	1440 Site Acquisition	\$ -	\$ -			
9	1450 Site Improvements	\$ -	\$ -			
10	1460 Dwelling Structures	\$ -	\$ -			
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -			
12	1470 Nondwelling Structures	\$ -	\$ -			
13	1475 Nondwelling Equipment	\$ -	\$ -			
14	1485 Demolition	\$ -	\$ -			
15	1492 Moving to Work Demonstration	\$ -	\$ -			
16	1495.1 Relocation Costs	\$ -	\$ -			
17	1499 Development Activities <sup>4</sup>	\$ 31,233	\$ -			
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -			
18ba	Payment	\$ -	\$ -			
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -			
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 31,233	\$ -			
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -			
22	Amount of line 20 Related to Section 504 compliance	0	0			
23	Amount of line 20 Related to Security -- Soft Costs	0	0			
24	Amount of Line 20 Related to Security -- Hard Costs	0	0			
25	Amount of line 20 Related to Energy Conservation Measures	0	0			

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

Part I: Summary					
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-13</b> Date of CFFP:		<b>FFY of Grant:</b> 2013 <b>FFY of Grant Approval:</b> 2013	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1 )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date <i>July 21, 2015</i>		Signature of Public Housing Director Date	

Part II: Supporting Pages

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-13</b>			Federal FFY of Grant: 2013			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
CA023024	Development Activities	1499		\$ 31,233				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule</b>							
PHA Name: <i>The Housing Authority of the County of Merced</i>						Federal FY of Grant: <b>2013</b>	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>C4023024</i>	Sep-15			Sep-17			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

Part I: Summary					
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: CA39R023502-14 Date of CFFP:		FFY of Grant: 2014 FFY of Grant Approval: 2014	
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )	
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ -	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ -	\$ -		
10	1460 Dwelling Structures	\$ -	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ 31,324	\$ -		
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 31,324	\$ -		
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -		
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

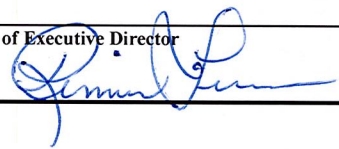
<sup>1</sup> To be completed for the Performance and Evaluation Report.

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

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

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



Part I: Summary					
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-14</b> Date of CFFP:			
		<b>FFY of Grant:</b> 2014 <b>FFY of Grant Approval:</b> 2014			
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies			
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
Signature of Executive Director 		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date	

**Part II: Supporting Pages**

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: <u>2014</u> Replacement Housing Factor Grant No: <u>CA39R023502-14</u>			Federal FFY of Grant: 2014			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Development Activities	1499		\$ 31,324				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

<b>Part III: Implementation Schedule</b>							
PHA Name: <i>The Housing Authority of the County of Merced</i>						Federal FY of Grant: 2014	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA-Wide</i>							

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.

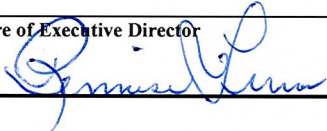
<b>Part I: Summary</b>					
<b>PHA Name:</b> <i>The Housing Authority of the County of Merced</i>		<b>Grant Type and Number</b> Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-15</b> Date of CFFP:		<b>FFY of Grant:</b> <b>2015</b> <b>FFY of Grant Approval:</b> <b>2015</b>	
<input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Revised Annual Statement (revision no: ) <input type="checkbox"/> Performance & Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original	Revised <sup>2</sup>	Obligated	Expended
1	Total non-CFP Funds	\$ -	\$ -		
2	1406 Operations (may not exceed 20% of line 20) <sup>3</sup>	\$ -	\$ -		
3	1408 Management Improvements	\$ -	\$ -		
4	1410 Administration (may not exceed 10% of line 20)	\$ -	\$ -		
5	1411 Audit	\$ -	\$ -		
6	1415 Liquidated Damages	\$ -	\$ -		
7	1430 Fees and Costs	\$ -	\$ -		
8	1440 Site Acquisition	\$ -	\$ -		
9	1450 Site Improvements	\$ -	\$ -		
10	1460 Dwelling Structures	\$ -	\$ -		
11	1465.1 Dwelling Equipment - Nonexpendable	\$ -	\$ -		
12	1470 Nondwelling Structures	\$ -	\$ -		
13	1475 Nondwelling Equipment	\$ -	\$ -		
14	1485 Demolition	\$ -	\$ -		
15	1492 Moving to Work Demonstration	\$ -	\$ -		
16	1495.1 Relocation Costs	\$ -	\$ -		
17	1499 Development Activities <sup>4</sup>	\$ 30,913	\$ -		
18a	1501 Collateralization or Debt Service paid by the PHA	\$ -	\$ -		
18ba	Payment	\$ -	\$ -		
19	1502 Contingency (may not exceed 8% of line 20)	\$ -	\$ -		
20	Amount of Annual Grant: (sum of lines 2-19)	\$ 30,913	\$ -		
21	Amount of line 20 Related to LBP Activities	\$ -	\$ -		
22	Amount of line 20 Related to Section 504 compliance	0	0		
23	Amount of line 20 Related to Security -- Soft Costs	0	0		
24	Amount of Line 20 Related to Security -- Hard Costs	0	0		
25	Amount of line 20 Related to Energy Conservation Measures	0	0		

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

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

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

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

Part I: Summary				
PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-15</b> Date of CFFP:		FFY of Grant: 2015 FFY of Grant Approval: 2015
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no: )
<input type="checkbox"/> Performance & Evaluation Report for Period Ending:		<input type="checkbox"/> Final Performance and Evaluation Report		
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>
		Original	Revised <sup>2</sup>	Obligated
Signature of Executive Director 		Date <i>July 31, 2015</i>		Signature of Public Housing Director Date

**Part II: Supporting Pages**

PHA Name: <i>The Housing Authority of the County of Merced</i>		Grant Type and Number Capital Fund Program Grant No: Replacement Housing Factor Grant No: <b>CA39R023502-15</b>			Federal FFY of Grant: <b>2015</b>			
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Dev. Acct No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended <sup>2</sup>	
PHA-Wide	Development Activities	1499		\$ 30,913				

<sup>1</sup> To be completed for the Performance and Evaluation Report or a Revised Annual Statement.  
<sup>2</sup> To be completed for the Performance and Evaluation Report.

Part III: Implementation Schedule							
PHA Name: <i>The Housing Authority of the County of Merced</i>						Federal FY of Grant: 2015	
Development Number Name/HA-Wide Activities	All Fund Obligated (Quarter Ending Date)			All Funds Expended (Quarter Ending Date)			Reasons for Revised Target Dates <sup>1</sup>
	Original	Revised	Actual	Original	Revised	Actual	
<i>PHA-WIDE</i>	Jun-17			Jun-19			

<sup>1</sup> Obligation and expenditure end dated can only be revised with HUD approval pursuant to Section 9j of the U.S. Housing Act of 1937, as amended.





**Capital Fund Program Five-Year Action Plan**

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0266

**Expires 4/30/2011**

<b>Part I: Summary</b>						
PHA Name:		Locality				
<i>The Housing Authority of the County of Merced</i>		<i>Merced, Merced Co, California</i>			<input type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> <b>Revision No: 5</b>
A.	Development Number and Name	Year 1 FFY 2015	Work Statement for Year 2 FFY Grant: <b>2016</b> PHA FY: <b>2016</b>	Work Statement for Year 3 FFY Grant: <b>2017</b> PHA FY: <b>2017</b>	Work Statement for Year 4 FFY Grant: <b>2018</b> PHA FY: <b>2018</b>	Work Statement for Year 5 FFY Grant: <b>2019</b> PHA FY: <b>2019</b>
B.	Physical Improvements Subtotal	<b>Annual Statement</b>	\$642,688	\$642,688	\$642,688	\$642,688
C.	Management Improvements		\$0	\$0	\$0	\$0
D.	PHA-Wide Non-dwelling Structures and Equipment				\$0	\$0
E.	Administration		\$71,410	\$71,410	\$71,410	\$71,410
F.	Other /Contingency					
G.	Operations					
H.	Demolition					
I.	Development		\$0	\$0	\$0	\$0
J.	Capital Fund Financing - Debt Service					
K.	Total CFP Funds		\$714,098	\$714,098	\$714,098	\$714,098
L.	Total Non-CFP Funds					
M.	Grand Total		\$714,098	\$714,098	\$714,098	\$714,098

**Capital Fund Program Five-Year Action Plan**

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0266

**Expires 4/30/2011**

<b>Part I: Summary</b>						
PHA Name:		Locality				
<i>The Housing Authority of the County of Merced</i>		<i>Merced, Merced Co, California</i>			<input type="checkbox"/> Original 5-Year Plan	<input checked="" type="checkbox"/> <b>Revision No: 5</b>
A.	Development Number and Name	Year 1 FFY 2015	Work Statement for Year 2 FFY Grant: 2016 PHA FY: 2016	Work Statement for Year 3 FFY Grant: 2017 PHA FY: 2017	Work Statement for Year 4 FFY Grant: 2018 PHA FY: 2018	Work Statement for Year 5 FFY Grant: 2019 PHA FY: 2019
	Physical Improvements Subtotal	<b>Annual Statement</b>				
	PHA-Agency Wide Site Improvements		\$220,617	\$121,863	\$96,863	\$121,426
	PHA-Agency Wide Unit Modification		\$158,312	\$312,076	\$295,825	\$446,262
	PHA-Agency Wide Fees & Costs		\$75,000	\$75,000	\$50,000	\$0
	PHA-Agency Wide Non Dwelling Structures		\$188,759	\$133,749	\$200,000	\$75,000
			\$642,688	\$642,688	\$642,688	\$642,688

form HUD-50075.2 (4/2008)

Capital Fund Program Five-Year Action Plan

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0266

Expires 4/30/2011

<b>Part II: Supporting Pages -- Physical Needs Statement</b>						
Work Statement for Year 1 FFY <b>2015</b>	Activities for Year: <u>2</u> FFY Grant: <u>2016</u> PHA FY: <u>2016</u>			Activities for Year: <u>3</u> FFY Grant: <u>2017</u> PHA FY: <u>2017</u>		
	Development Name/Number	Major Work Categories	Estimated Cost	Development Name/Number	Major Work Categories	Estimated Cost
	See	PHA-Agency Wide	Site Improvements	\$ 220,617	PHA-Agency Wide	Site Improvements
Annual	PHA-Agency Wide	Unit Modifications	\$ 158,312	PHA-Agency Wide	Unit Modifications	\$ 312,076
Statement	PHA-Agency Wide	Fees & Costs	\$ 75,000	PHA-Agency Wide	Fees & Costs	\$ 75,000
	PHA-Agency Wide	Non-Dwelling Structures	\$ 188,759	PHA-Agency Wide	Non-Dwelling Structures	\$ 133,749
		<b>Subtotal of Estimated Cost</b>	<b>\$ 642,688</b>			<b>\$ 642,688</b>

**Capital Fund Program Five-Year Action Plan**

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0266

**Expires 4/30/2011**

<b>Part II: Supporting Pages -- Physical Needs Statement</b>						
Work Statement for Year 1 FFY <b>2015</b>	Activities for Year: <b>4</b> FFY Grant: <b>2018</b> PHA FY: <b>2018</b>			Activities for Year: <b>5</b> FFY Grant: <b>2019</b> PHA FY: <b>2019</b>		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See	PHA-Agency Wide	Site Improvements	\$ 96,863	PHA-Agency Wide	Site Improvements	\$ 121,426
Annual	PHA-Agency Wide	Unit Modifications	\$ 295,825	PHA-Agency Wide	Unit Modifications	\$ 446,262
Statement	PHA-Agency Wide	Fees & Costs	\$ 50,000	PHA-Agency Wide	Fees & Costs	\$ -
	PHA-Agency Wide	Non-Dwelling Structures	\$ 200,000	PHA-Agency Wide	Non-Dwelling Structures	\$ 75,000
		<b>Subtotal of Estimated Cost</b>	<b>\$ 642,688</b>			<b>\$ 642,688</b>

form HUD-50075.2 (4/2008)

**Capital Fund Program Five-Year Action Plan**

U.S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0266

**Expires 4/30/2011**

<b>Part III: Supporting Pages -- Management Needs Work Statement(s)</b>						
Work Statement for Year 1 FFY <b>2015</b>	Activities for Year: <b>2</b> FFY Grant: <b>2016</b> PHA FY: <b>2016</b>			Activities for Year: <b>3</b> FFY Grant: <b>2017</b> PHA FY: <b>2017</b>		
	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>	<b>Development Name/Number</b>	<b>Major Work Categories</b>	<b>Estimated Cost</b>
See						
Annual						
Statement						
		<b>Subtotal of Estimated Cost</b>	<b>\$ -</b>			<b>\$ -</b>