

Crosby Housing & Redevelopment Authority

300 Third Avenue N.E.
CROSBY, MINNESOTA 56441-1642

Telephone (218) 546-5088
FAX (218) 546-5041

Agenda

Crosby HRA Commissioners Meeting

11:00 a.m.

Tuesday, January 9, 2018

1. Call to Order

2. Roll Call

3. Public Hearing

a. Approval of Annual Plan and Adoption of Resolution No. 2018-02 (Attachment 1)

4. Election of Vice Chair (Attachment 2)

5. Reading and Approval of Minutes (Attachment 3)

6. Bills and Communications

a. Financial Report (Attachment 4)
b. Housing Manager Report (Attachment 5)

7. Unfinished Business

8. New Business

9. Adjournment

Next Meeting: Tuesday, February 13, 2018

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Crosby Housing & Redevelopment Authority
300 Third Avenue N.E.
CROSBY, MINNESOTA 56441-1642

Telephone (218) 546-5088
FAX (218) 546-5041

To: Crosby HRA Board Members
From: Teresa Hettver, Housing Manager
Date: January 4, 2018
Re: Approval of Annual Plan and Adoption of Resolution No. 2018-02

We are required to develop an Annual Plan each year between our Five Year Agency Plan. A public hearing must be held regarding any changes to the goals, objectives and policies of the agency prior to the approval of the Annual Plan, a copy of which is attached.

The changes made to the Annual Plan this year are described in Paragraph B.1(c) pertaining to Violence Against Women Act notices and Paragraph E.1, which lists current and open Capital Fund grants, and also includes an updated Capital Fund Program 5-Year Action Plan.

A public hearing is scheduled at 11:00 a.m. on Tuesday, January 9th, in the Community Room at the Crosby HRA. The notice of public hearing was posted in the Crosby-Ironton Courier on November 15th, 2017.

Action Requested: Approve the Annual Plan and Adopt Resolution No. 2018-02.

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Streamlined Annual PHA Plan (Small PHAs)	U.S. Department of Housing and Urban Development Office of Public and Indian Housing	OMB No. 2577-0226 Expires: 02/29/2016
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Purpose. The 5-Year and Annual PHA Plans provide a ready source for interested parties to locate basic PHA policies, rules, and requirements concerning the PHA's operations, programs, and services, and informs HUD, families served by the PHA, and members of the public of the PHA's mission, goals and objectives for serving the needs of low- income, very low- income, and extremely low- income families

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

Definitions.

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

A. PHA Information.						
A.1	<p>PHA Name: <u>Housing and Redevelopment Authority of Crosby</u> PHA Code: <u>MN082</u> PHA Type: <input checked="" type="checkbox"/> Small <input type="checkbox"/> High Performer PHA Plan for Fiscal Year Beginning: (MM/YYYY): <u>04/2018</u> PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above) Number of Public Housing (PH) Units <u>59</u> Number of Housing Choice Vouchers (HCVs) _____ Total Combined <u>59</u> PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p>					
	<p>Availability of Information. In addition to the items listed in this form, PHAs must have the elements listed below readily available to the public. A PHA must identify the specific location(s) where the proposed PHA Plan, PHA Plan Elements, and all information relevant to the public hearing and proposed PHA Plan are available for inspection by the public. Additionally, the PHA must provide information on how the public may reasonably obtain additional information of the PHA policies contained in the standard Annual Plan, but excluded from their streamlined submissions. At a minimum, PHAs must post PHA Plans, including updates, at each Asset Management Project (AMP) and main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website. PHAs are also encouraged to provide each resident council a copy of their PHA Plans.</p> <p><input type="checkbox"/> PHA Consortia: (Check box if submitting a Joint PHA Plan and complete table below)</p>					
Lead PHA:	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program	
					PH	HCV

B.	<p>Annual Plan Elements Submitted with 5-Year PHA Plans. Required elements for all PHAs completing this document in years in which the 5-Year Plan is also due. This section does not need to be completed for years when a PHA is not submitting its 5-Year Plan. See Section C for required elements in all other years (Years 1-4).</p>
B.1	<p>Revision of PHA Plan Elements.</p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last <u>Five-Year PHA Plan</u> submission?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Statement of Housing Needs and Strategy for Addressing Housing Needs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Financial Resources.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Rent Determination.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Significant Amendment/Modification</p> <p>(b) The PHA must submit its Deconcentration Policy for Field Office Review.</p> <p>(c) If the PHA answered yes for any element, describe the revisions for each element below:</p> <p>See attached Violence Against Women Act Notices:</p> <p class="list-item-l1">1. Notice of Occupancy Rights, Form HUD-5380</p> <p class="list-item-l1">2. Certification, Form HUD-5382</p> <p class="list-item-l1">3. Emergency Transfer Plan, Form HUD-5381</p> <p class="list-item-l1">4. Emergency Transfer Request, Form HUD-5383</p>
B.2	<p>New Activities.</p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Project-Based Assistance under RAD.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Units with Approved Vacancies for Modernization.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process. If using Project-Based Vouchers (PBVs), provide the projected number of project based units and general locations, and describe how project basing would be consistent with the PHA Plan.</p>
B.3	<p>Progress Report.</p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in the PHA 5-Year Plan.</p> <p>The HRA of Crosby continues to provide decent, safe and affordable housing to extremely low, low-income and very low-income families with the successful administration of the Public Housing program. The HRA of Crosby continues to be rated as a high performing agency.</p>
C.	<p>Annual Plan Elements Submitted All Other Years (Years 1-4). Required elements for all other fiscal years. This section does not need to be completed in years when a PHA is submitting its 5-Year PHA Plan.</p>
C.1.	<p>New Activities</p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p>

	<p><input type="checkbox"/> <input checked="" type="checkbox"/> Hope VI or Choice Neighborhoods.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Mixed Finance Modernization or Development.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Demolition and/or Disposition.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Conversion of Public Housing to Tenant-Based Assistance.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).</p> <p>(b) If any of these activities are planned for the current Fiscal Year, describe the activities. For new demolition activities, describe any public housing development or portion thereof, owned by the PHA for which the PHA has applied or will apply for demolition and/or disposition approval under section 18 of the 1937 Act under the separate demolition/disposition approval process.</p> <p>(c) If using Project-Based Vouchers, provide the projected number of project-based units, general locations, and describe how project-basing would be consistent with the PHA Plan.</p> <p>(d) The PHA must submit its Deconcentration Policy for Field Office Review.</p>
C.2	<p>Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan</p> <p><i>Form 50077-SM, Certification of Compliance with PHA Plans and Related Regulations</i>, including Item 5 must be submitted by the PHA as an electronic attachment to the PHA Plan. Item 5 requires certification on whether plan elements have been revised, provided to the RAB for comment before implementation, approved by the PHA board, and made available for review and inspection by the public.</p>
D	<p>Other Document or Certification Requirements for Annual Plan Submissions. Required in all submission years.</p>
D.1	<p>Civil Rights Certification.</p> <p><i>Form 50077-SM-HP, Certification of Compliance with PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
D.2	<p>Resident Advisory Board (RAB) Comments.</p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y N <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>If yes, comments must be submitted by the PHA as an attachment to the PHA Plan. PHAs must also include a narrative describing their analysis of the RAB recommendations and the decisions made on these recommendations.</p>
D.3	<p>Certification by State or Local Officials.</p> <p><i>Form HUD 50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
E	<p>Statement of Capital Improvements. Required in all years for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).</p>
E.1	<p>Capital Improvements. Include a reference here to the most recent HUD-approved 5-Year Action Plan (HUD-50075.2) and the date that it was approved by HUD. The 2017 CFP 5-year Action Plan, HUD form 50075.2, was approved by HUD on December 22, 2017. Attached is HUD-50075.1 for current and open years 2016, 2017, and 2018, and the current Capital Fund Program 5 year Action Plan, HUD-50075.2, for years 2018-2022.</p>

Housing and Redevelopment Authority of Crosby
Notice of Occupancy Rights under the Violence Against Women Act¹

To all Tenants and Applicants

The Violence Against Women Act (VAWA) provides protections for victims of domestic violence, dating violence, sexual assault, or stalking. VAWA protections are not only available to women, but are available equally to all individuals regardless of sex, gender identity, or sexual orientation.² The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that the **Housing and Redevelopment Authority of Crosby (HP)** is in compliance with VAWA. This notice explains your rights under VAWA. A HUD-approved certification form is attached to this notice. You can fill out this form to show that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking, and that you wish to use your rights under VAWA.³

Protections for Applicants

If you otherwise qualify for assistance under **Public Housing** or **Section 8**, you cannot be denied admission or denied assistance because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Protections for Tenants

If you are receiving assistance under **Public Housing** or **Section 8**, you may not be denied assistance, terminated from participation, or be evicted from your rental housing because you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

Also, if you or an affiliated individual of yours is or has been the victim of domestic violence, dating violence, sexual assault, or stalking by a member of your household or any guest, you may not be denied rental assistance or occupancy rights under **Public Housing** or **Section 8** solely on the basis of criminal activity directly relating to that domestic violence, dating violence, sexual assault, or stalking.

Affiliated individual means your spouse, parent, brother, sister, or child, or a person to whom you stand in the place of a parent or guardian (for example, the affiliated individual is in your care, custody, or control); or any individual, tenant, or lawful occupant living in your household.

Removing the Abuser or Perpetrator from the Household

HP may divide (bifurcate) your lease in order to evict the individual or terminate the assistance of the individual who has engaged in criminal activity (the abuser or perpetrator) directly relating to domestic violence, dating violence, sexual assault, or stalking.

If HP chooses to remove the abuser or perpetrator, HP may not take away the rights of eligible tenants to the unit or otherwise punish the remaining tenants. If the evicted abuser or perpetrator was the sole tenant to have established eligibility for assistance under the program, HP must allow the tenant who is or has been a victim and other household members to remain in the unit for a period of time, in order to establish eligibility under the program or under another HUD housing program covered by VAWA, or, find alternative housing.

In removing the abuser or perpetrator from the household, HP must follow Federal, State, and local eviction procedures. In order to divide a lease, HP may, but is not required to, ask you for documentation or certification of the incidences of domestic violence, dating violence, sexual assault, or stalking.

Moving to Another Unit

Upon your request, HP may permit you to move to another unit, subject to the availability of other units, and still keep your assistance. In order to approve a request, HP may ask you to provide documentation that you are requesting to move because of an incidence of domestic violence, dating violence, sexual assault, or stalking. If the request is a request for emergency transfer, the housing provider may ask you to submit a written request or fill out a form where you certify that you meet the criteria for an emergency transfer under VAWA. The criteria are:

¹ Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

(1) You are a victim of domestic violence, dating violence, sexual assault, or stalking. If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation, as described in the documentation section below.

(2) You expressly request the emergency transfer. Your housing provider may choose to require that you submit a form, or may accept another written or oral request.

(3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit. This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you expressly request the transfer.

HP will keep confidential requests for emergency transfers by victims of domestic violence, dating violence, sexual assault, or stalking, and the location of any move by such victims and their families.

HP's emergency transfer plan provides further information on emergency transfers, and HP must make a copy of its emergency transfer plan available to you if you ask to see it.

Documenting You Are or Have Been a Victim of Domestic Violence, Dating Violence, Sexual Assault or Stalking

HP can, but is not required to, ask you to provide documentation to "certify" that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking. Such request from HP must be in writing, and HP must give you at least 14 business days (Saturdays, Sundays, and Federal holidays do not count) from the day you receive the request to provide the documentation. HP may, but does not have to, extend the deadline for the submission of documentation upon your request.

You can provide one of the following to HP as documentation. It is your choice which of the following to submit if HP asks you to provide documentation that you are or have been a victim of domestic violence, dating violence, sexual assault, or stalking.

- A complete HUD-approved certification form given to you by HP with this notice, that documents an incident of domestic violence, dating violence, sexual assault, or stalking. The form will ask for your name, the date, time, and location of the incident of domestic violence, dating violence, sexual assault, or stalking, and a description of the incident. The certification form provides for including the name of the abuser or perpetrator if the name of the abuser or perpetrator is known and is safe to provide.
- A record of a Federal, State, tribal, territorial, or local law enforcement agency, court, or administrative agency that documents the incident of domestic violence, dating violence, sexual assault, or stalking. Examples of such records include police reports, protective orders, and restraining orders, among others.
- A statement, which you must sign, along with the signature of an employee, agent, or volunteer of a victim service provider, an attorney, a medical professional or a mental health professional (collectively, "professional") from whom you sought assistance in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse, and with the professional selected by you attesting under penalty of perjury that he or she believes that the incident or incidents of domestic violence, dating violence, sexual assault, or stalking are grounds for protection.
- Any other statement or evidence that HP has agreed to accept.

If you fail or refuse to provide one of these documents within the 14 business days, HP does not have to provide you with the protections contained in this notice.

If HP receives conflicting evidence that an incident of domestic violence, dating violence, sexual assault, or stalking has been committed (such as certification forms from two or more members of a household each claiming to be a victim and naming one or more of the other petitioning household members as the abuser or perpetrator), HP has the right to request that you provide third-party documentation within thirty 30 calendar days in order to resolve the conflict. If you fail or refuse to provide third-party documentation where there is conflicting evidence, HP does not have to provide you with the protections contained in this notice.

Confidentiality

HP must keep confidential any information you provide related to the exercise of your rights under VAWA, including the fact that you are exercising your rights under VAWA.

HP must not allow any individual administering assistance or other services on behalf of HP (for example, employees and contractors) to have access to confidential information unless for reasons that specifically call for these individuals to have access to this information under applicable Federal, State, or local law.

HP must not enter your information into any shared database or disclose your information to any other entity or individual. HP, however, may disclose the information provided if:

- You give written permission to HP to release the information on a time limited basis.
- HP needs to use the information in an eviction or termination proceeding, such as to evict your abuser or perpetrator or terminate your abuser or perpetrator from assistance under this program.
- A law requires HP or your landlord to release the information.

VAWA does not limit HP's duty to honor court orders about access to or control of the property. This includes orders issued to protect a victim and orders dividing property among household members in cases where a family breaks up.

Reasons a Tenant Eligible for Occupancy Rights under VAWA May Be Evicted or Assistance May Be Terminated

You can be evicted and your assistance can be terminated for serious or repeated lease violations that are not related to domestic violence, dating violence, sexual assault, or stalking committed against you. However, HP cannot hold tenants who have been victims of domestic violence, dating violence, sexual assault, or stalking to a more demanding set of rules than it applies to tenants who have not been victims of domestic violence, dating violence, sexual assault, or stalking.

The protections described in this notice might not apply, and you could be evicted and your assistance terminated, if HP can demonstrate that not evicting you or terminating your assistance would present a real physical danger that:

- 1) Would occur within an immediate time frame, and
- 2) Could result in death or serious bodily harm to other tenants or those who work on the property.

If HP can demonstrate the above, HP should only terminate your assistance or evict you if there are no other actions that could be taken to reduce or eliminate the threat.

Other Laws

VAWA does not replace any Federal, State, or local law that provides greater protection for victims of domestic violence, dating violence, sexual assault, or stalking. You may be entitled to additional housing protections for victims of domestic violence, dating violence, sexual assault, or stalking under other Federal laws, as well as under State and local laws.

Non-Compliance with The Requirements of This Notice

You may report a covered housing provider's violations of these rights and seek additional assistance, if needed, by contacting or filing a complaint with HUD, 920 Second Avenue South, Suite 1300, Minneapolis, MN 55402-4012.

For Additional Information

You may view a copy of HUD's final VAWA rule at <https://portal.hud.gov/hudportal/documents/huddoc?id=5720-F-03VAWAFinRule.pdf>.

Additionally, HP must make a copy of HUD's VAWA regulations available to you if you ask to see them.

For questions regarding VAWA, please contact the Mid-MN Women's Center, 218-828-1216.

For help regarding an abusive relationship, you may call the National Domestic Violence Hotline at 1-800-799-7233 or, for persons with hearing impairments, 1-800-787-3224 (TTY).

For tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

For help regarding sexual assault, you may contact Crow Wing County Victim Services, 218-828-9518.

Victims of stalking seeking help may contact Crow Wing County Victim Services, 218-828-9518.

Attachment: Certification form HUD-5382

**CERTIFICATION OF
DOMESTIC VIOLENCE,
DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING,
AND ALTERNATE DOCUMENTATION**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: The Violence Against Women Act (“VAWA”) protects applicants, tenants, and program participants in certain HUD programs from being evicted, denied housing assistance, or terminated from housing assistance based on acts of domestic violence, dating violence, sexual assault, or stalking against them. Despite the name of this law, VAWA protection is available to victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

Use of This Optional Form: If you are seeking VAWA protections from your housing provider, your housing provider may give you a written request that asks you to submit documentation about the incident or incidents of domestic violence, dating violence, sexual assault, or stalking.

In response to this request, you or someone on your behalf may complete this optional form and submit it to your housing provider, or you may submit one of the following types of third-party documentation:

- (1) A document signed by you and an employee, agent, or volunteer of a victim service provider, an attorney, or medical professional, or a mental health professional (collectively, “professional”) from whom you have sought assistance relating to domestic violence, dating violence, sexual assault, or stalking, or the effects of abuse. The document must specify, under penalty of perjury, that the professional believes the incident or incidents of domestic violence, dating violence, sexual assault, or stalking occurred and meet the definition of “domestic violence,” “dating violence,” “sexual assault,” or “stalking” in HUD’s regulations at 24 CFR 5.2003.
- (2) A record of a Federal, State, tribal, territorial or local law enforcement agency, court, or administrative agency; or
- (3) At the discretion of the housing provider, a statement or other evidence provided by the applicant or tenant.

Submission of Documentation: The time period to submit documentation is 14 business days from the date that you receive a written request from your housing provider asking that you provide documentation of the occurrence of domestic violence, dating violence, sexual assault, or stalking. Your housing provider may, but is not required to, extend the time period to submit the documentation, if you request an extension of the time period. If the requested information is not received within 14 business days of when you received the request for the documentation, or any extension of the date provided by your housing provider, your housing provider does not need to grant you any of the VAWA protections. Distribution or issuance of this form does not serve as a written request for certification.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking shall be kept confidential and such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections to you, and such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

**TO BE COMPLETED BY OR ON BEHALF OF THE VICTIM OF DOMESTIC VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

1. Date the written request is received by victim: _____
2. Name of victim: _____
3. Your name (if different from victim's): _____
4. Name(s) of other family member(s) listed on the lease:

5. Residence of victim:

6. Name of the accused perpetrator (if known and can be safely disclosed):

7. Relationship of the accused perpetrator to the victim: _____
8. Date(s) and times(s) of incident(s) (if known):

10. Location of incident(s): _____

In your own words, briefly describe the incident(s):

This is to certify that the information provided on this form is true and correct to the best of my knowledge and recollection, and that the individual named above in Item 2 is or has been a victim of domestic violence, dating violence, sexual assault, or stalking. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Date _____

Public Reporting Burden: The public reporting burden for this collection of information is estimated to average 1 hour per response. This includes the time for collecting, reviewing, and reporting the data. The information provided is to be used by the housing provider to request certification that the applicant or tenant is a victim of domestic violence, dating violence, sexual assault, or stalking. The information is subject to the confidentiality requirements of VAWA. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid Office of Management and Budget control number.

**Housing and Redevelopment Authority of Crosby
Model Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual
Assault, or Stalking**

Emergency Transfers

The **Housing and Redevelopment Authority of Crosby (Crosby HRA)** is concerned about the safety of its tenants, and such concern extends to tenants who are victims of domestic violence, dating violence, sexual assault, or stalking. In accordance with the Violence Against Women Act (VAWA),¹ the Crosby HRA allows tenants who are victims of domestic violence, dating violence, sexual assault, or stalking to request an emergency transfer from the tenant's current unit to another unit. The ability to request a transfer is available regardless of sex, gender identity, or sexual orientation.² The ability of the Crosby HRA to honor such request for tenants currently receiving assistance, however, may depend upon a preliminary determination that the tenant is or has been a victim of domestic violence, dating violence, sexual assault, or stalking, and on whether the Crosby HRA has another dwelling unit that is available and is safe to offer the tenant for temporary or more permanent occupancy.

This plan identifies tenants who are eligible for an emergency transfer, the documentation needed to request an emergency transfer, confidentiality protections, how an emergency transfer may occur, and guidance to tenants on safety and security. This plan is based on a model emergency transfer plan published by the U.S. Department of Housing and Urban Development (HUD), the Federal agency that oversees that Public Housing is in compliance with VAWA.

Eligibility for Emergency Transfers

A tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking, as provided in HUD's regulations at 24 CFR part 5, subpart L is eligible for an emergency transfer, if: the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant remains within the same unit. If the tenant is a victim of sexual assault, the tenant may also be eligible to transfer if the sexual assault occurred on the premises within the 90-calendar-day period preceding a request for an emergency transfer.

A tenant requesting an emergency transfer must expressly request the transfer in accordance with the procedures described in this plan.

Tenants who are not in good standing may still request an emergency transfer if they meet the eligibility requirements in this section.

Emergency Transfer Request Documentation

To request an emergency transfer, the tenant shall notify the Crosby HRA's management office and submit a written request for a transfer. The Crosby HRA will provide reasonable accommodations to this policy for individuals with disabilities. The tenant's written request for an emergency transfer should include either:

1. A statement expressing that the tenant reasonably believes that there is a threat of imminent harm from further violence if the tenant were to remain in the same dwelling unit assisted under the Crosby HRA's program; OR
2. A statement that the tenant was a sexual assault victim and that the sexual assault occurred on the premises during the 90-calendar-day period preceding the tenant's request for an emergency transfer.

Confidentiality

The Crosby HRA will keep confidential any information that the tenant submits in requesting an emergency transfer, and information about the emergency transfer, unless the tenant gives the Crosby HRA written permission to release the information on a time limited basis, or disclosure of the information is required by law or required for use in an eviction proceeding or hearing regarding termination of assistance from the covered program. This includes keeping confidential the new location of the dwelling unit of the tenant, if one is provided, from the person(s) that committed

¹ Despite the name of this law, VAWA protection is available to all victims of domestic violence, dating violence, sexual assault, and stalking, regardless of sex, gender identity, or sexual orientation.

² Housing providers cannot discriminate on the basis of any protected characteristic, including race, color, national origin, religion, sex, familial status, disability, or age. HUD-assisted and HUD-insured housing must be made available to all otherwise eligible individuals regardless of actual or perceived sexual orientation, gender identity, or marital status.

an act(s) of domestic violence, dating violence, sexual assault, or stalking against the tenant. See the Notice of Occupancy Rights under the Violence Against Women Act For All Tenants for more information about the Crosby HRA's responsibility to maintain the confidentiality of information related to incidents of domestic violence, dating violence, sexual assault, or stalking.

Emergency Transfer Timing and Availability

The Crosby HRA cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The Crosby HRA will, however, act as quickly as possible to move a tenant who is a victim of domestic violence, dating violence, sexual assault, or stalking to another unit, subject to availability and safety of a unit. If a tenant reasonably believes a proposed transfer would not be safe, the tenant may request a transfer to a different unit. If a unit is available, the transferred tenant must agree to abide by the terms and conditions that govern occupancy in the unit to which the tenant has been transferred. The Crosby HRA may be unable to transfer a tenant to a particular unit if the tenant has not or cannot establish eligibility for that unit.

If the Crosby HRA has no safe and available units for which a tenant who needs an emergency is eligible, the Crosby HRA will assist the tenant in identifying other housing providers who may have safe and available units to which the tenant could move. At the tenant's request, the Crosby HRA will also assist tenants in contacting the local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking that are attached to this plan.

Safety and Security of Tenants

Pending processing of the transfer and the actual transfer, if it is approved and occurs, the tenant is urged to take all reasonable precautions to be safe.

Tenants who are or have been victims of domestic violence are encouraged to contact the National Domestic Violence Hotline at 1-800-799-7233, or a local domestic violence shelter, for assistance in creating a safety plan. For persons with hearing impairments, that hotline can be accessed by calling 1-800-787-3224 (TTY).

Tenants who have been victims of sexual assault may call the Rape, Abuse & Incest National Network's National Sexual Assault Hotline at 800-656-HOPE, or visit the online hotline at <https://ohl.rainn.org/online/>.

Tenants who are or have been victims of stalking seeking help may visit the National Center for Victims of Crime's Stalking Resource Center at <https://www.victimsofcrime.org/our-programs/stalking-resource-center>.

Local organizations offering assistance to victims of domestic violence, dating violence, sexual assault, or stalking:

Crow Wing County Victim Services
218-828-9518

Advocates Againsts Domestic Abuse
218-927-2327 or 1-888-276-1720

Mid-MN Women's Center
218-828-1216 or 1-888-777-1248

Sexual Assault Services of Crow Wing County
218-828-0494

**EMERGENCY TRANSFER
REQUEST FOR CERTAIN
VICTIMS OF DOMESTIC
VIOLENCE, DATING VIOLENCE,
SEXUAL ASSAULT, OR STALKING**

**U.S. Department of Housing
and Urban Development**

OMB Approval No. 2577-0286
Exp. 06/30/2017

Purpose of Form: If you are a victim of domestic violence, dating violence, sexual assault, or stalking, and you are seeking an emergency transfer, you may use this form to request an emergency transfer and certify that you meet the requirements of eligibility for an emergency transfer under the Violence Against Women Act (VAWA). Although the statutory name references women, VAWA rights and protections apply to all victims of domestic violence, dating violence, sexual assault or stalking. Using this form does not necessarily mean that you will receive an emergency transfer. See your housing provider's emergency transfer plan for more information about the availability of emergency transfers.

The requirements you must meet are:

- (1) You are a victim of domestic violence, dating violence, sexual assault, or stalking.** If your housing provider does not already have documentation that you are a victim of domestic violence, dating violence, sexual assault, or stalking, your housing provider may ask you for such documentation. In response, you may submit Form HUD-5382, or any one of the other types of documentation listed on that Form.
- (2) You expressly request the emergency transfer.** Submission of this form confirms that you have expressly requested a transfer. Your housing provider may choose to require that you submit this form, or may accept another written or oral request. Please see your housing provider's emergency transfer plan for more details.
- (3) You reasonably believe you are threatened with imminent harm from further violence if you remain in your current unit.** This means you have a reason to fear that if you do not receive a transfer you would suffer violence in the very near future.

OR

You are a victim of sexual assault and the assault occurred on the premises during the 90-calendar-day period before you request a transfer. If you are a victim of sexual assault, then in addition to qualifying for an emergency transfer because you reasonably believe you are threatened with imminent harm from further violence if you remain in your unit, you may qualify for an emergency transfer if the sexual assault occurred on the premises of the property from which you are seeking your transfer, and that assault happened within the 90-calendar-day period before you submit this form or otherwise expressly request the transfer.

Submission of Documentation: If you have third-party documentation that demonstrates why you are eligible for an emergency transfer, you should submit that documentation to your housing provider if it is safe for you to do so. Examples of third party documentation include, but are not limited to: a letter or other documentation from a victim service provider, social worker, legal assistance provider, pastoral counselor, mental health provider, or other professional from whom you have sought assistance; a current restraining order; a recent court order or other court records; a law enforcement report or records; communication records from the perpetrator of the violence or family members or friends of the perpetrator of the violence, including emails, voicemails, text messages, and social media posts.

Confidentiality: All information provided to your housing provider concerning the incident(s) of domestic violence, dating violence, sexual assault, or stalking, and concerning your request for an emergency transfer shall be kept confidential. Such details shall not be entered into any shared database. Employees of your housing provider are not to have access to these details unless to grant or deny VAWA protections or an emergency transfer to you. Such employees may not disclose this information to any other entity or individual, except to the extent that disclosure is: (i) consented to by you in writing in a time-limited release; (ii) required for use in an eviction proceeding or hearing regarding termination of assistance; or (iii) otherwise required by applicable law.

TO BE COMPLETED BY OR ON BEHALF OF THE PERSON REQUESTING A TRANSFER

1. Name of victim requesting an emergency transfer: _____
2. Your name (if different from victim's) _____
3. Name(s) of other family member(s) listed on the lease: _____

4. Name(s) of other family member(s) who would transfer with the victim: _____

5. Address of location from which the victim seeks to transfer: _____
6. Address or phone number for contacting the victim: _____

7. Name of the accused perpetrator (if known and can be safely disclosed): _____

8. Relationship of the accused perpetrator to the victim: _____
9. Date(s), Time(s) and location(s) of incident(s): _____

10. Is the person requesting the transfer a victim of a sexual assault that occurred in the past 90 days on the premises of the property from which the victim is seeking a transfer? If yes, skip question 11. If no, fill out question 11. _____
11. Describe why the victim believes they are threatened with imminent harm from further violence if they remain in their current unit.

12. If voluntarily provided, list any third-party documentation you are providing along with this notice: _____

This is to certify that the information provided on this form is true and correct to the best of my knowledge, and that the individual named above in Item 1 meets the requirement laid out on this form for an emergency transfer. I acknowledge that submission of false information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature _____ Signed on (Date) _____

Part I: Summary			
PHA Name: HRA of Crosby, MN	Grant Type and Number Capital Fund Program Grant No: MN46P08250116 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2016 FFY of Grant Approval: 2016	
Type of Grant <input type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/17 <input type="checkbox"/> Revised Annual Statement (revision no:1) <input type="checkbox"/> Final Performance and Evaluation Report			
Line	Summary by Development Account	Total Estimated Cost	Total Actual Cost ¹
		Original	Revised ²
1	Total non-CFP Funds		
2	1406 Operations (may not exceed 20% of line 21) ³		
3	1408 Management Improvements		
4	1410 Administration (may not exceed 10% of line 21)		
5	1411 Audit		
6	1415 Liquidated Damages		
7	1430 Fees and Costs		
8	1440 Site Acquisition		
9	1450 Site Improvement	0	
10	1460 Dwelling Structures	61,885	37,943
11	1465.1 Dwelling Equipment—Nonexpendable		
12	1470 Non-dwelling Structures		
13	1475 Non-dwelling Equipment		
14	1485 Demolition		
15	1492 Moving to Work Demonstration		
16	1495.1 Relocation Costs		
17	1499 Development Activities ⁴		

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: HRA of Crosby, MN	Grant Type and Number Capital Fund Program Grant No: MN46P08250116 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant:2016 FFY of Grant Approval: 2016			
Type of Grant					
<input type="checkbox"/> Original Annual Statement <input checked="" type="checkbox"/> Performance and Evaluation Report for Period Ending: 12/31/17		<input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Final Performance and Evaluation Report		<input checked="" type="checkbox"/> Revised Annual Statement (revision no: 1) <input type="checkbox"/>	
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	61,885		37,943	37,943
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Jennifer Bergman		Date	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary					
PHA Name: HRA of Crosby, MN	Grant Type and Number Capital Fund Program Grant No: MN46P08250117 Replacement Housing Factor Grant No: Date of CFFP:	FFY of Grant: 2017 FFY of Grant Approval: 2017			
Type of Grant <input checked="" type="checkbox"/> Original Annual Statement <input type="checkbox"/> Reserve for Disasters/Emergencies <input type="checkbox"/> Performance and Evaluation Report for Period Ending:					
Line	Summary by Development Account	Total Estimated Cost			
		Original	Revised²	Obligated	Total Actual Cost¹
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) ³	10,000			
3	1408 Management Improvements				
4	1410 Administration (may not exceed 10% of line 21)				
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs				
8	1440 Site Acquisition				
9	1450 Site Improvement				
10	1460 Dwelling Structures	30,000			
11	1465.1 Dwelling Equipment—Nonexpendable	23,400			
12	1470 Non-dwelling Structures				
13	1475 Non-dwelling Equipment				
14	1485 Demolition				
15	1492 Moving to Work Demonstration				
16	1495.1 Relocation Costs				
17	1499 Development Activities ⁴				

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part I: Summary					
PHA Name: HRA of Crosby, MN	Grant Type and Number Capital Fund Program Grant No: MN46P08250117 Replacement Housing Factor Grant No:			FFY of Grant:2017 FFY of Grant Approval: 2017	
	Date of CFFP:				
Type of Grant					
<input checked="" type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input type="checkbox"/> Revised Annual Statement (revision no:)	
<input type="checkbox"/> Performance and Evaluation Report for Period Ending: <input type="checkbox"/> Final Performance and Evaluation Report					
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost¹	
		Original	Revised²	Obligated	Expended
18a	1501 Collateralization or Debt Service paid by the PHA				
18ba	9000 Collateralization or Debt Service paid Via System of Direct Payment				
19	1502 Contingency (may not exceed 8% of line 20)				
20	Amount of Annual Grant: (sum of lines 2 - 19)	63,400			
21	Amount of line 20 Related to LBP Activities				
22	Amount of line 20 Related to Section 504 Activities				
23	Amount of line 20 Related to Security - Soft Costs				
24	Amount of line 20 Related to Security - Hard Costs				
25	Amount of line 20 Related to Energy Conservation Measures				
Signature of Executive Director Jennifer Bergman		Date	Signature of Public Housing Director		Date

¹ To be completed for the Performance and Evaluation Report.

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

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

⁴ RHF funds shall be included here.

Part II: Supporting Pages									
PHA Name: HRA of Crosby, MN		Grant Type and Number Capital Fund Program Grant No: MN46P08250117 CFFP (Yes/ No): Replacement Housing Factor Grant No:			Federal FFY of Grant: 2017				
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work	
				Original	Revised ¹	Funds Obligated ²	Funds Expended ²		
Replace refrigerators and ranges(Dwelling Unit-Interior (1480)-Appliances)	Remove old ranges, range hoods and refrigerators, dispose of properly, replace with new energy efficient refrigerators, ranges and range hoods in our 20 scattered site family units.	1465	20	23,400					
Replace toilets and showers(Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Tubs and Showers)	Replace toilets and showers in 10 scattered site family units. Remove toilets, bathtub/showers and dispose of properly. Fix drywall if damaged during the removal process, prime and paint if applicable. Install new bathtubs, shower surrounds, faucet and drain assemblies. Install new water saving toilets including new wax rings, supply lines and water shut off valves.	1460	10	10,000					
Replace exterior doors(Dwelling Unit-Exterior (1480)-Exterior Doors)	Remove 40 entry and storm doors and frames at our 20 scattered site family units. Replace with new prehung doors of the same style and size as existing. Install new locksets and associated hardware.	1460	20	10,000					

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

² To be completed for the Performance and Evaluation Report.

Part I: Summary						
PHA Name : HRA OF CROSBY, MINNESOTA		Locality (City/County & State) <input checked="" type="checkbox"/> Original 5-Year Plan <input type="checkbox"/> Revised 5-Year Plan (Revision No:)				
PHA Number: MN082						
A.	Development Number and Name	Work Statement for Year 1 2018	Work Statement for Year 2 2019	Work Statement for Year 3 2020	Work Statement for Year 4 2021	Work Statement for Year 5 2022
	DELLWOOD APART./SCATTERED (MN082000001)	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00	\$50,000.00
	AUTHORITY-WIDE	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00	\$10,000.00

Part II: Supporting Pages - Physical Needs Work Statements (s)**Work Statement for Year 1** 2018

Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	DELLWOOD APART./SCATTERED (MN082000001)			\$50,000.00
ID0001	Replace refrigerators and ranges(Dwelling Unit-Interior (1480)-Appliances)	Remove old ranges, range hoods and refrigerators, dispose of properly, replace with new energy efficient refrigerators, ranges and range hoods in our 20 scattered site family units.		\$20,000.00
ID0002	Replace toilets and showers(Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Tubs and Showers)	Replace toilets and showers in 10 scattered site family units. Remove toilets, bathtub/showers and dispose of properly. Fix drywall if damaged during the removal process, prime and paint if applicable. Install new bathtubs, shower surrounds, faucet and drain assemblies. Install new water saving toilets including new wax rings, supply lines and water shut off valves.		\$10,000.00
ID0003	Replace exterior doors(Dwelling Unit-Exterior (1480)-Exterior Doors)	Remove 40 entry and storm doors and frames at our 20 scattered site family units. Replace with new prehung doors of the same style and size as existing. Install new locksets and associated hardware.		\$10,000.00
ID0004	Replace flooring(Dwelling Unit-Interior (1480)-Flooring (non routine))	Remove vinyl, carpet and padding in 20 scattered site family units. Prepare for new flooring by replacing any deteriorated, worn or damaged sub-flooring. Install new padding and carpet in the living room, hallway and bedrooms. Install new vinyl in the kitchen and bathrooms.		\$10,000.00
	AUTHORITY-WIDE (NAWASD)			\$10,000.00
ID0005	Operations(Operations (1406))	Operations - Contract Costs including garbage removal, elevator maintenance, exterminating services, PNA assessment, plumbing and heating repairs, copier maintenance, grounds contract, and repairs contract. Utilities including gas, water, sewer and electric. Property, liability and workman's comp insurance. Janitor and cleaning supplies including glass cleaner, tile/floor cleaner, towels and office supplies, postage and advertising. Telephone and internet services. Health insurance, employee benefits and wages.		\$10,000.00

Part II: Supporting Pages - Physical Needs Work Statements (s)					
Work Statement for Year		1	2018		
Identifier	Development Number/Name	General Description of Major Work Categories		Quantity	Estimated Cost
	Subtotal of Estimated Cost				\$60,000.00

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year 2		2019		
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	DELLWOOD APART./SCATTERED (MN082000001)			\$50,000.00
ID0006	Replace kitchen cabinets(Dwelling Unit-Interior (1480)-Kitchen Cabinets)	Remove all upper and lower kitchen cabinets, sinks and countertops at Dellwood Apartments. Replace with new cabinets of the same layout as existing that were removed. Install new post formed laminate countertops, new sinks, drain assemblies, faucets and water supply lines.		\$20,000.00
ID0007	Replace showers.(Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Tubs and Showers)	Remove and properly dispose of bathroom showers at Dellwood Apartments. Repair any drywall that is deteriorated or was damaged in the removal, tape, sand and paint to match existing. Replace faucet and drain assemblies with new. Install new shower stalls		\$20,000.00
ID0008	Replace garage doors(Non-Dwelling Exterior (1480)-Doors)	Remove and properly dispose of overhead garage doors and all associated hardware at 20 scattered site family units. Replace with new doors of the same size as those removed, including new tracks, springs and hardware.		\$10,000.00
	AUTHORITY-WIDE (NAWASD)			\$10,000.00
ID0009	Operations(Operations (1406))	Operations - Contract Costs including garbage removal, elevator maintenance, exterminating services, plumbing and heating repairs, copier maintenance, grounds contract, and repairs contract. Utilities including gas, water, sewer and electric. Property, liability and workman's comp insurance. Janitor and cleaning supplies including glass cleaner, tile/floor cleaner, towels and office supplies, postage and advertising. Telephone and internet services. Health insurance, employee benefits and wages.		\$10,000.00
	Subtotal of Estimated Cost			\$60,000.00

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year		2020		
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	DELLWOOD APART./SCATTERED (MN082000001)			\$50,000.00
ID0010	Replace kitchen appliances(Dwelling Unit-Interior (1480)-Appliances)	Remove old ranges, range hoods and refrigerators in 21 units at Dellwood Apartments, dispose of properly. Replace with new energy efficient refrigerators, ranges and range hoods.		\$20,000.00
ID0011	Replace toilets and showers(Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Tubs and Showers)	Replace toilets and showers in 10 scattered site family units. Remove toilets, bathtub/showers and dispose of properly. Fix drywall if damaged during the removal process, prime and paint if applicable. Install new bathtubs, shower surrounds, faucet and drain assemblies. Install new water saving toilets including new wax rings, supply lines and water shut off valves		\$20,000.00
ID0012	Replace interior doors(Dwelling Unit-Interior (1480)-Interior Doors)	Remove and properly dispose of apartment entry, bathroom, bedroom, pantry and all closet doors in 21 units at Dellwood Apartments. Replace with new pre-hung, 1 hour fire rated entry doors. Install new pre-hung metal framed doors for the bedroom and bathrooms. Install new bi-fold doors for the pantry and closet doors. All doors will be replaced with doors of the same size, handing and style as the existing. New locksets, handles, hardware and knobs will also be installed.		\$10,000.00
	AUTHORITY-WIDE (NAWASD)			\$10,000.00
ID0013	Operations(Operations (1406))	Operations - Contract Costs including garbage removal, elevator maintenance, exterminating services, plumbing and heating repairs, copier maintenance, grounds contract, and repairs contract. Utilities including gas, water, sewer and electric. Property, liability and workman's comp insurance. Janitor and cleaning supplies including glass cleaner, tile/floor cleaner, towels and office supplies, postage and advertising. Telephone and internet services. Health insurance, employee benefits and wages.		\$10,000.00
	Subtotal of Estimated Cost			\$60,000.00

Part II: Supporting Pages - Physical Needs Work Statements (s)				
Work Statement for Year		4	2021	
Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	DELLWOOD APART./SCATTERED (MN082000001)			\$50,000.00
ID0014	Replace flat roof at Dellwood Apartments(Non-Dwelling Exterior (1480)-Roofs)	Remove ballast, membrane, insulation, flashing and inspect decking on the Dellwood Apartment building. Repair any deteriorated decking or framing as applicable before replacing insulation, membrane, flashing and ballast. Install extensions for plumbing venting.		\$35,000.00
ID0015	Replace entrance doors(Non-Dwelling Interior (1480)-Doors)	Remove and properly dispose of 4 exterior entrance doors and frames at Dellwood Apartments. Replace with new doors and frames of the same size as those removed.		\$10,000.00
ID0016	Replace sidewalks and steps(Dwelling Unit-Site Work (1480)-Asphalt - Concrete - Paving,Dwelling Unit-Exterior (1480)-Landings and Railings)	Remove and properly dispose of 11 sets of concrete steps and 16 sidewalks at scattered site family units. Pour new steps and sidewalks with 4000 psi fiber entrained concrete of the same layout of existing that was removed.		\$5,000.00
	AUTHORITY-WIDE (NAWASD)			\$10,000.00
ID0017	Operations(Operations (1406))	Operations - Contract Costs including garbage removal, elevator maintenance, exterminating services, plumbing and heating repairs, copier maintenance, grounds contract, and repairs contract. Utilities including gas, water, sewer and electric. Property, liability and workman's comp insurance. Janitor and cleaning supplies including glass cleaner, tile/floor cleaner, towels and office supplies, postage and advertising. Telephone and internet services. Health insurance, employee benefits and wages.		\$10,000.00
	Subtotal of Estimated Cost			\$60,000.00

Part II: Supporting Pages - Physical Needs Work Statements (s)

Work Statement for Year 5 2022

Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
	DELLWOOD APART./SCATTERED (MN082000001)			\$50,000.00
ID0018	Replace flooring(Non-Dwelling Interior (1480)-Common Area Flooring)	Remove and properly dispose of existing hallway/common area carpet and flooring on all 3 floors at Dellwood Apartments. Install new carpeting throughout areas that were carpeted before and new tile in all other common areas.		\$5,000.00
ID0019	Replace sidewalks(Non-Dwelling Site Work (1480)-Asphalt - Concrete - Paving)	Remove and properly dispose sidewalks at Dellwood Apartments. Pour new sidewalks with 4000 psi fiber entrained concrete of the same layout of existing that was removed.		\$15,000.00
ID0020	Replace flooring(Dwelling Unit-Interior (1480)-Flooring (non routine))	Remove vinyl, carpet and padding in 39 units at Dellwood Apartments. Prepare for new flooring by replacing any deteriorated, worn or damaged sub-flooring. Install new padding and carpet in the living room, hallway and bedrooms. Install new vinyl in the kitchen and bathrooms.		\$20,000.00
ID0021	Replace foundation skirting(Dwelling Unit-Exterior (1480)-Foundations)	Remove and properly dispose of existing deteriorated aluminum skirting at 20 scattered site family units. Re-attach existing styrofoam if needed, install new corrugated steel and trim where aluminum was removed.		\$5,000.00
ID0022	Repair excessive tenant damage at Dellwood Apartments and Scattered Site Family Units(Dwelling Unit-Site Work (1480)-Other,Dwelling Unit-Exterior (1480)-Balconies-Porches-Railings-etc,Dwelling Unit-Exterior (1480)-Building Slab,Dwelling Unit-Exterior (1480)-Canopies,Dwelling Unit-Exterior (1480)-Carports -Surface Garage,Dwelling Unit-Exterior (1480)-Columns and Porches,Dwelling Unit-Exterior (1480)-Decks and Patios,Dwelling Unit-Exterior (1480)-Exterior Doors,Dwelling Unit-Exterior (1480)-Exterior Lighting,Dwelling Unit-Exterior (1480)-Exterior Paint and Caulking,Dwelling Unit-Exterior (1480)-Exterior Stairwells - Fire Escape,Dwelling Unit-Exterior (1480)-Foundations,Dwelling Unit-Exterior (1480)-Gutters - Downspouts,Dwelling Unit-Exterior (1480)-Landings and Railings,Dwelling Unit-Exterior (1480)-Mail Facilities,Dwelling Unit-Exterior (1480)-Other,Dwelling Unit-Exterior (1480)-Roofs,Dwelling Unit-Exterior (1480)-Siding,Dwelling Unit-Exterior (1480)-Soffits,Dwelling Unit-Exterior (1480)-Stairwells - Fire Escapes,Dwelling Unit-Exterior (1480)-Tuck-Pointing,Dwelling Unit-Exterior (1480)-Windows,Dwelling Unit-Interior (1480)-Appliances,Dwelling Unit-Interior (1480)-Bathroom Counters and Sinks,Dwelling Unit-	Repair excessive tenant damage or damage done by natural occurrence. Repair and/or replacement of sitework, siding, roofing, windows, doors, walls, ceiling, flooring, cabinetry, appliances, fixtures, electrical, plumbing, and life safety systems.	\$5,000.00	

Part II: Supporting Pages - Physical Needs Work Statements (s)**Work Statement for Year 5 2022**

Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
(1480)-Bathroom Flooring (non cyclical),Dwelling Unit-Interior (1480)-Call-for-Aid Systems,Dwelling Unit-Interior (1480)-Commodes,Dwelling Unit-Interior (1480)-Electrical,Dwelling Unit-Interior (1480)-Flooring (non routine),Dwelling Unit-Interior (1480)-Interior Doors,Dwelling Unit-Interior (1480)-Interior Painting (non routine),Dwelling Unit-Interior (1480)-Kitchen Cabinets,Dwelling Unit-Interior (1480)-Kitchen Sinks and Faucets,Dwelling Unit-Interior (1480)-Mechanical,Dwelling Unit-Interior (1480)-Other,Dwelling Unit-Interior (1480)-Plumbing,Dwelling Unit-Interior (1480)-Tubs and Showers,Dwelling Unit-Site Work (1480)-Asphalt - Concrete - Paving,Dwelling Unit-Site Work (1480)-Curb and Gutter,Dwelling Unit-Site Work (1480)-Dumpsters and Enclosures,Dwelling Unit-Site Work (1480)-Electric Distribution,Dwelling Unit-Site Work (1480)-Fence Painting,Dwelling Unit-Site Work (1480)-Fencing,Dwelling Unit-Site Work (1480)-Landscape,Dwelling Unit-Site Work (1480)-Lighting,Dwelling Unit-Site Work (1480)-Parking,Dwelling Unit-Site Work (1480)-Pedestrian paving,Dwelling Unit-Site Work (1480)-Playground Areas - Equipment,Dwelling Unit-Site Work (1480)-Seal Coat,Dwelling Unit-Site Work (1480)-Sewer Lines - Mains,Dwelling Unit-Site Work (1480)-Signage,Dwelling Unit-Site Work (1480)-Storm Drainage,Dwelling Unit-Site Work (1480)-Striping,Dwelling Unit-Site Work (1480)-Water Lines/Mains,Non-Dwelling Construction - Mechanical (1480)-Central Boiler,Non-Dwelling Construction - Mechanical (1480)-Central Chiller,Non-Dwelling Construction - Mechanical (1480)-Common Area Dryers,Non-Dwelling Construction - Mechanical (1480)-Cooling Equipment - Systems,Non-Dwelling Construction - Mechanical (1480)-Electric Distribution,Non-Dwelling Construction - Mechanical (1480)-Elevator,Non-Dwelling Construction - Mechanical (1480)-Fire Suppression System,Non-Dwelling Construction - Mechanical (1480)-Generator,Non-Dwelling Construction - Mechanical (1480)-Heating Equipment - System,Non-Dwelling Construction - Mechanical (1480)-Hot Water Heaters,Non-Dwelling Construction - Mechanical (1480)-Other,Non-Dwelling Construction - Mechanical (1480)-Security - Fire Alarm,Non-Dwelling Construction - Mechanical (1480)-Smoke/Fire Detection,Non-Dwelling Construction - Mechanical (1480)-Trash Compactor,Non-Dwelling Construction - Mechanical (1480)-Unit Sub-panels,Non-Dwelling Construction - Mechanical (1480)-Water Distribution,Non-Dwelling Exterior (1480)-Balconies and Railings,Non-Dwelling Exterior (1480)-Canopies,Non-Dwelling Exterior (1480)-Doors,Non-Dwelling Exterior (1480)-Foundation,Non-Dwelling Exterior (1480)-Gutters - Downspouts,Non-Dwelling Exterior (1480)-Landings and Railings,Non-Dwelling Exterior (1480)-Lighting,Non-Dwelling Exterior (1480)-Mail Facilities,Non-Dwelling Exterior (1480)-Paint and Caulking,Non-Dwelling Exterior (1480)-Roofs,Non-Dwelling Exterior (1480)-Siding,Non-Dwelling Exterior (1480)-Soffits,Non-Dwelling Exterior (1480)-Stairwells and Fire Escapes,Non-Dwelling Exterior (1480)-Tuck Pointing,Non-Dwelling Exterior (1480)-Windows,Non-Dwelling Interior (1480)-Administrative Building,Non-Dwelling Interior (1480)-Appliances,Non-Dwelling Interior (1480)-Common Area Bathrooms,Non-Dwelling Interior (1480)-Common Area Finishes,Non-Dwelling Interior (1480)-Common Area Flooring,Non-Dwelling Interior (1480)-Common Area Kitchens,Non-Dwelling Interior (1480)-Common Area Painting,Non-Dwelling Interior (1480)-Common Area Washers,Non-Dwelling Interior (1480)-Community Building,Non-Dwelling Interior (1480)-Doors,Non-Dwelling Interior (1480)-Electrical,Non-Dwelling Interior (1480)-Laundry Areas,Non-Dwelling Interior (1480)-Mechanical,Non-Dwelling Interior (1480)-Other,Non-Dwelling Interior (1480)-Plumbing,Non-				

Part II: Supporting Pages - Physical Needs Work Statements (s)

Work Statement for Year 5 **2022**

Identifier	Development Number/Name	General Description of Major Work Categories	Quantity	Estimated Cost
Interior (1480)-Shop,Non-Dwelling Interior (1480)-Storage Area,Non-Dwelling Site Work (1480)-Asphalt - Concrete - Paving,Non-Dwelling Site Work (1480)-Curb and Gutter,Non-Dwelling Site Work (1480)-Dumpster and Enclosures,Non-Dwelling Site Work (1480)-Fence Painting,Non-Dwelling Site Work (1480)-Fencing,Non-Dwelling Site Work (1480)-Landscape,Non-Dwelling Site Work (1480)-Lighting,Non-Dwelling Site Work (1480)-Playground Areas - Equipment,Non-Dwelling Site Work (1480)-Signage,Non-Dwelling Site Work (1480)-Site Utilities,Non-Dwelling Site Work (1480)-Storm Drainage)				
	AUTHORITY-WIDE (NAWASD)			\$10,000.00
ID0023	Operations(Operations (1406))	Operations - Contract Costs including garbage removal, elevator maintenance, exterminating services, plumbing and heating repairs, copier maintenance, grounds contract, and repairs contract. Utilities including gas, water, sewer and electric. Property, liability and workman's comp insurance. Janitor and cleaning supplies including glass cleaner, tile/floor cleaner, towels and office supplies, postage and advertising. Telephone and internet services. Health insurance, employee benefits and wages.		\$10,000.00
	Subtotal of Estimated Cost			\$60,000.00

HOUSING AND REDEVELOPMENT AUTHORITY OF CROSBY
RESOLUTION NO. 2018-02

PUBLIC HOUSING AGENCY FIVE YEAR AND ANNUAL PLAN
FOR FISCAL YEAR BEGINNING APRIL 1, 2018

WHEREAS, the Housing and Redevelopment Authority of Crosby is required to prepare an Annual Plan; and

WHEREAS, the Housing and Redevelopment Authority of Crosby has developed a Five Year Action Plan and Annual Statement for use of Capital Funds; and

WHEREAS, the Five Year Action Plan and Annual Statement were made available for public comment on January 9, 2018;

NOW, THEREFORE BE IT RESOLVED by the Board of Commissioners of the PHA as follows:

1. The Annual Agency Plan for the PHA Fiscal Year beginning April 1, 2018, is hereby approved.

I CERTIFY THAT the above resolution was adopted by the Housing and Redevelopment Authority of Crosby.

Dated: _____

Linda Peeples, Board Chair

Crosby Housing & Redevelopment Authority

300 Third Avenue N.E.
CROSBY, MINNESOTA 56441-1642

Telephone (218) 546-5088
FAX (218) 546-5041

To: Crosby HRA Board Members
From: Teresa Hettver, Housing Manager
Date: January 3, 2018
Re: Election of Vice Chair

Section 8 of the bylaws states that, "Should the office of the Chairman, Vice-Chairman or Secretary become vacant, the Authority shall elect a successor from its membership at the next regular meeting, and such election shall be for the unexpired term of said office."

At the December meeting, the issue was tabled to the January meeting, so the Board needs to elect a successor Vice Chair.

Action Requested: Elect a Vice Chair to serve until the annual meeting.

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Crosby Housing & Redevelopment Authority

300 Third Avenue N.E.
CROSBY, MINNESOTA 56441-1642

Telephone (218) 546-5088
FAX (218) 546-5041

Minutes of the December 12th, 2017, Board of Commissioners Meeting

The regular meeting of the commissioners of the Housing and Redevelopment Authority of Crosby was held at 11:00 a.m., Tuesday, December 12th, 2017, at 300 3rd Avenue NE in Crosby, Minnesota.

- 1. CALL TO ORDER:** Vice Chair Peeples called the meeting to order at 11:01 a.m.
- 2. ROLL CALL:** Present at the meeting were Commissioners Renae Marsh, William Small, Julie McGinnis and Linda Peeples; Finance Director Karen Young, Housing Manager Teresa Hettver, Executive Assistant LeAnn Goltz, and Assistant Director Deanna Heglund. Absent: Buzz Neprud.
- 3. OATH OF OFFICE - JULIE MCGINNIS:** Julie McGinnis was appointed by the City of Crosby's mayor to the Crosby HRA Board at yesterday's council meeting. Hettver conducted a formal Oath of Office for Commissioner McGinnis.
- 4. APPOINTMENT OF CHAIR & ELECTION OF VICE CHAIR:** The Bylaws of the Crosby HRA states that "In case of the resignation or death of the Chairman, the Vice-Chairman shall perform such duties as are imposed on the Chairman."

Section 8 of the bylaws further states, "Should the office of the Chairman, Vice-Chairman or Secretary become vacant, the Authority shall elect a successor from its membership at the next regular meeting, and such election shall be for the unexpired term of said office." To follow the bylaws, interim Chair Peeples was formally appointed as Chair.

Commissioner Marsh made a motion to elect Linda Peeples as Board Chair. Commissioner Small seconded the motion. All commissioners voted in favor of the motion and none were opposed. The minutes were approved.

Chair Peeples requested that because Neprud was absent, the commissioners elect a Vice Chair at the next meeting. This would give them time to think about their nominations and allow all board members to take part.

- 5. READING AND APPROVAL OF MINUTES FROM PREVIOUS MEETING:**

Commissioner Small made a motion to approve the minutes from the November 14th, 2017, board meeting. Commissioner Marsh seconded the motion. All commissioners voted in favor of the motion and none were opposed. The minutes were approved.

6. BILLS AND COMMUNICATIONS:

a. **Financial Report:** Financial information was provided for November 2017. Young made note to the Board that in October, we processed Pay App #5 to Baratto Brothers for the Scattered Sites Improvement Project in the amount of \$74,551.01. \$20,547 of this was leverage by the HRA and paid out of the TIF account. The remainder was paid out of the POHP grant. As of October 15th, the project was 75% complete.

Crosby HRA will be submitting another POHP application for Dellwood Apartments. The applications are due to MHFA by December 20th and applicants will be selected and notified in April 2018.

Young also reported that HUD has locked our 2017 capital funds and staff cannot access them. It has been very difficult as HUD's representative is not being responsive.

Commissioner Marsh made a motion to approve November checks numbered 116618 through 116649. Commissioner Small seconded the motion. All commissioners voted in favor of the motion and none were opposed. The motion was approved.

b. **Housing Manager Report:** Hettver reported that the POHP construction project at the Scattered Sites is wrapping up. It has been taking longer than anticipated, but Baratto Brothers have informed us that they will have the drainage work completed by second week of January. The concrete work will be done in the spring.

For November, there were three vacancies at Edgewood and none at the Family Units or Dellwood. By the first of January, there will be no vacancies.

7. UNFINISHED BUSINESS: Nothing to report.

8. NEW BUSINESS: Nothing to report.

9. ADJOURNMENT:

Commissioner Marsh made a motion to adjourn the meeting. Commissioner Small seconded the motion. All commissioners voted in favor of the motion and none were opposed. The motion was approved and meeting was adjourned at 11:41 a.m.

Crosby Housing & Redevelopment Authority
300 Third Avenue N.E.
CROSBY, MINNESOTA 56441-1642

Telephone (218) 546-5088
FAX (218) 546-5041

To: Crosby HRA Board Members
From: Karen Young, Finance Director
Date: January 3, 2018
Re: January Financial Report

Please find attached the financial information for December 2017.

Action Requested: Approval of December Checks numbered 116650 through 116684.

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Date: 1/3/2018
Time: 11:13:30 AM
roberta

**Crosby HRA
Public Housing Operating
December, 2017**

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	Current Period	Current Year	Year To Date Budget	Variance
Income				
100-000-3110.000 Dwelling Rental	-16,976.00	-145,553.00	-139,574.97	-5,978.03
100-000-3120.000 Excess Utilities	-58.00	-548.00	-585.00	37.00
100-000-3401.000 Operating Subsidy	-6,055.00	-58,913.00	-50,722.47	-8,190.53
100-000-3610.000 Interest Revenue	1.40	34.73	-41.22	75.95
100-000-3690.000 Other Income	0.00	-37.00	-1,642.50	1,605.50
100-000-3691.000 Other Tenant Revenue	-50.00	-9,833.19	-4,972.50	-4,860.69
100-000-3695.000 Laundry Revenue	-167.25	-1,484.75	-1,800.00	315.25
100-000-3699.000 POHP Grant Revenue	0.00	-185,712.66	0.00	-185,712.66
Total Income	-23,304.85	-402,046.87	-199,338.66	-202,708.21
Expense				
100-000-4110.000 Administration Salaries	1,303.90	16,794.82	17,261.28	-466.46
100-000-4130.000 Legal	225.00	1,775.92	1,125.00	650.92
100-000-4140.000 Staff Training	0.00	0.00	375.03	-375.03
100-000-4150.000 Travel	43.87	390.82	479.97	-89.15
100-000-4171.000 Auditing Fees	0.00	3,000.00	3,250.00	-250.00
100-000-4190.000 Sundry-Other Admin	25.00	306.77	150.03	156.74
100-000-4191.000 Management Fees	1,262.00	11,358.00	11,358.00	0.00
100-000-4194.000 Office Supplies	15.81	372.65	333.72	38.93
100-000-4195.000 Membership Dues	0.00	187.10	74.97	112.13
100-000-4196.000 Telephone	81.93	740.00	659.97	80.03
100-000-4198.000 Advertising	9.50	46.18	375.03	-328.85
100-000-4199.000 Postage	0.00	207.25	240.03	-32.78
100-000-4210.000 Tenant Svcs Salaries	332.16	3,089.50	3,022.47	67.03
100-000-4230.000 Tenant Services Other	34.35	317.04	307.53	9.51
100-000-4310.000 Water	967.66	7,570.70	9,585.00	-2,014.30
100-000-4315.000 Sewer	1,649.63	12,662.37	11,115.00	1,547.37
100-000-4320.000 Electricity	3,303.12	13,170.46	18,112.50	-4,942.04
100-000-4330.000 Gas	835.01	2,503.80	9,922.50	-7,418.70
100-000-4431.000 Garbage & Trash	491.64	5,132.09	5,249.97	-117.88
100-000-4410.000 Maintenance Labor	2,656.01	21,774.23	22,372.47	-598.24
100-000-4420.000 Materials	412.27	6,405.73	8,771.22	-2,365.49
100-000-4430.000 Contracts Costs	2,484.18	9,595.94	14,249.97	-4,654.03
100-000-4432.000 Decorating Contract	51.67	6,493.16	7,499.97	-1,006.81
100-000-4435.000 Grounds Contract	186.20	376.20	450.00	-73.80
100-000-4440.000 Repairs Contract	0.00	177.84	524.97	-347.13
100-000-4445.000 Elevator Maintenance	0.00	2,167.44	2,475.00	-307.56
100-000-4450.000 Plumbing/Heating	165.00	1,998.44	4,500.00	-2,501.56
100-000-4455.000 Snow Removal	22.40	22.40	200.00	-177.60
100-000-4456.000 Exterminating	20.00	349.00	2,737.53	-2,388.53
100-000-4457.000 Janitor/Cleaning	405.00	5,118.49	4,875.03	243.46
100-000-4510.000 Insurance	1,480.41	13,348.69	10,968.75	2,379.94
100-000-4520.000 Property Tax	489.35	5,356.20	4,934.97	421.23
100-000-4540.000 Employee Benefits	1,815.16	20,541.47	20,992.50	-451.03
100-000-4800.000 Depreciation Expense	9,997.62	89,993.82	0.00	89,993.82
Total Expense	30,765.85	263,344.52	198,550.38	64,794.14
Net Income(-) or Loss	7,461.00	-138,702.35	-788.28	-137,914.07

Date: 1/3/2018
Time: 11:13:42 AM
roberta

Crosby HRA
Edgewood Operating Stmt
December, 2017

Page: 1
Rpt File: F:\HMS\REP

	Current Period	Current Year	Year To Date	Budget	Variance
Income					
700-000-3110.000 Dwelling Rental	-18,078.00	-156,146.00	-162,375.03	6,229.03	
700-000-3120.000 Excess Utilities	-87.00	-1,707.00	-1,357.47	-349.53	
700-000-3404.000 Other Government Grant	-7,803.00	-77,425.00	-75,937.50	-1,487.50	
700-000-3610.000 Interest Revenue	11.64	38.64	-626.22	664.86	
700-000-3690.000 Other Income	0.00	-37.00	-74.97	37.97	
700-000-3691.000 Other Tenant Revenue	-92.91	-5,183.16	-5,261.22	78.06	
700-000-3695.000 Laundry Revenue	-759.00	-5,699.25	-6,795.00	1,095.75	
Total Income	-26,808.27	-246,158.77	-252,427.41	6,268.64	
Expense					
700-000-4110.000 Administration Salaries	4,012.90	26,955.18	27,765.00	-809.82	
700-000-4130.000 Legal	225.00	225.00	1,125.00	-900.00	
700-000-4140.000 Staff Training	0.00	0.00	375.03	-375.03	
700-000-4150.000 Travel	8.78	338.68	450.00	-111.32	
700-000-4171.000 Auditing Fees	0.00	3,000.00	3,250.00	-250.00	
700-000-4190.000 Sundry-Other Admin	30.00	358.78	150.03	208.75	
700-000-4191.000 Management Fees	6,238.00	56,142.00	56,142.00	0.00	
700-000-4194.000 Office Supplies	40.81	447.83	352.53	95.30	
700-000-4195.000 Membership Dues	0.00	187.10	74.97	112.13	
700-000-4196.000 Telephone	81.94	740.11	659.97	80.14	
700-000-4198.000 Advertising	0.00	0.00	375.03	-375.03	
700-000-4199.000 Postage	0.00	207.25	240.03	-32.78	
700-000-4210.000 Tenant Svcs Salaries	498.24	4,634.24	5,452.47	-818.23	
700-000-4230.000 Tenant Services Other	34.34	317.03	307.53	9.50	
700-000-4310.000 Water	511.48	4,132.52	5,677.47	-1,544.95	
700-000-4315.000 Sewer	949.50	7,650.63	7,020.00	630.63	
700-000-4320.000 Electricity	4,343.02	18,453.83	22,770.00	-4,316.17	
700-000-4330.000 Gas	744.93	2,639.79	10,125.00	-7,485.21	
700-000-4431.000 Garbage & Trash	148.36	1,267.87	2,999.97	-1,732.10	
700-000-4410.000 Maintenance Labor	2,655.99	21,774.17	22,372.47	-598.30	
700-000-4420.000 Materials	231.47	4,301.69	7,387.47	-3,085.78	
700-000-4430.000 Contracts Costs	3,306.03	9,323.49	8,250.03	1,073.46	
700-000-4432.000 Decorating Contract	4,658.23	8,216.63	8,624.97	-408.34	
700-000-4435.000 Grounds Contract	279.30	514.36	450.00	64.36	
700-000-4440.000 Repairs Contract	0.00	0.00	524.97	-524.97	
700-000-4445.000 Elevator Maintenance	0.00	2,167.44	2,475.00	-307.56	
700-000-4450.000 Plumbing/Heating	0.00	82.59	3,750.03	-3,667.44	
700-000-4455.000 Snow Removal	33.60	33.60	215.00	-181.40	
700-000-4456.000 Exterminating	30.00	1,380.00	2,625.03	-1,245.03	
700-000-4457.000 Janitor/Cleaning	645.00	5,503.09	5,625.00	-121.91	
700-000-4510.000 Insurance	1,540.67	13,891.03	13,432.50	458.53	
700-000-4520.000 Property Tax	573.39	5,955.89	6,037.47	-81.58	
700-000-4540.000 Employee Benefits	2,665.98	24,059.67	24,772.41	-712.74	
700-000-4800.000 Depreciation Expense	3,761.72	35,660.57	0.00	35,660.57	
Total Expense	38,248.68	260,562.06	251,854.38	8,707.68	
Net Income(-) or Loss	11,440.41	14,403.29	-573.03	14,976.32	

Housing and Redevelopment Authority of Crosby
Payment Summary Report
December 2017

Payment Date	Payment Number	Remit to Vendor	Total Check Amt
12/13/2017	62	LeAnn Goltz	\$52.65
12/7/2017	1140	Lincoln Financial Group	\$858.62
12/7/2017	1141	Lincoln Financial Group	\$300.00
12/7/2017	1142	Electronic Federal Tax Payment System	\$1,656.75
12/7/2017	1143	Minnesota Dept Of Revenue	\$242.42
12/21/2017	1144	Lincoln Financial Group	\$653.54
12/21/2017	1145	Lincoln Financial Group	\$300.00
12/21/2017	1146	Electronic Federal Tax Payment System	\$1,200.10
12/21/2017	1147	Minnesota Dept Of Revenue	\$155.02
12/7/2017	116650	Lincoln Financial Group	\$69.12
12/7/2017	116651	Minnesota Energy Resources	\$1,579.94
12/7/2017	116652	Minnesota Power	\$3,909.09
12/12/2017	116653	Adams Pest Control	\$50.00
12/12/2017	116654	Business Forms Plus	\$20.65
12/12/2017	116655	City Of Crosby	\$4,466.67
12/12/2017	116656	Crosby-Ironton Courier	\$9.50
12/12/2017	116657	Ctc	\$462.73
12/12/2017	116658	Ctcit	\$200.00
12/12/2017	116659	Dacotah Paper Co.	\$465.50
12/12/2017	116660	Tenant Refund	\$377.28
12/12/2017	116661	Fyle's	\$165.00
12/12/2017	116662	Hd Supply Facilities Maint	\$214.37
12/12/2017	116663	Healthpartners	\$1,577.42
12/12/2017	116664	Hitesman & Wold, P.A.	\$450.00
12/12/2017	116665	Holden Electric Co. Inc.	\$99.50
12/12/2017	116666	Jeff Banick	\$52.97
12/12/2017	116667	Judy Robinson	\$1,050.00
12/12/2017	116668	Lakes Printing	\$165.40
12/12/2017	116669	Majestic Creations Landscape	\$56.00
12/12/2017	116670	Minnesota Dept Of Labor & Ind	\$100.00
12/12/2017	116671	Minnesota Power	\$48.00
12/12/2017	116672	Nisswa Sanitation Inc	\$225.60
12/12/2017	116673	Paper Storm	\$26.00
12/12/2017	116674	Quick Construction Inc.	\$4,689.08
12/12/2017	116675	Rental History Reports	\$75.00
12/12/2017	116676	Sherwin-Williams	\$268.46
12/12/2017	116677	ShofCorp LLC	\$74.00
12/12/2017	116678	The Office Shop	\$24.98
12/12/2017	116679	Timber Building Supply	\$114.69
12/12/2017	116680	Verizon Wireless	\$79.49
12/12/2017	116681	Visa--Unity	\$192.48
12/12/2017	116682	Yde's Major Appliance	\$190.00
12/12/2017	116683	Hudrluk Carpet Service	\$2,653.92
12/21/2017	116684	Minnesota Power	\$3,737.05

**Housing and Redevelopment Authority of Crosby
Payment Summary Report
December 2017**

Payment Date	Payment Number	Remit to Vendor	Total Check Amt
		Report Total	\$33,358.99

Crosby Housing & Redevelopment Authority 2018 Ratios

FASS Ratios	Max Pts	Scoring	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Quick Ratio	12	QR <1 =0, QR >2 =12	12.00	12.00	0.00	12.00	12.00	12.00	12.00	12.00	12.00
Months Expendable Net Assets	11	MENA <1.0= 0, ME >4 =11	11.00	11.00	0.00	11.00	11.00	11.00	11.00	11.00	11.00
Debt Svc Coverage	2	DSC < 1 = 0, DSC >1.25 =2	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00	2.00
Total Points	25		25.00	25.00	2.00	25.00	25.00	25.00	25.00	25.00	25.00

MASS Ratios	Max Pts	Scoring	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Occupancy	16	O <90% =0, O >98% =16	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00	16.00
Tenant Accounts Receivable	5	TAR <1.5% =5, TAR >2.5% =0	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Accounts Payable	4	AP < .75 = 4, AP >1.5 =0	0.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00	4.00
Total Points	25		16.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00	20.00
Total of Above Ratios	50		41	45	22	45	45	45	45	45	45

MASS Ratios	Max Pts	Scoring	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec
Timeliness of Obligation	5	>90% at OED = 5 <90% at OED = 0	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Occupancy Rate	5	OR <93% = 0, OR >96% =5 Must have 5 points or	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00	5.00
Total Points	10	Capital Fund Troubled	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0	10.0

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Crosby Housing & Redevelopment Authority

300 Third Avenue N.E.
CROSBY, MINNESOTA 56441-1642

Telephone (218) 546-5088
FAX (218) 546-5041

To: Crosby HRA Board Members
From: Teresa Hettver, Housing Manager
Date: January 3, 2018
Re: Housing Manager Report

POHP

The Minnesota State Legislature issued \$12 million in bond for the Publically Owned Housing Program (POHP) specifically for rehabilitation of public housing properties. We have once again submitted an application to Minnesota Housing for the Dellwood Apartments. I have attached the Narratives and POHP Workbook, which were included as part of the application.

December Vacancies

Edgewood – 0
Dellwood – 0
Family Units – 0

No Action Requested; Discussion Items

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**Publicly Owned Housing Program
(POHP)
2017 Narratives and Certifications**

Instructions: Complete this form, and submit it with all required application materials using LeapFile.

Refer to the [**Publicly Owned Housing Program \(POHP\) Request for Proposals \(RFP\) and Program**](#).

Application materials are due no later than 5:00 p.m. on Wednesday, December 20, 2017.

Development Information	
Development Name	Dellwood Apartments
Development Address	300 Third Avenue, Crosby, MN 56441
Development Number (if applicable)	

Contact Information					
Executive Director Name	Jennifer Bergman	Phone	218-824-3425	Email	Jennifer@brainerd hra.org
Primary Contact Name	LeAnn Goltz	Phone	218-824-3420	Email	leann@brainerdhr a.org
Board Chair Name	Linda Peeples	Phone	218-545-4438	Email	peeples4@aol.com
Applicant Name	Crosby HRA	Phone	218-546-5088	Email	leann@brainerdhr a.org

Project Narrative

Provide a narrative response to each item below:

1. Summarize the proposed project, including individual building systems that would be rehabilitated.

The Brainerd HRA operates and maintains the Dellwood Apartments in Crosby, MN, for the Crosby HRA. We hired Finn Daniels Architects to conduct a Physical Needs Assessment (PNA) on Dellwood Apartments in August 2017. Several deficiencies were identified, many of which involve larger “systems” repairs, typical of buildings of this age. With the reduction in Capital Fund Program (CFP) dollars from the federal government, it becomes more and more difficult to fund the larger projects. Especially at a small HRA like Crosby where they only receive approximately \$60,000 annually. Listed below is each project identified in order of priority and the estimated costs:

1. Life Safety Systems Upgrade: The life safety systems within Dellwood Apartments do not meet current code and are not considered a “best practice” within the design and construction industry. Emergency lights are of varying ages but most are connected to the power source of the building by plug-in cord into an outlet. This is extremely dangerous as they can easily be unplugged at any time. (See photos 1a and 1b). It is also unclear if the outlets are wired through with the other power outlets in the room in which they serve. The fire alarm system does not include low-frequency sounders in the tenant’s apartments and emergency pull devices in corridors are mounted too high to meet code. (See photo 1c) Also, illuminated exit signs do not meet HDCP code due to how low they are mounted. The smoke detectors vary in age and manufacture such that they should be replaced as a group. Also requiring replacement are the unit entry doors to the 21 non-modernized units and non-rated plumbing

access panels that have been added over the years. The 21-unit entry doors and frames are not a rated door/frame assembly, which is required in this 1-hour rated corridor system. In addition, the plastic access panels do not carry a rating and must be replaced with a 1-hour rated metal access panel to provide all tenants with the same level of fire protection. (See photos 1e–1f). These life safety items may not directly pose an imminent threat, however, the potential hazards remain as the current systems do not protect the lives of our tenants. Estimated Cost: \$80,559

2. Roof Replacement: The ballasted roof is past its expected useful life and has already undergone a major repair. Roofing deficiencies include membranes coming loose, flashings needed, vent stacks need to be repaired and raised to prevent snow and ice accumulation, walkway pad replacement and repair of roof slope to prevent wall damage. (See photos 2a–2h) Estimated Cost: \$160,000

3. Weatherization: Exterior sealant along with AC sleeves need to be replaced. The blocking around AC sleeves has no metal flashing and the sealant that was used to cover the untreated wood is failing leaving it bare. This failing sealant is allowing water to enter the building shell and potentially the interior of the building. (See photos 3a–f) Also, included in the project is work to repair what appears to be a foundation structural issue on the north wall in the east corner. There is a large sheer crack running through the brick – this will need to be investigated further. (See photos 3g–h) Replacement of exterior hollow metal doors and frames are part of this scope. (See photos 3i–j) Estimated Cost: \$95,000

4. Modernization: There are two widely diverse quality of units at this facility. 18 of the units were “modernized” in 2006 under a previous grant application and are generally in good condition. The remaining 21 units are original construction from 1972. There is extensive deterioration within the units. The 45-year-old kitchen cabinets, finishes, and doors are in serious need of replacement. (See photos 4a–d) Another “door safety concern” is the old and damaged metal bifold doors which are mostly inoperable. These door have come off the tracks and fallen on our residents. In addition, the plumbing fixtures severely need to be replaced as they are leaking and causing damage. (See photos 4g–j) Although modernization may seem to be cosmetic in nature, these units are far beyond their useful life posing a safety concern for those living within them. Estimated Cost: \$449,400

2. Describe why the proposed project is important and the consequences of it not being completed. The Crosby HRA only receives approximately \$60,000 through the Capital Fund Program (CFP) annually for their 59 public housing units. This is the most affordable housing in Crosby and an important asset to the community.

As a result of the limited funds, we have done the minimum to keep the property in fair condition over the years, but it is to the point where the building is requiring a larger investment on the failing infrastructure as well as the overall condition of the property. You can only repair a cabinet and fixtures for so long before they have outgrown their useful life. With the limited amount of CFP, we have been unable to purchase new equipment. The last time the Crosby HRA made a major investment in Dellwood Apartments was in 2006 under a previous grant application, which allowed the Crosby HRA to make additional improvements they wouldn't normally have the funds available to do. Historically, major improvements have not been completed unless there have been additional funding along with CFP. That is why it was only possible to make significant improvements to 18 of the units. However, there were not enough funds to improve all 39 units at Dellwood, which leaves 21 of the units still in need of rehabilitation. As you can see from the pictures, the kitchen cabinets are decayed and falling apart, the stoves are original to the 1972 apartments, there's significant damage to the walls and ceilings, and the

sinks have outgrown their useful life. We continue to patch and replace parts, but we are at the point where they require a more significant investment.

This project is important because this is a valuable investment in the City of Crosby. The 39-unit public housing building provides housing to 38 people who have a median income of \$14,535. Approximately 51% of the tenants are elderly and 49% are disabled. Funding for public housing has been cut significantly over the past 10 years and funding for the construction of new public housing has not been available for decades. It is important to preserve this asset. With the POHP funds, the Crosby HRA would be able to not only repair the code violations and life safety items but also give us an opportunity to make necessary upgrades to extend the life of the property.

There are a number of consequences of this not being completed. There are several life safety items for which we are requesting funds. The life safety items are mostly fire-related from emergency lights that can easily be unplugged to non-rated fire doors. The replacement of the roof is in dire need as it is only a matter of time before we are dealing with water intrusion, which would be far more destructive. There are several weatherization items including metal flashing around the AC sleeves and foundation issues. Repairing these items would not only protect the structure of the building but also help to lower utilities costs. And, last but not least, is the modernization. The consequence of not making these improvements is the furthering decline of the building and units.

This funding is incredibly important to the Crosby HRA. Because the Crosby HRA only has 59 units of public housing, the CFP grant is minimal averaging around \$60,000 annually. The focus of this POHP grant is on our 39-unit public housing building. These funds would allow us to make much needed repairs, improvements and upgrades to our building.

3. Describe whether the proposed improvements will reduce operating expenses related to the proposed repair item and/or whether it will reduce resident utility costs?

The life safety systems upgrades will not affect operating costs as residents do not pay for utilities. However, increasing the amount of roof insulation would create a reduction of operating expenses related to heating the building. Creating a tighter building envelope would also create a reduction of operating expenses related to heating the building. In addition, modernization of the remaining 21 units will reduce operating costs by having fewer work orders for repairs on original 1972' plumbing, electrical and carpentry.

Provide an estimate of the reduction of operating expenses and/or resident utility costs.

We will not be able to determine how much of a reduction in heating costs we will realize until we remove the roof and determine the amount of insulation we currently have and therefore will need to add.

4. Does the HRA/PHA currently maintain an active waiting list for either this property or the public housing program in general?

a. Yes No

b. How many households are on the waiting list? 31

- c. How quickly are units reoccupied upon turnover? We generally turn a unit in two weeks unless it requires significant repairs.
- d. Additional comments: We have had a lot of long-term tenants vacate in the last couple years and the units have required complete makeovers so the turn time has been longer.

5. For projects with energy or water conservation items:

- a. Provide an explanation of how the scope of work will conserve energy or water. Explain which fuel source will be conserved.
N/A
- b. Describe the predicted operating cost savings and/or savings to residents from the proposed energy or water conservation improvements (including critical need items) that are planned as part of this proposal. If known, please provide the estimated payback timeline for the proposed improvement.
N/A
- c. Have you contacted your local electric, natural gas or water utility?
 - Yes, regarding energy rebates
 - Yes, regarding energy audits/technical assistance
 - Yes, _____
 - No/not applicable
- d. Provide a preliminary explanation of energy rebates being considered with estimated rebate amounts.
We have worked with the natural gas company and they have installed water saving devices in our units such as showerheads and aerators for the kitchen and bathroom faucets. They also assessed our boiler rooms to identify ways to save energy, but they did not recommend any changes to further improve energy efficiency.

6. Temporary Relocation

- a. If your proposal will require temporary relocation of tenants, describe the proposed relocation plan.
We do not anticipate needing to relocate any of the tenants. Any work that would be done in tenant units can be completed in a day. While work is done in the bathrooms, tenants have access to our on-site restrooms and bathing facilities.

7. Leverage

- a. Describe how your proposal will maximize federal or local resources to fund the proposed capital improvements (itemize by source, amount, use, type of assistance and status of commitment).
The Crosby HRA only receives approximately \$60,000 annually in Capital Fund Program for capital improvements for our 59 public housing units. Making large capital improvements is a challenge with such limited resources. We have set aside \$125,000 of our CFP for leverage for this POHP application. Due to the deteriorated condition of these public housing units, we are retaining about \$25,000 of additional CFP to have available for unforeseen maintenance and repair emergencies that

could arise throughout the year until the 2019 CFP is available. In our current POHP grant for the Scattered Sites Rehab, we leveraged over \$80,000 in TIF. The ownership of the property changed in 2017 and it is not guaranteed that the new owner will maintain the property to be in compliance for us to use the 2018 increment as leverage. We are hopeful that the new owner will comply and we will have additional TIF available if necessary for this Dellwood POHP application.

b. If your proposal does not leverage any other funding sources, why not?

The Crow Wing County HRA has agreed to consider contributing toward the project but will decide the amount at a later date. In addition, we have looked into other sources such as Otto Bremer Foundation, Initiative Foundation, Greater Minnesota Housing Fund and Hallett Trust, but there is not funding available for us at this time.

c. If the project budget is increased, will you be able to increase other funds committed to the project and maintain a similar leverage ratio?

Yes. We have discussed this project with the Crow Wing County HRA board and they have agreed to consider funding this project with a forgivable loan if additional funding is necessary. Because we do not know the full scope of the work that may be funded by POHP, we have not requested specific action from this board. We also have TIF funds that may be available for this project, but the commitment of the funds is contingent upon the owner of the property remaining in compliance for reporting purposes in 2018.

8. Capital Planning

a. How do the proposed improvements fit into the long-term capital planning and improvement process?

All of the items in the proposed rehabilitation are in our current and proposed 5 year action plans as part of our capital fund planning process. Completing the proposed life safety, roof replacement and weatherization now will allow us to maintain the integrity of the building to ensure these homes are safe and available for low income people for many more years. Replacing the original cabinetry, doors, sinks, faucets and other plumbing fixtures in the 21 units that are nearly 50 years old will bring these homes into the 21st century. This work is extremely important and will be nearly impossible with the limited capital fund dollars we receive but more importantly will allow us to get to the level of maintaining our public housing instead of trying to "put out the biggest fire".

b. Is the proposed project part of the HRA/PHA's approved five-year capital plan?

Yes
 No

If the answer is YES, has the HRA/PHA already completed, and has HUD signed off on the Environmental Review? If HUD has not signed off on the Environmental Review, what is the status of the review?

If the answer is NO, what is the timeline for amending and completing the five-year capital plan and then completing the environmental review?

Roof replacement and modernization have been submitted to HUD in our 2017– 2021 five-year capital plan and are awaiting approval. Life safety systems and weatherization are included in our 2018–

2022 five-year capital plan that will have a public hearing and be submitted to HUD for approval in January. The environmental reviews for all of the proposed projects are in process.

9. Capacity

a. What is the number of employees in the organization?

3

b. Does the organization employ a building engineer, maintenance person or rehab specialist?

Yes

c. If yes, list each one and state whether they are employed on a full or part-time basis.

Maintenance specialist employed full-time by the Crosby HRA.

Maintenance supervisor employed full-time by the Brainerd HRA (Brainerd HRA manages the Crosby HRA through a Shared Services Agreement.)

Rehab specialist employed full-time by the Brainerd HRA and will be assisting with this project through the Shared Services Agreement with the Brainerd HRA.

d. For the primary contact person for this project, what is their current role in the organization?

Executive assistant

e. What is the primary contact's experience with overseeing renovation?

The primary contact will not be the one overseeing the renovations. The maintenance specialist, maintenance supervisor and rehab specialist will be overseeing the renovation.

f. What is the primary contact's experience with loan financing and construction draws?

The primary contact has been involved in two prior POHP projects (North Star Apartments Elevator Upgrade for Brainerd HRA and Scattered Sites Rehab for Crosby HRA) that involved loan financing and construction draws. As with those two projects, our finance department that includes a director and two staff members, will work with the primary contact and be responsible for financing and draws.

SOURCES and USES WORKSHEET

DELEVOPMENT COSTS		
	TOTAL COSTS	NOTES
REHABILITATION CONSTRUCTION		
Scope of Work Cost Estimate	\$ 784,959.00	
Other		
Other		
Rehabilitation Subtotal	\$ 784,959.00	
Construction Contingency (7%)	\$ 54,947.13	
Total Construction Costs	\$ 839,906.13	
ENVIRONMENTAL ABATEMENT		
Soil Abatement		
Radon/Soil Vapor Abatement		
Mold Abatement		
Asbestos Abatement	\$ 5,500	Abatement for scope of work item #1.
Asbestos Abatement	\$ 22,500	Abatement for scope of work item #4.
Other	\$ 14,000	Asbestos analysis
Abatement Total	\$ 42,000.00	
OTHER COSTS		
Architect/Engineering Fees	\$ 109,800	Estimated fee provided by Finn Daniels Architects
Processing Agency/Other Consultant		
Environmental Reports		
Other Reports	\$ 5,350	Physical Needs Assessment
Other Local Fees	\$ 200.00	Advertising and Recording
Legal Fees		
Financing Costs		
Other Fees	\$ 15,850	A&E Reimbursable Expenses
Other Fees	\$ 1,000.00	Insurance
Other Costs Total	\$ 132,200.00	
Total Development Cost	\$ 1,014,106.13	

SOURCES		
	AMOUNT	TERM/RATE/NOTES
POHP Request	\$ 889,106.13	
Energy Rebates		
PHA Capital Fund Budget	\$ 125,000.00	2016/2017/2018 CFP Grants
PHA Operating Budget		
Other (Identify)		
Other (Identify)		
Total Sources of Funds	\$ 1,014,106.13	
<i>Total Non-POHP Funds</i>	\$ 125,000.00	
<i>Percentage of TDC</i>	12%	