**FO PIH NEW PLAN CHECKLIST**

**\*A limited review of the Plan will be conducted to ensure that the Plan is complete and complies with the requirements of Section 7 of the U.S. Housing Act of 1937 and Notice PIH 2010-28 (HA). Please be advised that answering No to questions will not disqualify the request from being approved. Please provide comments related to your responses.**

|  |  |  |  |
| --- | --- | --- | --- |
| **PHA Name and Number** | **Yes** | **No** | **Comments** |
| **I. Justification for Designation**  Does the PHA establish that the designation is necessary to achieve the housing goals for its jurisdiction under the Consolidated Plan? |  |  |  |
| Does the Plan meet the housing needs of the low-income population of its jurisdiction within the PHA’s funding constraints? |  |  |  |
| Does the Plan include information from the consolidated plan or other reliable sources to support the proposed designation? |  |  |  |
| **II. Project Description**  Does the Plan include the name of the project(s) and the number of units to be designated at each project (indicate percentage of units proposed for designation, total number of units in each building, and bedroom sizes)? |  |  |  |
| Does the Plan describe the types of tenants for which the project is to be designated? |  |  |  |
| Does the Plan describe any supportive services to be provided to tenants of the designated project (or portion thereof)? |  |  |  |
| Does the Plan describe how the design and related facilities of the project accommodate the special environmental needs of the occupants (e.g. call cords, elevators, or security system)? |  |  |  |
| **II (A). Collect and analyze the following data in answering part II above (Project Descriptions)**  **Does the Plan include information on the location, number, and bedroom size of UFAS-compliant accessible units…?**  **(*UFAS-compliant accessible units meet the requirements of the Uniform Federal Accessibility Standards, See 24 CFR 8.32. UFAS can be found at***  ***http:www.access-board.gov/ufas.html. Note that units that only comply with the design and construction requirements of the Fair Housing Act, 24 CFR 100.205 do not qualify as UFAS-compliant units, nor do units that are partially accessible)***  …In all PHA projects? |  |  |  |
| …In elderly/disabled projects (mixed population developments)? |  |  |  |
| …In family projects? |  |  |  |
| …In projects to be designated as elderly only? |  |  |  |
| …In projects already designated as elderly/disabled (if applicable)? |  |  |  |
| Total number and bedroom size of UFAS-compliant accessible units that will no longer be available to non-elderly disabled persons? |  |  |  |
| **III. Need/Demand for Housing**  **Collect and analyze the following data for the PHA’s elderly and non-elderly disabled families:**  # and % of elderly and non-elderly disabled on public housing waiting list? |  |  |  |
| # and % of elderly and non-elderly disabled on HCV waiting list? |  |  |  |
| # and % of elderly and non-elderly disabled on other waiting list (e.g. HOPE VI)? |  |  |  |
| Total # of applicants on the public housing waiting list? |  |  |  |
| Total # of applicants on the HCV waiting list? |  |  |  |
| # of elderly applicants on the waiting list who have requested units with accessible features (indicate bedroom size requested)? |  |  |  |
| # of non-elderly disabled applicants on the waiting list who have requested units with accessible features (indicate bedroom size requested)? |  |  |  |
| Information in PHA’s Annual Plan? |  |  |  |
| Information in City’s Consolidated Plan? |  |  |  |
| **IV. Occupancy Data**  Does Plan include information on the number of elderly and non-elderly disabled families who live in the project(s) to be designated? |  |  |  |
| Does Plan include information on the number of elderly and non-elderly disabled families who live in PHA’s other remaining projects (by bedroom size and type of project)? |  |  |  |
| Does Plan include information on the number of elderly and non-elderly disabled families who currently receive HCV assistance? |  |  |  |
| Does the Plan include information on PHA’s public housing inventory that is currently occupied? Explain the status of any vacant units (if applicable). |  |  |  |
| **V. Does PHA operate site-based or agency-wide waiting list?** |  |  |  |
| **VI. Does PHA give preference to non-elderly disabled applicants on the public housing and/or HCV waiting list?** |  |  |  |
| **VII. Alternative Resources**  Does the Plan include a description of any plans to provide additional resources or housing assistance to families that may have been housed if occupancy in the project were not restricted? |  |  |  |
| **VII (A). Collect and analyze the following information in answering the question above (Alternative Resources/Supply of Housing):**  Total public housing units (indicate unit sizes, location, building name and code)? |  |  |  |
| Total # and % of public housing units to be designated? |  |  |  |
| Percent of total units of the size to be designated? |  |  |  |
| Other non-HOPE VI public housing units of comparable size not designated? |  |  |  |
| HOPE VI units of comparable size? |  |  |  |
| # of Housing Choice Vouchers currently available? |  |  |  |
| Is the HCV waiting list open? |  |  |  |
| Does the PHA have any vouchers that are specifically designated for persons with disabilities in the voucher inventory? |  |  |  |
| Are there any federal or state subsidized rental units actually available in the community to low-income persons in the non-designated groups, at a comparable rent to the designated public housing units and of a comparable size to those being designated (include waiting list information, current vacancy rate, and occupancy data)? |  |  |  |
| Existing preferences proposed for comparable units/vouchers for non-designated group? (Indicate number of units affected) |  |  |  |
| **VIII. Are there comparable services, amenities, and community facilities between designated and non-designated properties? If yes, provide a brief description.** |  |  |  |
| **IX. No Eviction or Lease Termination Due to Designation**  Does the Plan include information stating that no lawful tenants of public housing dwelling units will be evicted or have their leases terminated because of the designation? |  |  |  |
| **X. Voluntary Relocation Because of the Designation**  Does the PHA intend to provide reasonable notice of the designation and an explanation of available relocation benefits for the agency and the tenant/family? |  |  |  |
| Does the Plan indicate that the PHA will provide access to comparable housing including appropriate services and design features at a rental rate paid by the tenant that is comparable to the unit from which the tenant/family has vacated? |  |  |  |
| Does the Plan include information regarding the PHA’s intention to make payments of actual reasonable moving expenses to the tenant/family? |  |  |  |
| **XI. Court Orders, Lawsuits, Investigations, VCAs and Section 504 Actions**  Does the PHA have any outstanding court orders, VCAs or Section 504 Letters of Findings (LOF)? If yes, do they conflict with the Plan? |  |  |  |
| Does the Field Office have information about any lawsuits, pending investigation or tenancy litigation that may impact the proposed designation? If yes, please explain. |  |  |  |
| **XII. Overall Assessment**  Does this Plan adequately address the low-income housing needs of the elderly and/or disabled population in the PHA’s jurisdiction by utilizing available local, state and federal resources? Please explain. |  |  |  |

**Recommendation: Please check below**

**Approval \_\_\_\_\_\_**

**Disapproval \_\_\_\_\_\_**

**HUD Reviewer:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Name Signature Date**

**Supervisory Approval:**

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**Print Name Signature Date**