

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

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**TARRANT COUNTY HOUSING ASSISTANCE OFFICE**  
Annual Plan for Fiscal Year 2016



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*Tarrant County Housing Assistance Office*  
2100 Circle Drive  
Fort Worth, Texas 76119  
(817) 531-7640  
[www.tarrantcounty.com/ehousing](http://www.tarrantcounty.com/ehousing)

*Wayne E. Pollard, Jr.*  
Director  
(817) 531-7654  
[wpollard@tarrantcounty.com](mailto:wpollard@tarrantcounty.com)



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**Tarrant County Housing Assistance Office**

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

**Applicability.** Form HUD-50075-HCV is to be completed annually by **HCV-Only PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, High Performer PHA, Small PHA, or Qualified PHA do not need to submit this form. Where applicable, separate Annual PHA Plan forms are available for each of these types of PHAs.

**Definitions.**

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

<b>A.</b>	<b>PHA Information.</b>																									
A.1	<p>PHA Name: <u><b>Tarrant County Housing Assistance Office</b></u> PHA Code: <u><b>TX 431</b></u>          PHA Plan for Fiscal Year Beginning: (10/YYYY): <u><b>10/2015</b></u>          PHA Inventory (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)          Number of Housing Choice Vouchers (HCVs) <u><b>2860</b></u>          PHA Plan Submission Type: <input checked="" type="checkbox"/> Annual Submission <input type="checkbox"/> Revised Annual Submission</p> <p><b>Availability of Information.</b> 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 the main office or central office of the PHA. PHAs are strongly encouraged to post complete PHA Plans on their official website.</p> <p>The FY 2015 – FY 2016 PHA Annual Plan is available for review Monday-Friday, from 8:30AM to 4:00 PM at:  <b>Tarrant County Housing Assistance Office</b>  <b>2100 Circle Drive, Suite 200. Fort Worth, TX 76119</b></p> <p><input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a joint Plan and complete table below)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%;">Participating PHAs</th> <th style="width: 10%;">PHA Code</th> <th style="width: 25%;">Program(s) in the Consortia</th> <th style="width: 20%;">Program(s) not in the Consortia</th> <th style="width: 20%;">No. of Units in Each Program</th> </tr> </thead> <tbody> <tr> <td>Lead HA: <b>N/A</b></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>	Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program	Lead HA: <b>N/A</b>																			
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<b>B.</b>	<b>Annual Plan.</b>
<b>B.1</b>	<p><b>Revision of PHA Plan Elements.</b></p> <p>(a) Have the following PHA Plan elements been revised by the PHA since its last Annual Plan submission?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> <input type="checkbox"/> Rent Determination.</p> <p><input checked="" type="checkbox"/> <input type="checkbox"/> Operation and Management.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Informal Review and Hearing Procedures.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Homeownership Programs.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Substantial Deviation.</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Significant Amendment/Modification.</p> <p>(b) If the PHA answered yes for any element, describe the revisions for each element(s):</p> <p><b><u>RENT DETERMINATION</u></b></p> <ol style="list-style-type: none"> <li>1. Immediate cessation of rent if death of HOH without eligible household member.</li> <li>2. Policy on processing Interims on Income changes less than \$2,400</li> </ol> <p><b><u>OPERATION AND MANAGEMENT</u></b></p> <ol style="list-style-type: none"> <li>1. Verification time limited to 30 days (unless unusual circumstances approved by PHA).</li> <li>2. All ID must be updated with appropriate agency with 90 days, as appropriate.</li> <li>3. Annual background checks may be conducted (at PHA discretion).</li> <li>4. Mandatory Termination for failure to complete Annual timely.</li> <li>5. Mandatory termination for lifetime registered sex offenders.</li> <li>6. Limitations on voucher extensions.</li> </ol>
<b>B.2</b>	<p><b>New Activities</b></p> <p>(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?</p> <p>Y N</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> Project Based Vouchers.</p> <p>(b) If this activity is planned for the current Fiscal Year, describe the activities. Provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan.</p>
<b>B.3</b>	<p><b>Most Recent Fiscal Year Audit.</b></p> <p>(a) Were there any findings in the most recent FY Audit?</p> <p>Y N N/A</p> <p><input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(b) If yes, please describe:</p>
<b>B.4</b>	<p><b>Civil Rights Certification</b></p> <p><a href="#">Form HUD-50077</a>, <i>PHA Certifications of Compliance with the PHA Plans and Related Regulations</i>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p>
<b>B.5</b>	<p><b>Certification by State or Local Officials.</b></p> <p><a href="#">Form HUD 50077-SL</a>, <i>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>

<p><b>B.6</b></p>	<p><b>Progress Report.</b></p> <p>Provide a description of the PHA's progress in meeting its Mission and Goals described in its 5-Year PHA Plan.</p> <p><b>PHA PROGRESS:</b></p> <ol style="list-style-type: none"> <li><b>1. Supply of housing opportunities increased via transfer of Grapevine HCV program (83 vouchers) to Tarrant County (TCHAO)</b></li> <li><b>2. A direct and intensive marketing plan is under development to attract new landlords.</b></li> <li><b>3. TCHAO is already a High Performer, but we continually strive to improve Customer Service.</b></li> <li><b>4. Individual and collective monthly Meetings are conducted with current Landlords to increase affordable housing opportunities and broader choices (especially in low minority census tracts).</b></li> <li><b>5. Plans and strategies are being constantly developed to Increase relationships and partnerships with Landlords who are considering opting out of renting to tenants with HCV (Section 8 vouchers).</b></li> <li><b>6. Placing greater emphasis on assisting tenants with Mobility Counseling and classes in the interest of providing broader choices relative to AFFH and improving the quality of life for low income families.</b></li> <li><b>7. Greater outreach has been fostered in the FSS program toward enhancing relationships with social service providers and participants.</b></li> </ol>
<p><b>B.7</b></p>	<p><b>Resident Advisory Board (RAB) Comments.</b></p> <p>(a) Did the RAB(s) provide comments to the PHA Plan?</p> <p>Y N <b>ATTACHED</b>  <input checked="" type="checkbox"/> <input type="checkbox"/></p> <p>(a) 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> <p><b>ATTACHED</b></p>

# Instructions for Preparation of Form HUD-50075-HCV Annual PHA Plan for HCV Only PHAs

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**A. PHA Information.** All PHAs must complete this section. ([24 CFR §903.23\(4\)\(e\)](#))

**A.1** Include the full **PHA Name, PHA Code, PHA Type, PHA Fiscal Year Beginning (MM/YYYY), Number of Housing Choice Vouchers (HCVs), PHA Plan Submission Type,** and the **Availability of Information**, specific location(s) of all information relevant to the public hearing and proposed PHA Plan.

**PHA Consortia:** Check box if submitting a Joint PHA Plan and complete the table. ([24 CFR §943.128\(a\)](#))

**B. Annual Plan.** All PHAs must complete this section. ([24 CFR §903.11\(c\)\(3\)](#))

**B.1 Revision of PHA Plan Elements.** PHAs must:

Identify specifically which plan elements listed below that have been revised by the PHA. To specify which elements have been revised, mark the “yes” box. If an element has not been revised, mark “no.”

**Housing Needs and Strategy for Addressing Housing Needs.** Provide a statement addressing the housing needs of low-income, very low-income families who reside in the PHA’s jurisdiction and other families who are on the Section 8 tenant-based waiting list. The statement must identify the housing needs of (i) families with incomes below 30 percent of area median income (extremely low-income), (ii) elderly families and families with disabilities, and (iii) households of various races and ethnic groups residing in the jurisdiction or on the waiting list based on information provided by the applicable Consolidated Plan, information provided by HUD, and other generally available data. The identification of housing needs must address issues of affordability, supply, quality, accessibility, size of units, and location. ([24 CFR §903.7\(a\)\(1\)](#) and [24 CFR §903.7\(a\)\(2\)\(i\)](#)). Provide a description of the PHA’s strategy for addressing the housing needs of families in the jurisdiction and on the waiting list in the upcoming year. [24 CFR §903.7\(a\)\(2\)\(ii\)](#)

**Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.** A statement of the PHA’s policies that govern resident or tenant eligibility, selection and admission including admission preferences for HCV. ([24 CFR §903.7\(b\)](#))

**Financial Resources.** A statement of financial resources, including a listing by general categories, of the PHA’s anticipated resources, such as PHA HCV funding and other anticipated Federal resources available to the PHA, as well as tenant rents and other income available to support tenant-based assistance. The statement also should include the non-Federal sources of funds supporting each Federal program, and state the planned use for the resources. ([24 CFR §903.7\(c\)](#))

**Rent Determination.** A statement of the policies of the PHA governing rental contributions of families receiving tenant-based assistance, discretionary minimum tenant rents, and payment standard policies. ([24 CFR §903.7\(d\)](#))

**Operation and Management.** A statement that includes a description of PHA management organization, and a listing of the programs administered by the PHA. ([24 CFR §903.7\(e\)\(3\)\(4\)](#)).

**Informal Review and Hearing Procedures.** A description of the informal hearing and review procedures that the PHA makes available to its applicants. ([24 CFR §903.7\(f\)](#))

**Homeownership Programs.** A statement describing any homeownership programs (including project number and unit count) administered by the agency under section 8 of the 1937 Act, or for which the PHA has applied or will apply for approval. ([24 CFR §903.7\(k\)](#))

**Self Sufficiency Programs and Treatment of Income Changes Resulting from Welfare Program Requirements.** A description of any PHA programs relating to services and amenities coordinated, promoted, or provided by the PHA for assisted families, including those resulting from the PHA’s partnership with other entities, for the enhancement of the economic and social self-sufficiency of assisted families, including programs provided or offered as a result of the PHA’s partnerships with other entities, and activities under section 3 of the Housing and Community Development Act of 1968 and under requirements for the Family Self-Sufficiency Program and others. Include the program’s size (including required and actual size of the FSS program) and means of allocating assistance to households. ([24 CFR §903.7\(l\)\(i\)](#)) Describe how the PHA will comply with the requirements of section 12(c) and (d) of the 1937 Act that relate to treatment of income changes resulting from welfare program requirements. ([24 CFR §903.7\(l\)\(iii\)](#)).

**Substantial Deviation.** PHA must provide its criteria for determining a “substantial deviation” to its 5-Year Plan. ([24 CFR §903.7\(r\)\(2\)\(i\)](#))

**Significant Amendment/Modification.** PHA must provide its criteria for determining a “Significant Amendment or Modification” to its 5-Year and Annual Plan. Should the PHA fail to define ‘significant amendment/modification’, HUD will consider the following to be ‘significant amendments or modifications’: a) changes to rent or admissions policies or organization of the waiting list; or b) any change with regard to homeownership programs. See guidance on HUD’s website at: [Notice PIH 1999-51](#). ([24 CFR §903.7\(r\)\(2\)\(ii\)](#))

If any boxes are marked “yes”, describe the revision(s) to those element(s) in the space provided.

- B.2 New Activity.** If the PHA intends to undertake new activity using Housing Choice Vouchers (HCVs) for new Project-Based Vouchers (PBVs) in the current Fiscal Year, mark “yes” for this element, and describe the activities to be undertaken in the space provided. If the PHA does not plan to undertake this activity, mark “no.” ([24 CFR §983.57\(b\)\(1\)](#) and Section 8(13)(C) of the United States Housing Act of 1937.
- Project-Based Vouchers (PBV).** Describe any plans to use HCVs for new project-based vouchers. If using PBVs, provide the projected number of project-based units and general locations, and describe how project-basing would be consistent with the PHA Plan.
- B.3 Most Recent Fiscal Year Audit.** If the results of the most recent fiscal year audit for the PHA included any findings, mark “yes” and describe those findings in the space provided. ([24 CFR §903.11\(c\)\(3\)](#), [24 CFR §903.7\(p\)](#))
- B.4 Civil Rights Certification.** Form HUD-50077, *PHA Certifications of Compliance with the PHA Plans and Related Regulation*, must be submitted by the PHA as an electronic attachment to the PHA Plan. This includes all certifications relating to Civil Rights and related regulations. A PHA will be considered in compliance with the AFFH Certification if: it can document that it examines its programs and proposed programs to identify any impediments to fair housing choice within those programs; addresses those impediments in a reasonable fashion in view of the resources available; works with the local jurisdiction to implement any of the jurisdiction’s initiatives to affirmatively further fair housing; and assures that the annual plan is consistent with any applicable Consolidated Plan for its jurisdiction. ([24 CFR §903.7\(o\)](#))
- B.5 Certification by State or Local Officials.** Form HUD-50077-SL, *Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan*, including the manner in which the applicable plan contents are consistent with the Consolidated Plans, must be submitted by the PHA as an electronic attachment to the PHA Plan. ([24 CFR §903.15](#))
- B.6 Progress Report.** For all Annual Plans following submission of the first Annual Plan, a PHA must include a brief statement of the PHA’s progress in meeting the mission and goals described in the 5-Year PHA Plan. ([24 CFR §903.11\(c\)\(3\)](#), [24 CFR §903.7\(r\)\(1\)](#))
- B.7 Resident Advisory Board (RAB) comments.** If the RAB provided comments to the annual plan, mark “yes,” submit the comments as an attachment to the Plan and describe the analysis of the comments and the PHA’s decision made on these recommendations. ([24 CFR §903.13\(c\)](#), [24 CFR §903.19](#))

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This information collection is authorized by Section 511 of the Quality Housing and Work Responsibility Act, which added a new section 5A to the U.S. Housing Act of 1937, as amended, which introduced the Annual PHA Plan. The Annual PHA Plan provides 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 for serving the needs of low- income, very low- income, and extremely low- income families.

Public reporting burden for this information collection is estimated to average 4.5 hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. HUD may not collect this information, and respondents are not required to complete this form, unless it displays a currently valid OMB Control Number.

**Privacy Act Notice.** The United States Department of Housing and Urban Development is authorized to solicit the information requested in this form by virtue of Title 12, U.S. Code, Section 1701 et seq., and regulations promulgated thereunder at Title 12, Code of Federal Regulations. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality

**Certifications of Compliance with  
PHA Plans and Related Regulations  
(Standard, Troubled, HCV-Only, and  
High Performer PHAs)**

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
OMB No. 2577-0226  
Expires 02/29/2016

**PHA Certifications of Compliance with the PHA Plan and Related Regulations including  
Required Civil Rights Certifications**

*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official if there is no Board of Commissioners, I approve the submission of the \_\_\_ 5-Year and/or \_\_\_ X \_\_\_ Annual PHA Plan for the PHA fiscal year beginning \_2015-16\_\_\_\_\_, hereinafter referred to as "the Plan", of which this document is a part and make the following certifications and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the Plan and implementation thereof:*

1. The Plan is consistent with the applicable comprehensive housing affordability strategy (or any plan incorporating such strategy) for the jurisdiction in which the PHA is located.
2. The Plan contains a certification by the appropriate State or local officials that the Plan is consistent with the applicable Consolidated Plan, which includes a certification that requires the preparation of an Analysis of Impediments to Fair Housing Choice, for the PHA's jurisdiction and a description of the manner in which the PHA Plan is consistent with the applicable Consolidated Plan.
3. The PHA has established a Resident Advisory Board or Boards, the membership of which represents the residents assisted by the PHA, consulted with this Resident Advisory Board or Boards in developing the Plan, including any changes or revisions to the policies and programs identified in the Plan before they were implemented, and considered the recommendations of the RAB (24 CFR 903.13). The PHA has included in the Plan submission a copy of the recommendations made by the Resident Advisory Board or Boards and a description of the manner in which the Plan addresses these recommendations.
4. The PHA made the proposed Plan and all information relevant to the public hearing available for public inspection at least 45 days before the hearing, published a notice that a hearing would be held and conducted a hearing to discuss the Plan and invited public comment.
5. The PHA certifies that it will carry out the Plan in conformity with Title VI of the Civil Rights Act of 1964, the Fair Housing Act, section 504 of the Rehabilitation Act of 1973, and title II of the Americans with Disabilities Act of 1990.
6. The PHA will affirmatively further fair housing by examining their programs or proposed programs, identifying any impediments to fair housing choice within those programs, addressing those impediments in a reasonable fashion in view of the resources available and work with local jurisdictions to implement any of the jurisdiction's initiatives to affirmatively further fair housing that require the PHA's involvement and by maintaining records reflecting these analyses and actions.
7. For PHA Plans that includes a policy for site based waiting lists:
  - The PHA regularly submits required data to HUD's 50058 PIC/IMS Module in an accurate, complete and timely manner (as specified in PIH Notice 2010-25);
  - The system of site-based waiting lists provides for full disclosure to each applicant in the selection of the development in which to reside, including basic information about available sites; and an estimate of the period of time the applicant would likely have to wait to be admitted to units of different sizes and types at each site;
  - Adoption of a site-based waiting list would not violate any court order or settlement agreement or be inconsistent with a pending complaint brought by HUD;
  - The PHA shall take reasonable measures to assure that such a waiting list is consistent with affirmatively furthering fair housing;
  - The PHA provides for review of its site-based waiting list policy to determine if it is consistent with civil rights laws and certifications, as specified in 24 CFR part 903.7(c)(1).
8. The PHA will comply with the prohibitions against discrimination on the basis of age pursuant to the Age Discrimination Act of 1975.
9. The PHA will comply with the Architectural Barriers Act of 1968 and 24 CFR Part 41, Policies and Procedures for the Enforcement of Standards and Requirements for Accessibility by the Physically Handicapped.
10. The PHA will comply with the requirements of section 3 of the Housing and Urban Development Act of 1968, Employment Opportunities for Low-or Very-Low Income Persons, and with its implementing regulation at 24 CFR Part 135.
11. The PHA will comply with acquisition and relocation requirements of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 and implementing regulations at 49 CFR Part 24 as applicable.

12. The PHA will take appropriate affirmative action to award contracts to minority and women's business enterprises under 24 CFR 5.105(a).
13. The PHA will provide the responsible entity or HUD any documentation that the responsible entity or HUD needs to carry out its review under the National Environmental Policy Act and other related authorities in accordance with 24 CFR Part 58 or Part 50, respectively.
14. With respect to public housing the PHA will comply with Davis-Bacon or HUD determined wage rate requirements under Section 12 of the United States Housing Act of 1937 and the Contract Work Hours and Safety Standards Act.
15. The PHA will keep records in accordance with 24 CFR 85.20 and facilitate an effective audit to determine compliance with program requirements.
16. The PHA will comply with the Lead-Based Paint Poisoning Prevention Act, the Residential Lead-Based Paint Hazard Reduction Act of 1992, and 24 CFR Part 35.
17. The PHA will comply with the policies, guidelines, and requirements of OMB Circular No. A-87 (Cost Principles for State, Local and Indian Tribal Governments), 2 CFR Part 225, and 24 CFR Part 85 (Administrative Requirements for Grants and Cooperative Agreements to State, Local and Federally Recognized Indian Tribal Governments).
18. The PHA will undertake only activities and programs covered by the Plan in a manner consistent with its Plan and will utilize covered grant funds only for activities that are approvable under the regulations and included in its Plan.
19. All attachments to the Plan have been and will continue to be available at all times and all locations that the PHA Plan is available for public inspection. All required supporting documents have been made available for public inspection along with the Plan and additional requirements at the primary business office of the PHA and at all other times and locations identified by the PHA in its PHA Plan and will continue to be made available at least at the primary business office of the PHA.
22. The PHA certifies that it is in compliance with applicable Federal statutory and regulatory requirements, including the Declaration of Trust(s).

Tarrant County Housing Assistance Office  
 PHA Name

TX 431  
 PHA Number/HA Code

Annual PHA Plan for Fiscal Year 2015-16

5-Year PHA Plan for Fiscal Years 20\_\_ - 20\_\_

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

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Name of Authorized Official <b>B. Glen Whitley</b>	Title <b>Tarrant County Judge</b>
Signature	Date

**Certification by State or Local  
Official of PHA Plans Consistency  
with the Consolidated Plan or  
State Consolidated Plan  
(All PHAs)**

U. S Department of Housing and Urban Development

Office of Public and Indian Housing

OMB No. 2577-0226

Expires 2/29/2016

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

I, \_\_\_\_\_, the \_\_\_\_\_  
*Official's Name* *Official's Title*

certify that the 5-Year PHA Plan and/or Annual PHA Plan of the

\_\_\_\_\_  
*PHA Name*

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of  
Impediments (AI) to Fair Housing Choice of the

\_\_\_\_\_  
*Local Jurisdiction Name*

pursuant to 24 CFR Part 91.

Provide a description of how the PHA Plan is consistent with the Consolidated Plan or State  
Consolidated Plan and the AI.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Name of Authorized Official	Title
Signature	Date



## TARRANT COUNTY

Housing Assistance Office  
2100 Circle Drive - Suite 200  
Fort Worth, Texas 76119

Telephone: (817) 531-7640  
Fax: (817) 531-7657  
TDD/TTY: (817) 531-7686  
[tarrantcounty.com/ehousing](http://tarrantcounty.com/ehousing)

Wayne Pollard  
Director

February 1, 2016

*You Are Invited*



*to attend the Annual*

### **RESIDENT ADVISORY BOARD (RAB) MEETING**

**Saturday, February 27, 2016**

**10:00 AM – 1:00 PM**

**2300 Circle Drive – Auditorium – Fort Worth, TX 76119**

*Lunch will be Served!*

All members of the Tarrant County Family Self-Sufficiency program, upon enrolling, automatically become members of the Resident Advisory Board (RAB) of the Tarrant County Housing Assistance Office (TCHAO). **Therefore, your attendance at this meeting is very important.**

The purpose of this meeting is for TCHAO to present to the RAB, an overview of the 2016 Annual PHA Plan which includes any changes TCHAO has made or proposes to make to its Administrative Plan. Your feedback and comments are encouraged at this meeting on behalf of all TCHAO tenants.

You are one of the few of our program participants that have the opportunity to speak for and represent all of the 2,600+ participants in the Tarrant County HCV program. We hope you take this privilege very seriously **by being present and on time** for this extremely important meeting.

Escrow checks to the early graduates of the program will be presented and we are holding a **Round Table discussion for you to give us your ideas on what you think we can do to improve the FSS program.**

Please RSVP **immediately**, but **BEFORE Monday, February 15, 2015** to:

***Barbara Whaley***, at (817) 531-7653 or [BWhaley@tarrantcounty.com](mailto:BWhaley@tarrantcounty.com);

***Sonya Roberts*** at (817) 531-7650 or [SCRoberts@tarrantcounty.com](mailto:SCRoberts@tarrantcounty.com); (or)

***Mechall Patterson***, at (817) 531-7643 or [mspatterson@tarrantcounty.com](mailto:mspatterson@tarrantcounty.com),

On behalf of our Director, **Mr. Wayne E. Pollard, Jr.**, we thank you in advance for your attendance and support as this is one of the two (2) **"Required/Mandatory"** meetings all participants **must attend**.

Sincerely,

Priscilla Aikens  
Assistant Director  
Resident Advisory Board Coordinator/Facilitator



# TARRANT COUNTY

Housing Assistance Office  
2100 Circle Drive - Suite 200  
Fort Worth, Texas 76119

Telephone: (817) 531-7640  
Fax: (817) 531-7657  
TDD/TTY: (817) 531-7686  
[tarrantcounty.com/ehousing](http://tarrantcounty.com/ehousing)

Wayne Pollard  
Director

## **A G E N D A** **RESIDENT ADVISORY BOARD (RAB)** *and* **FAMILY SELF-SUFFICIENCY (FSS) ANNUAL MEETING AGENDA** **Saturday, February 27, 2016** **10:00 AM**



### INVOCATION

- |                 |   |  |
|-----------------|---|--|
| <b>10:00 AM</b> | <b>CALL TO ORDER</b><br><b>OPENING REMARKS.....</b>   | <i>Wayne E. Pollard, Jr.</i><br>Director<br>Tarrant County Housing Assistance Office   |
| <b>10:15 AM</b> | <b>PRESENTATION OF 2016 ANNUAL PHA PLAN.....</b><br><i>(Tenant Comments and feedback)</i><br>Tarrant County Housing Assistance Office | <i>Pat Aikens</i><br>Assistant Director  |
| <b>10:45 AM</b> | <b>EXPECTATIONS OF FSS PARTICIPANTS and</b><br><b>PLEDGE.....</b>   | <i>Wayne Pollard</i>   |
| <b>11:30 AM</b> | <b>OPEN DISCUSSION ON PROS AND CONS</b><br><b>of the FSS Program</b>  | <b>ALL PARTICIPANTS</b>  |
|                 | <b>What can we do to improve the FSS Program?</b>   |  |
| <b>12:15 PM</b> | <b>PRESENTATION OF FSS EARLY GRADUATES</b><br><b>(Escrow Checks).....</b>   | <i>Wayne E. Pollard, Jr. and</i><br><i>FSS Coordinators:</i><br><i>Barbara Whaley, Sonya Roberts and</i><br><i>Mechall Patterson</i> |
| <b>12:30 PM</b> | <b>CLOSING REMARKS.....</b>   | <i>Wayne E. Pollard, Jr.</i>   |
| <b>12:45 PM</b> | <b>BENEDICTION</b>  |  |

**LUNCH IS SERVED**



# Resident Advisory Board Meeting

February 27, 2016

10:00-1:30

	Print Name	Phone	E-mail Address
1	Sarah Abbey	817 658 81058	sabbey02@msn.com
2	Tamika Barrett	817-527-8743	tsherieb@yahoo.com
3	Margueta Wilkins-Gopic	817-874-5926	mwilkins3827@yahoo.com
4	Courtney Hodge	817 448-7592	CourtneyHodge59@gmail.com
5	Andrea Brewer	817-4418-2457	andrewsykand@gmail.com
6	Catherine Townsend	214-527-6707	mtownsend26@yahoo.com
7	Anwar Shaikheldin	817 724 3737	mahasi20002000@yahoo.com
8	TiwanA Irons	817-363-0074	women5.ti@gmail.com
9	Natasha Jackson	817 986 1367	tashamj28@yahoo.com
10	Aneeka Holtz	817 657 9037	aneekafys@gmail.com
11	Dennis L. Berry Sr.	817 210 8721	dlberry1979@gmail.com
12	Tayanna Spates	682 888 8266	TSpates1@yahoo.com
13	Corey Beasley	817-535-9807	

13

# Resident Advisory Board Meeting

February 27, 2016  
10:00-1:30

	Print Name	Phone	E-mail Address
14	<del>Debra Hubbard</del>	817-333-4010	
15	Linda Hubbard	817-716-6211	
16	Sheila Gaines	482-597-1615	
17	Piper Thomas	817-874-2284	p-thom.j.t.jogmail.com
18	Meaghan Hault	817-487-8118	jadrii@live.com
19	Henrietta Garnichaux	817-489-4877	ghabygenesis@gmail.com
20	Natasha Ifaro	214-412-5104	natashaitaro2015@gmail.com
21	Susan Bates	682-207-9413	Susanbates@gmail.com
22	Monique Taylor	817-230-9807	Prayzee.Ltd@yahoo.com
23	Evangelina Gentry	817-986-3532	Evangelinasgentry@gmail.com
24	Lanetta Wright	817-291-1775	LanettaWright05@gmail.com
25	Michelle Smith	817-841-7744	Michelle.rena78@gmail.com
26	Mekayla Jones	817-770-6640	mJonesops@gmail.com

(14) #2

# Resident Advisory Board Meeting

February 27, 2016

10:00-1:30

	Print Name	Phone	E-mail Address
27	Munah Youssef	817-716-8808	Munahyoussef15@yahoo.com
28	Shellie Richardson	(817) 995-6036	Ivorygirl77@aol.com
29	Ryan Vallejo	817-319-7174	rustic63@prodigy.net
30	Davin Minor	972)-836-3273	dadspowerresource.d@gmail.com
31	Ridgette Brooks	817-404-3960	bridgettbrooks1984@gmail.com
32	LaBreshia Oik	(817) 724-6535	Oiklabreshia@gmail.com
33	Awendette Johnson	(817) 350-5444	
34	Ramela Perkins	682-999-9084	Perkins16@yahoo.com
35	Teresa Hodges	817 730 3777	teresa.hodges6@gmail.com
36	ANNA M. ALMATEL	617 902-2874	palmettanna@yahoo.com
37	Latrice Johnson	985-346-7222	gadschi141@gmail.com
38	Yashunda Casey	817 966 6193	yashundacasey32@gmail.com
39	Cassandra Davis	682-970-2177	Cad672@hotmail.com

13 #3

# Resident Advisory Board Meeting

February 27, 2016

10:00-1:30

	Print Name	Phone	E-mail Address
40	Dominique Claude	(602) 421-4780	Sandybickham2834@gmail.com
41	Jennifer Flores	817 939-5369	Jennifer.flores11@spkglobal.net
42	Amanda Bondy	817-704-9647	Amanda.Bondy@yahoo.com
43	Callashondra Cramer	682 221 7869	Cramer.callashondra@yahoo.com
44	Kizzy Weber	817-561-4887	itezaw@gmail.com
45	Cornelya Ward	817-347-0818	nayyababi@gmail.com
46	Konzsha Wilson	817-298-7878	Kpinkster3@gmail.com
47	Latoria Scott	(682) 583-5182	lascott981@gmail.com
48	Rosalinda R. Garcia	817-210-5418	RosalindaRamos@yahoo.com
49	Lanell Tucker	714-393-9198	
50	Stephanie Perez	817-484-8901	slppstephoo87@yahoo.com
51	Shanessa Dorsey	817-791-3741	clorsey-shanessa@yahoo.com
52	Lamara Deters	817-449-5244	lamara.deters@yahoo.com

13 #4

Tarrant County Housing Assistance Office

# Resident Advisory Board Meeting



February 27, 2016  
10:00-1:30

	Print Name	Phone	E-mail Address
53	Jamee Kneeland	950 250-0628	promisemekneeland85@gmail.com
54	Jessica Richardson	682-433-9615	jessica.beaut@gmail.com
55	Tamara Nora	817-773-2984	Tamanoranoraa@yahoo.com
56	Kristal Pruitt	(817) 344-8183	K.H.e41611@gmail.com
57	Ashley DeLeon	817-610-1213	Ashleydeleon41616@yahoo.com
58	Wilamanna Bryant	817 271 9054	wilamannich@gmail.com
59	Shawnta Coleman	817-300-3430	shawnta.coleman@gmail.com
60	Sandra Ransom	682 500 6757	Rlatelia@aol.com
61	Jessica Perkins	(817) 592-1693	jessicapertins37@gmail.com
62	Mary Wills	082226954	MaryWills@a7.net
63	Tonya Kyser	682 203 5861	Tonya.Kyser@yahoo.com
64	Darlene Martinez	817-885-0883	
65	Dino Stewart	817 231 1884	Dewadtdun@yahoo.com

Tarrant County Housing Assistance Office

# Resident Advisory Board Meeting

February 27, 2016

10:00-1:30

	Print Name	Phone	E-mail Address
66	Anna Dawson	817-448-7998	adawson12@gmail.com
67	Edwanna Smeeth	945 516 8565	smoot-edwanna@yahoo.com
68	Krista Tarrington	682-667-7835	Ktarrington1986@gmail.com
69	Belinda Fernandez	817-503-6911	belindafernandez01@gmail.com
70	Charise Caudle	682-465-3365	
71	Stephanie Montgomery	817-655-2407	Stephdmontgomery@yahoo.com
72	Brenda Perkins	817-370-7208	
73	Courtney T. Drake	817-808-3574	Courtneydrake07@yahoo.com
74	Tyesha A. Polk	817-987-7156	
75	Erica Lemmons	682-230-6966	EricaLemmons@yahoo.com
76	Nikki Wood	817-343-3220	nikiwood4@gmail.com
77	Kizue White	817-757-5839	Kizue White 389 gmail.com

# Resident Advisory Board Meeting

February 27, 2016

10:00-1:30

Print Name	Phone	E-mail Address
Luppin Francis	817 495 7095	layawnt@yahoo.com
Marshé Carter	682-561-4881	beyondmydreams@gmail.com
Nicolas Spivey	817 424 2281	NICOLA.Spivey@yahoo.com
Charla Primus	(817) 500 3853	Charla_Primus@yahoo.com
Monica Maples	682 459-6874	monimcpl@yahoo.com
Shandra Manning	682-557-2920	Sazzylva31@gmail.com
Jenayla Wilkerson	817-8126473	jenayawilkerson78@yahoo.com
Jaunth Taylor	817-210-8535	JaunthTaylor@yahoo.com
Tihiana Borders-Brooks	817 663 8329	tihianabrooks@gmail.com
CRISTAL Coffey	817-566-4819	guelatc.247md@gmail.com

# 19

#4

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Tarrant County Housing Assistance Office

# Resident Advisory Board Meeting

February 27, 2016

10:00-1:30

Print Name	Phone	E-mail Address
Tamiko Roberts	817-449-7597	roberts-tamiko@yahoo.com
Charlotte Wilson	817-712-9397	mcsprate@icloud.com

88  
11.83  
89  
11.08

# Resident Advisory Board Meeting

February 27, 2016

10:00-1:30

	Print Name	Phone	E-mail Address
90	Patrice McKeelvey	682-252-5202	McKeelvey.Patrice@gmail.com
91	Jessalyn Stewart	817 986 8583	
92	Tiffany Thurman	817-350-0834	tiff.thurman@yahoo
93	Leora Gaines	(817) 705-7080	lgaines79@gmail.com
94	Aletha Jackson	682-518 4415	smorjackson79@gmail.com
95	Latoya Bryce	817-883-0164	ladybryce@hotmail.com
96	Natalasha Mills	817-679-1091	mills_natalasha@yahoo.com
97	Tynishca Witchet	214-603-7546	teverly2004@yahoo.com
98	Shaota Godina	682-263-5441	shostajnegodina@gmail.com

**2016 RESIDENT ADVISORY BOARD (RAB) MEETING**  
**Tarrant County Housing Assistance Office**  
**Saturday, February 27, 2016**  
**2300 Circle Drive, Auditorium**  
**Fort Worth, TX 76119**

*Chaired by: Priscilla Aikens*  
*Assistant Director*  
*Tarrant County Housing*

*Wayne Pollard*  
*Director*  
*Tarrant County Housing*

The meeting was opened by Mr. Pollard, promptly at 10:00 AM, with prayer led by Priscilla Aikens.

Everyone was asked to sign-in upon entering and the "Sign-In" sheets attached reflect that there were at least 98 program participants in attendance. There was standing room only!

Mr. Pollard welcomed everyone and after general opening remarks introduced Ms. Aikens. Ms. Aikens announced that the purpose of this annual meeting is to allow the Resident Advisory Board (comprised of all FSS program participants) an opportunity to provide input, feedback and comments on the 2016 Annual Agency Plan, most particularly, on any changes we have made to the Administrative Plan. We encouraged their involvement, feedback and provided a center isle microphone for their questions/comments to be heard and discussed.

Ms. Aikens provided a PowerPoint presentation to the participants explaining what a PHA Plan is and the residents' role and responsibility regarding the Annual Plan.

The presentation also included why these meetings are held, the PHA Plan process, cycle, and timelines for reporting this information to HUD, availability of the Annual Plan, Administrative Plan and their relationship to one another. Also explained the difference between a calendar year, fiscal year, the Fiscal year for Tarrant County Housing, and how we determine the due date for filing the Plan with HUD.

Participants were advised that TCHAO values the input and feedback of program participants into the plans and planning of TCHAO matters. All were invited and encouraged to feel free to ask questions, make comments and suggestions, and to provide any ideas they might have relative to the 2016 PHA Annual Plan.

Ms. Aikens notified everyone of their right to personally review the 5 Year PHA Plan, FY 2016 Annual Agency Plan, Administrative Plan and the procedures for doing so. An explanation was provided of what an Affirmatively Furthering Fair Housing (AFFH) plan is, what a Consolidated Plan is and their relationship to one another and the Annual Plan.

There were eight (8) changes made to the Administrative Plan since the RAB met last year. They are as follows with any comments or questions made by the participants:

**Change No. 1**

**IMMEDIATE CESSATION OF RENT**

**CHANGE:** PER HUD REGULATION, IF THE HEAD OF HOUSEHOLD SHOULD DIE, AND THERE IS NO ELIGIBLE ADULT HOUSEHOLD MEMBER WHO QUALIFIES FOR HCV, HUD HAS MANDATED THAT THE LANDLORD IS ONLY ENTITLED TO RENT FOR THE LAST MONTH THE HOH WAS ALIVE (EVEN IF THE DEATH OCCURS ON THE 29<sup>TH</sup> OR 30<sup>TH</sup> OF THE MONTH.

*Q. Can spouse take the voucher?*

*A. Yes, if eligibility standards are met.*

**Change No. 2**

**VOUCHER TERMS**

**CHANGE:** THE INITIAL VOUCHER TERM IS 60 CALENDAR DAYS FOR THE VOUCHER HOLDER TO:

1. Find affordable and suitable housing of your choice
2. For elderly or disabled voucher holders and/or a Reasonable Accommodation, TCHAO, may, at its discretion, extend the term up to a maximum of 60 additional days.
3. Otherwise no extensions will be granted.

*Q. Wasn't the former voucher term 30 days?*

*A. We have always (and still do) encourage participants to locate a satisfactory unit as quickly as possible; however, the federal regulatory limit has always been 120 days, max.*

**Change No. 3**

**VERIFICATION TIME**

**CHANGE:** THE MAXIMUM AMOUNT OF TIME A TENANT IS GIVEN TO PROVIDE DOCUMENTATION TO SUPPORT A CHANGE IS 30 CALENDAR DAYS. AFTER 30 DAYS THE CHANGE WILL BE RESOLVED BASED UPON THE VERIFICATION RECEIVED AT THAT TIME, IF ANY.

Exceptions were addressed and explained.

*No questions.*

**Change No. 4**

**NAME CHANGE ON SOCIAL SECURITY CARD**

**CHANGE:** ALL IDENTIFICATION SHOULD BEAR THE SAME LEGAL NAME ON SOCIAL SECURITY CARDS, DRIVER'S LICENSE, EMPLOYMENT I.D., ETC. TCHAO ALLOWS TENANTS UP TO 90 CALENDAR DAYS TO MAKE NAME CHANGES (but they must be reported within 10 calendar days). In most cases social security cards and driver's licenses can be changed on-line.

*No questions.*

**Change No. 5**

**ANNUAL RE-EXAMINATIONS**

**CHANGE:**

- A. TCHAO HAS THE OPTION TO CONDUCT BACKGROUND CHECKS ANNUAL ON ALL ADULT HOUSEHOLD MEMBERS.
- B. FOR THOSE OF FIXED INCOMES, TCHAO MAY CONDUCT RE-EXAMS ONLY EVERY 3 YEARS.
- C. FAILURE TO TIMELY COMPLETE AN ANNUAL RE-EXAMINATION (missed appointments) MAY LEAD TO MANDATORY TERMINATION.
- D. INSUFFICIENT/NO VERIFICATION DOCUMENTS COULD ALSO LEAD TO TERMINATION.

*The interim guidelines were presented on the 3 year process and residents were advised that final procedures could not be established until receipt of HUD's Final Rule.*

**Change No. 6**

**TCHAO POLICY ON PROCESSING INTERIM CHANGE IN INCOME UNDER \$2,400**

**CHANGE:** HUD GIVES TCHAO THE DISCRETION TO DETERMINE THE CIRCUMSTANCES UNDER WHICH FAMILIES WILL BE REQUIRED TO REPORT CHANGES AFFECTING INCOME. HOWEVER, ALL INCOME MUST STILL BE REPORTED TO TCHAO WITHIN TEN (10) CALENDARS. IF THE INCREASE IS \$2,400 OR LESS, TCHAO RESERVES THE RIGHT NOT TO MAKE A RENT ADJUSTMENT OR CONDUCT AN INTERIM.

*Those in attendance expressed agreement and were happy to hear about this change.*

**QUESTION:**

*The process for making such a determination was asked and explained. No recommendations.*

**Change No. 7**

**ZERO INCOME**

**CHANGE:** TENANTS WHO ARE UNEMPLOYED OR REPORT NO INCOME OR ASSETS ARE REQUIRED (*unless a full-time student*) TO ATTEND MONTHLY "ZERO INCOME" CLASSES FOR THE PURPOSE OF ASSISTING THEM IN FINDING EMPLOYMENT. FAILURE TO ATTEND THESE CLASSES WITHOUT CONTACTING TCHAO AND/OR PROVIDING VALID PROOF OF EMPLOYMENT MAY LEAD TO IMMEDIATE TERMINATION.

**QUESTION:** *Several questions were posed regarding individual circumstances and these residents were referred to their Housing Counselor for advice or to wait until the end of the meeting where individual issues would be addressed personally. Some concern was expressed for those finding a job after they received an appointment letter; submitting proof of employment timely; and how to report new employment. All questions were satisfactorily answered with thorough responses.*

**Change No. 8**

**REGISTERED LIFETIME SEX OFFENDER**

**CHANGE:** ALL ADULT HOUSEHOLD MEMBERS MUST CERTIFY IN WRITING, EACH YEAR, THAT THEY ARE NOT A "REGISTERED LIFETIME SEX OFFENDER". TCHAO IS REQUIRED BY FEDERAL LAW TO PURSUE IMMEDIATE TERMINATION OF ASSISTANCE FOR THESE TENANTS AS SUCH PERSONS ARE PROHIBITED FROM RECEIVING FEDERAL HOUSING ASSISTANCE.

*No questions.*

Overall, there were "**NO RECOMMENDATIONS**" from the RAB----only questions, most pertaining to their own individual circumstances.

Again, TCHAO was applauded by the group for its diligence in ensuring the rights and protection of program participants.

Additionally, a presentation was made to the group by the Director, Wayne E. Pollard, Jr., regarding the obligations of participants in the FSS program. His remarks were encouraging and motivational but included a "Charge" for each family to do more to reach their goals. Accordingly, each participant was asked to sign a Pledge as a re-commitment to improving their lives and strengthening their families economically.

Ms. Aikens introduced the FSS Coordinators, i.e.: Barbara Whaley, Mechall Patterson and Sonya Roberts. Information was presented and discussed regarding updates and activities of the FSS program, workshops, seminars and classes, as well as the HCV homeownership program and Affirmatively Furthering Fair Housing. All were discussed as well as the TCHAO website and information sharing among the participants.

A survey was taken of the residents (attached) by TCHAO in order to determine what improvements we should consider making in the program and how we can better meet their needs, in order to be of greater interest to the participants. An analysis and tabulation is in the process, but the results will not be available for a few months hence.

Mr. Pollard promised that all comments would receive consideration.

Ten (10) early graduates were introduced and received their escrow check. Some volunteered to make comments about how helpful the FSS program was for them and their families.

We advised that we hold RAB meetings at least annually and more often if/when necessary.

The question and answer period rolled into the adjournment of the meeting at about 12:30 PM. Q&A continued during Lunch which was served by the FSS Coordinators.

The meeting was closed with prayer offered by the Director, Wayne Pollard.

Respectfully submitted,

Priscilla Aikens

# Tarrant County Housing Assistance Office

## 2016 Annual Public Housing Authority (PHA) Plan

Wayne E. Pollard, Jr.  
*Director*

Priscilla Aikens  
*Assistant Director & Presenter*

February 27, 2016



## 2016 ANNUAL PHA PLAN OVERVIEW



Every PHA in the nation is required to submit an Annual PHA Plan and every 5 years, a 5-Year and Annual Plan.

The PHA Plan is a comprehensive guide to help the PHA plan and implement the policies, programs, operations and strategies each Housing Agency has for meeting local housing needs and goals.



## TIMETABLE.....

HUD also requires all PHAs to do the following, 45 days before the Public Hearing:

1. Meet with the RAB for comments on all changes to the Admin Plan.
2. Post PHA Plan and/or 5 Year Plan for Public Comment.
3. Publish a Legal Notice in the local major newspaper inviting all interested parties to the Hearing.



Tarrant County Housing Assistance  
Office

## **ADMINISTRATIVE CHANGES MADE OR PROPOSED SINCE LAST YEAR**



## ADMIN PLAN CHANGE #1

(Chapter 3, page 3)

### IMMEDIATE CESSATION OF RENT

If the Head of Household should die, and there is no eligible adult household member who qualifies for HCV, HUD has mandated that the landlord is only entitled to rent for the last month the HOH was alive.



*Can husband take over*

## ADMIN PLAN CHANGE #2

(Chapter 5, page 13)

### VOUCHER TERMS

- The initial voucher term is 60 calendar days for the voucher holder to:
  - Find affordable and suitable housing of your choice.
  - For elderly or disabled voucher holders and/or a Reasonable Accommodation, TCHAO, may, at its discretion extend the term up to a maximum of 60 additional days.
  - Otherwise no extensions will be granted.

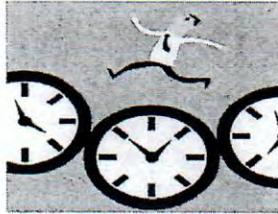


## ADMIN PLAN CHANGE #3

(Chapter 7, page 2)

### VERIFICATION TIME

The maximum amount of time a tenant is given to provide documentation to support a change is 30 days. After 30 days the change will be resolved based upon the verification we have received, if any.



HURRY!  
HURRY!  
HURRY!



## ADMIN PLAN CHANGE #4

(Chapter 7, page 12)

### NAME CHANGE ON SOCIAL SECURITY CARD

- All identification should bear the same name, i.e:
  - Social Security Card
  - Driver's License
  - Employment I.D.
  - Etc.
- TCHAO allows tenants up to 90 calendar days to make these changes *(but they still must be reported to TCHAO within 10 calendar days).*
- Social Security cards *(no charge)* and Drivers license may be changed on line.



## ADMIN PLAN CHANGE #5

(Chapter 11, page 2)

### ANNUAL RE-EXAMINATIONS

- TCHAO has the option to conduct background checks annually on all adult household members
- For those on fixed incomes TCHAO may conduct re-exams only every 3 years
- Failure to timely complete their Annual Re-examination (*Missed appointments*) may lead to Mandatory Termination
- Insufficient/no verification documents could also lead to termination



## ADMIN PLAN CHANGE #6

(Chapter 11, page 13)

### TCHAO POLICY ON PROCESSING INTERIM CHANGE IN INCOME UNDER \$2,400

- HUD gives TCHAO the discretion to determine the circumstances under which families will be required to report changes affecting income.
- All household income must be reported to TCHAO within 10 calendar days, however, if the increase is \$2,400 or less, TCHAO reserves the right not to make a rent adjustment or conduct an interim.



## ADMIN PLAN CHANGE #7

(Chapter 11, page 12)



### ZERO INCOME

- Tenants who are unemployed and/or report no income or assets are required (*unless full-time student, elderly or disabled*) to attend monthly "Zero Income" classes for the purpose of assisting them in finding employment.
- Failure to attend these classes without contacting TCHAO and/or providing valid proof of employment may lead to immediate termination.

## ADMIN PLAN CHANGE #8

(Chapter 12, page 4)

### REGISTERED LIFETIME SEX OFFENDER



All adult household members must certify in writing, each year, that they are not a "Registered Lifetime Sex Offender". TCHAO is required to pursue immediate termination of assistance for these tenants as such persons are prohibited from receiving federal housing assistance.





## REMINDER

*(Admin Plan Chapter 8, p.14)*

### **REASONABLE ACCOMMODATIONS** **INSPECTIONS**

TCHAO may conduct an inspection at any time of all units where an original or renewal Request for Reasonable Accommodations has been made for verification purposes.



## REMINDER

*(Chapter 16, pp. 25-284)*



### **RE-PAYMENT AGREEMENTS**

- Tenants are only allowed ONE (1) Repayment Agreement over the life of their participation in the program.
- Amounts owed to TCHAO in excess of \$5,000 must be paid prior to entering into a Repayment Agreement.
- Before executing a repayment agreement a 20% down payment is required unless the PHA determines this would impose an undue hardship. In such cases the tenant may be allowed up to 120 days to make the down payment.
- TCHAO maintains the right to refer any unpaid debt to the OIG at any time, however if the family owes \$10,000 or more the matter will be automatically referred to OIG and rental assistance may be terminated.



## Civil Rights Certification

### AFFIRMATIVELY FURTHERING FAIR HOUSING (AFFH)

- The documentation required under this element for TCHAO to be considered in compliance with the Civil Rights and Affirmatively Furthering Fair Housing (AFFH) is presented under Tab 6 of the Plan.
- The FY 2015 Annual Plan is consistent with the Consolidated Plan for this jurisdiction and the Certification is also found under Tab 6.



## AFFH -Mobility Counseling Notice

*Help!*

*"I Can't Find an Apartment"*

Tarrant County Housing Assistance Office may be able to help through our program called

**"MOBILITY COUNSELING"**

These are the "Mobility Counseling" services we offer. Please check box(es) that apply:

- Rental Readiness Class (*in our office, 2nd and 4th Tuesday at 9AM and 6PM*)
- "Go Section 8" (*a computer based apartment finder*)
- List of vacant apartments (*pick up in our office at any time*)
- Computer usage (*in our office -staff assistance by appointment only-1 hour limit per visit*)
- Telephone usage (*proof of no phone required-5 call limit per visit*)
- Apartment Locator Handbook
- Staff Assistance (call for an appointment @ 817-531-7640)
- I DO NOT REQUIRE ANY MOBILITY COUNSELING SERVICES**

If you are on the Tarrant County Housing Choice Voucher program and need any of these services please fill out the form below and turn it in to RASHEEDA BURELL or any Tarrant County Housing staff (you must first call for an appointment and take the "Rental Readiness" Class).

My signature indicates that I have been provided with and explained the information on this page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 NAME \_\_\_\_\_ ADDRESS \_\_\_\_\_ TX ZIP CODE \_\_\_\_\_  
 HOME TELEPHONE ( ) \_\_\_\_\_ CELL PHONE ( ) \_\_\_\_\_ WORK TELEPHONE ( ) \_\_\_\_\_  
 eMAIL ADDRESS \_\_\_\_\_ BEST TIME TO CONTACT YOU \_\_\_\_\_ M.

DATE MY VOUCHER EXPIRES \_\_\_\_\_

CHECK THE REASON(S) YOU FEEL YOU CANNOT FIND HOUSING:

- Low credit score
- Past evictions or poor rental history
- Cannot pay security deposit or other fees
- Unemployed
- Criminal Background History
- Landlords won't take Housing Choice Vouchers (Section 8)
- Other (please explain) \_\_\_\_\_

Mobility Counseling  
 Pilgrims  
 05/14/2015



## AFFH -Mobility Counseling Notice

*Searching for your new home?  
Feeling lost?*

Tarrant County Housing staff is available to assist all participants who express a desire to move to low poverty census tracts where it is more likely, to be an area with opportunities, such as better schools, better job opportunities and support networks – giving you a greater chance for a better life and to achieve self-sufficiency!

Your counselor or other members of our staff is available (*by appointment only*) to assist you in your search for "**affordable**" housing in low poverty census tracts, if that is your choice and you make your wishes known to us.

Please call 817-531-7640 to make an appointment.

*Your new home is waiting!  
Come find it!*



## QUESTIONS/COMMENTS ??

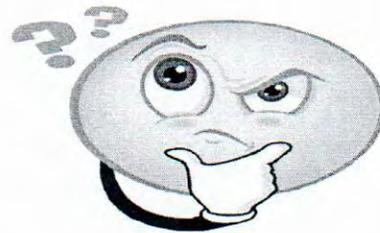
If you have questions or comments you may contact:

Pat Aikens

*Assistant Director*

(817) 531-7680

[phaikens@tarrantcounty.com](mailto:phaikens@tarrantcounty.com)



YOU'RE THE BEST.....

Thanks for your cooperation  
and support!

**Thanks**



**Family Self-Sufficiency (FSS) Assistance Survey**



<b>01</b>	Do you read the eMail we send? <i>(Check only one below)</i> ___All/Entirely    ___Not at all    ___Some emails <i>(If some, which ones)?</i> _____
<b>02</b>	What is the best way to communicate with you? U.S. Mail___ Telephone___ Text___ Face Book___ Twitter___ Instagram___ Other/Specify_____
<b>03</b>	Do you respond to the emails we send? Always___ Sometime___ Never___ Why?_____
<b>04</b>	Is the job information we send to you via email helpful to you? Yes___ No___ Why_____
<b>05</b>	Are the Social Service referrals we send to you helpful? Yes___ No___ If No, why?_____
<b>06</b>	What do we do that helps you the most? _____ _____
<b>07</b>	What do we do that helps you the least? _____ _____
<b>08</b>	8. What could we do better that would help you more <i>(use other side of this sheet if you need to)</i> _____ _____
<b>09</b>	When is the best day and time for you to attend seminars, classes and workshops? ___Mon ___Tue ___Wed ___Thu ___Fri ___Sat _____Between 10AM – 2PM _____Evenings 6-8 _____Other/Specify_____
<b>10</b>	Other than Money or a Spouse ----Name <b>3</b> things that you want us to help you achieve <b>the most</b> 1. _____ 2. _____ 3. _____

GENERAL COMMENTS, IF ANY (Use other side if necessary):

\_\_\_\_\_

\_\_\_\_\_

*You do not have to provide the information below unless you want to*

**Print Name:** \_\_\_\_\_

**eMail Address:** \_\_\_\_\_ **Telephone No.** \_\_\_\_\_



# **PUBLIC NOTICE**

**to all**

**Program Participants and the General Public**

**Tarrant County Housing Assistance Office**

**has available for your review and inspection the**

**2016 ANNUAL PLAN**

**A Public Hearing will be held on**

**MAY 17, 2016**

**10:00 AM**

**Commissioners Court**

**100 East Weatherford St., Fort Worth, TX**

**Interested Parties may attend.**

**PLEASE SEE THE RECEPTIONIST**

**if you have any questions or wish to inspect the plan.**

*Wayne E. Pollard, Jr.  
Director*

*Posted April 1, 2016*



# **Aviso Público**

**para todos**

**los Participantes del Programa de Vivienda y el Público en general**

**La Oficina de Ayuda de la Vivienda del Condado Tarrant  
le ofrece a usted a repasar y examinar**

## **EL PLAN ANUAL DEL 2016**

**Habrà una audiencia pública el día**

# **17 DE MAYO DE 2016**

**a las 10:00 de la Corte del Comisionado  
para todas las personas interesadas**

**Para repasar o examinar el plan  
POR FAVOR CONSULTE A LA RECEPCIONISTA**

*Wayne E. Pollard, Jr., Director*

*Posted 01 de April del 2016*

**PUBLIC NOTICES**

**Legal Notices**

**Legal Notices**

TARRANT COUNTY Housing Assistance Office (TCHAO) has developed the Annual Agency Plan in compliance with the Quality Housing and Work Responsibility Act of 1998. It is always available for review at TCHAO located at 2100 Circle Drive, Suite 200, Fort Worth, TX 76119, between the hours of 8:30am and 4:00pm. A Public Hearing will be held on May 17, 2016 at 10:00am during TARRANT COUNTY COMMISSIONERS COURT, 100 E. Weatherford St., Room 506, Fort Worth, TX 76196. If you have any questions, please contact our office at (817) 531-7640. All interested parties are invited to attend.