



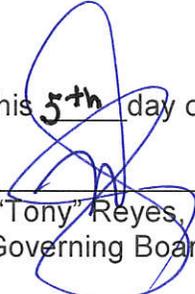
YUMA COUNTY HOUSING GOVERNING BOARD  
OF DIRECTORS  
RESOLUTION NO. 18-07

APPROVE THE YUMA COUNTY HOUSING DEPARTMENT'S PUBLIC HOUSING AGENCY FISCAL YEAR (FY) 2018 ANNUAL PLAN, SMOKE FREE POLICY, CAPITAL FUND FIVE YEAR ACTION PLAN, 2018 CAPITAL FUND AND RELATED CERTIFICATIONS AND AGREEMENTS WITH THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD).

WHEREAS: Acting on behalf of the Housing Governing Board of Directors of the Yuma County Public Housing Agency (PHA) as its Chairman. I approve the submission of the FY 2018 Annual Plan, Smoke Free Policy, Capital Fund 5-Year Action Plan and 2018 Capital Fund, hereinafter referred to as the Public Agency Annual Plan of which this document is a part of, 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:

NOW, THEREFORE, BE IT RESOLVED, after review of the amended Public Housing Agency Annual Plan, the Yuma County Housing Governing Board of Directors hereby adopts and approves the plan, with Resolution no. 2018 -

Adopted this 5<sup>th</sup> day of February, 2018.

  
\_\_\_\_\_  
Marco A. "Tony" Reyes, Chairman  
Housing Governing Board of Directors

ATTEST:  
  
\_\_\_\_\_  
Susan K. Thorpe  
County Administrator/Clerk of the Board

APPROVED AS TO FORM AND DETERMINED TO BE WITHIN THE SCOPE OF PERFORMANCE OF DUTY OF THE YUMA COUNTY BOARD OF SUPERVISORS:

  
\_\_\_\_\_  
JON R. SMITH, County Attorney

<b>5-Year and Annual PHA Plan</b>	<b>U.S. Department of Housing and Urban Development Office of Public and Indian Housing</b>	<b>OMB No. 2577-0226 Expires 02/29/2016</b>
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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-HP is to be completed annually by **High Performing PHAs**. PHAs that meet the definition of a Standard PHA, Troubled PHA, HCV-Only PHA, Small 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.

<b>A.</b>	<b>PHA Information.</b>		
A.1	<p><b>PHA Name:</b> <u>YUMA COUNTY HOUSING DEPARTMENT</u> <b>PHA Code:</b> <u>AZ013</u>  <b>PHA Type:</b> <input type="checkbox"/> Small <input checked="" type="checkbox"/> High Performer  <b>PHA Plan for Fiscal Year Beginning:</b> (MM/YYYY): <u>7/2018</u>  <b>PHA Inventory</b> (Based on Annual Contributions Contract (ACC) units at time of FY beginning, above)  <b>Number of Public Housing (PH) Units</b> <u>159</u>      <b>Number of Housing Choice Vouchers (HCVs)</b> <u>401</u>  <b>Total Combined</b> <u>560</u>  <b>PHA Plan Submission Type:</b> <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 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>a) PHA Plan elements that have been revised by the PHA since its last Annual Plan submission:  Capital Fund Program  Section 8 Administrative Plan  Admissions and Continued Occupancy Policy (ACOP) ; Smoke Free Policy  FSS Action Plan  FYE 2016 Single Audit Report: <u>No Audit Findings</u></p> <p>(b) The above listed elements and proposed PHA Plan are available for review and inspections by the public at these following locations:</p> <table data-bbox="224 1627 1166 1753"> <tr> <td><u>PHA Main Administrative office:</u> Yuma County Housing Department 8450 W. Highway 95 Suite #88 Somerton, AZ 85350</td> <td><u>Main Administrative Office of the County</u> Yuma County Administration 198 S. Main Street Yuma, AZ 85364</td> </tr> </table>	<u>PHA Main Administrative office:</u> Yuma County Housing Department 8450 W. Highway 95 Suite #88 Somerton, AZ 85350	<u>Main Administrative Office of the County</u> Yuma County Administration 198 S. Main Street Yuma, AZ 85364
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<input type="checkbox"/> <b>PHA Consortia:</b> (Check box if submitting a Joint PHA Plan and complete table below)					
Participating PHAs	PHA Code	Program(s) in the Consortia	Program(s) not in the Consortia	No. of Units in Each Program	
				PH	HCV
Lead PHA:					

**B. Annual Plan Elements**

**B.1 Revision of PHA Plan Elements.**

(a) Have the following PHA Plan elements been revised by the PHA since its last **Annual PHA Plan** submission?

Y N

Statement of Housing Needs and Strategy for Addressing Housing Needs.

Deconcentration and Other Policies that Govern Eligibility, Selection, and Admissions.

Financial Resources.

Rent Determination.

Homeownership Programs.

Safety and Crime Prevention.

Pet Policy.

Substantial Deviation.

Significant Amendment/Modification

(b) The PHA must submit its Deconcentration Policy for Field Office Review.

(c) If the PHA answered yes for any element, describe the revisions for each element below:

- 1) Statement of Financial Resources/Operating Budget (**ATTACHMENT "B"**)
  - **Revised due to changes in grant/funding.**
- 2) Rent Determination
  - **Utility Allowances: adjusted when rate increases or decreases.**
  - **Payment Standards: increased per HUD**
  - **Flat Rents: increased based on 80% of the FMR's**

**B.2 New Activities.**

(a) Does the PHA intend to undertake any new activities related to the following in the PHA's current Fiscal Year?

Y N

Hope VI or Choice Neighborhoods.

Mixed Finance Modernization or Development.

Demolition and/or Disposition.

Conversion of Public Housing to Tenant Based Assistance.

Conversion of Public Housing to Project-Based Assistance under RAD.

Project Based Vouchers.

Units with Approved Vacancies for Modernization.

Other Capital Grant Programs (i.e., Capital Fund Community Facilities Grants or Emergency Safety and Security Grants).

(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.

**Yuma County Housing Department intends to apply for the FY 2018 Emergency Safety and Security Grant in the amount not exceeding \$200,000. For the last three (3) consecutive years, YCHD had applied for the Safety and Security Grant but was not selected to receive the grant.**

**If selected to receive the grant in FY 2018, Public Housing intends to use the grant award for the following projects:**

1. **Install twelve (12) security camera in Valley Vista Apartments**

- 2. Install twelve (12) security cameras in Pecan Shadows Apartments
- 3. Install ten (10) security cameras in Moctezuma Apartments
- 4. Install seven (7) LED 20 Ft. Light Poles throughout the Valley Vista development.
- 5. Install a solar panel system to store energy which will be used to power up the street lighting.
- 6. Install Security doors/alarm system in the main building office by the front desk for the safety and security of housing personnel.
- 7. Install a security camera and three (3) LED Lighting where PHA vehicles are garaged after business hours to prevent theft and vandalism.

**B.3 Progress Report.**

Provide a description of the PHA’s progress in meeting its Mission and Goals described in the PHA 5-Year Plan.

1. **Promote and enhance community health, safety and well-being.**  
**Goal: Timely vacant unit turn-around**  
**Objective: Have vacant units ready for re-occupancy within current HUD standards.**  
**Measure: Vacant unit turn-around in less than 25 days.**  
**Progress: Unit turnaround exceeds objective of less than 25 days. It is currently at 5 days.**
  
2. **Maintain and manage sufficient resources to support the provisions of decent, safe and sanitary housing.**  
**Goal: Maintain resource or current ratio within current HUD standards.**  
**Objective: Have available current resources equal to or greater than current obligations.**  
**Measure: Resource or current ratio within 2.1 to 7.8**  
**Progress: Current ratio at FYE June 30, 2017 is 2.12 and received a maximum score points of 12**
  
3. **Promote economic self-sufficiency and employment:**  
**Goal: Successful operation of the Family Self-Sufficiency (FSS) program.**  
**Objective: Assist subsidized families to become economically independent and/or homeowners.**  
**Measure: Six households per year leave the program to become economically independent and/or homeowners.**  
**Progress: Of 254 FSS participants, 155 participants have reported employment**  
**17 FSS participants graduated FY17:**  
**Homeowners: 7 Economically Independent: 10 .**
  
4. **Improve the quality of assisted housing:**  
**Goal: Improve public housing and housing choice voucher management.**  
**Objective: SEMAP score will be 96% or better; Public Housing Assessment will be Standard Performer or better.**  
**Measure: SEMAP 96%- 100% ; PH Management will be 23-25 points or 95-100%**  
**Progress: FY2017 SEMAP Score: 96% - High Performer**  
**PH Management FY2017: 23 points or 95% - High Performer**

**Violence Against Women Act (VAWA): Pre-VAWA 2013 and VAWA 2013**  
Yuma County Housing Department

- Has implemented policies and procedures that will enable us to serve the needs of child and adult victims of domestic violence, dating violence, sexual assault or stalking.
- All assisted housing program participants are advised of their rights under VAWA at the application stage, in the move-in packets and at all recertification’s.
- The Housing Department does not terminate tenancy of a tenant victim due to actual or threatened domestic violence, dating violence, sexual assault or stalking against the tenant or an immediate family member of the tenant. The Housing Department will request that the tenant complete a certification.
- The Housing Department may take other actions to ensure the safety of the tenant victim, other residents, and employees. These may include, but are not limited to, bifurcation of a family’s lease to evict a household member who is the perpetrator of domestic violence; honoring court orders which may limit a tenant perpetrator’s access to the unit or property; and, evicting the tenant victim if the Housing Department can demonstrate an actual and imminent threat to the immediate housing community or staff.
- All information provided to the Housing Department by a participating family regarding VAWA certification, including the tenant’s status as a victim, is confidential. The exceptions to confidentiality are tenant authorization to release and/or use information; is required by law; or is needed for eviction proceedings.

	<ul style="list-style-type: none"> <li>• Has provided training to staff regarding VAWA and the Department’s policies and procedures that pertain to VAWA.</li> <li>• Current and potential landlords are kept abreast of VAWA issues via the landlord outreach.</li> <li>• May refer victims affected by VAWA to appropriate agencies including domestic violence shelters and victim services programs. Families in crisis are referred to the police and/or to Amberly’s Place.</li> </ul> <p>Please see (ATTACHMENT “A”) <b>Violence Against Women Act (VAWA): Pre VAWA 2013/VAWA 2013</b></p>
<b>B.4.</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  <input type="checkbox"/> <input checked="" type="checkbox"/></p> <p>(b) If yes, please describe:</p>
<b>Other Document and/or Certification Requirements.</b>	
<b>C.1</b>	<p><b>Certification Listing Policies and Programs that the PHA has Revised since Submission of its Last Annual Plan</b></p> <p><u>Form 50077-ST-HCV-HP, Certification of Compliance with PHA Plans and Related Regulations</u>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> <p><b>(ATTACHMENT “C”)</b></p>
<b>C.2</b>	<p><b>Civil Rights Certification.</b></p> <p><u>Form 50077-ST-HCV-HP, Certification of Compliance with PHA Plans and Related Regulations</u>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> <p><b>(ATTACHMENT “C”)</b></p>
<b>C.3</b>	<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  <input checked="" type="checkbox"/> <input 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> <p><b>(ATTACHMENT “D”)</b></p>
<b>C.4</b>	<p><b>Certification by State or Local Officials.</b></p> <p><u>Form HUD 50077-SL, Certification by State or Local Officials of PHA Plans Consistency with the Consolidated Plan</u>, must be submitted by the PHA as an electronic attachment to the PHA Plan.</p> <p><b>(ATTACHMENT “C”)</b></p>
<b>D</b>	<p><b>Statement of Capital Improvements.</b> Required in all years for all PHAs completing this form that administer public housing and receive funding from the Capital Fund Program (CFP).</p> <p><b>(ATTACHMENT “E”)</b>  50075.1 Capital Fund Program Annual Statement/Performance and Evaluation Report  50075.2 5-Year Action Plan</p>
<b>D.1</b>	<p><b>Capital Improvements.</b> 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.</p> <p><b>See HUD Form 50075.2 approved by HUD on June 17, 2015.</b></p>
<b>E</b>	<p><b>ATTACHMENT “F”</b>  <b>SMOKE FREE POLICY</b></p>

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# ATTACHMENT “A”

*VAWA REAUTHORIZATION ACT OF 2013*

**PART VII: VIOLENCE AGAINST WOMEN ACT (VAWA):  
NOTIFICATION, DOCUMENTATION, AND  
CONFIDENTIALITY**

**16-VII.A. OVERVIEW**

The Violence against Women Reauthorization Act of 2013 (VAWA) provides special protections for victims of domestic violence, dating violence, sexual assault, and stalking who are applying for or receiving assistance under the public housing program. If you state or local laws provide greater protection for such victims, those apply in conjunction with VAWA.

In addition to definitions of key terms used in VAWA, this part contains general VAWA requirements and PHA policies in three areas: notification, documentation, and confidentiality. Specific VAWA requirements and PHA policies are located in Chapter 3, “Eligibility” (sections

3-I.C and 3-III.F); Chapter 5, “Occupancy Standards and Unit Offers” (section 5-II.D); Chapter 8, “Leasing and Inspections” (section 8-I.B); Chapter 12, “Transfer Policy” (sections 12-III.C, 12-III.F, and 12-IV.D); and Chapter 13, “Lease Terminations” (sections 13-III.F and 13-IV.D).

**16-VII.B. DEFINITIONS [24 CFR 5.2003], FR Notice 8/6/13]**

As used in Pre-VAWA:

- The term *affiliated individual* means, with respect to a person:
  - A spouse, parent, brother or sister, or child of that individual, or an individual to whom that person stands in the position or place of a parent; or
  - Any individual, tenant or lawful occupant living in the household of the victim of domestic violence, dating violence, sexual assault, or stalking.
- The term *bifurcate* means, with respect to a public housing or Section 8 lease, to divide a lease as a matter of law such that certain tenants can be evicted or removed while the remaining family members’ lease and occupancy rights are allowed to remain intact.
- The term *dating violence* means violence committed by a person who is or has been in a social relationship of a romantic or intimate nature with the victim; and where the existence of such a relationship shall be determined based on a consideration of the following factors:
  - The length of the relationship
  - The type of relationship
  - The frequency of interaction between the persons involved in the relationship

- The term *domestic violence* includes felony or misdemeanor crimes of violence committed by a current or former spouse or intimate partner of the victim, by a person with whom the victim shares a child in common, by a person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner by a person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies, or by any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction.
- The term *sexual assault* means:
  - Any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks the capacity to consent
- The term *stalking* means:
  - To engage in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress.

## **16-VII.C. NOTIFICATION [24CFR5.2005(a)]**

### **Notification to Public**

The PHA adopts the following policy to help ensure that all actual and potential beneficiaries of its public housing program are aware of their rights under VAWA.

#### PHA Policy:

The PHA will post the following information regarding *VAWA 2013* in its offices and its Web site. It will also make the information readily available to anyone who requests it.

A notice of occupancy rights under VAWA to housing choice voucher program applicants and participants who are or have been victims of domestic violence, dating violence, sexual assault, or stalking (Form HUD-5380, see Exhibit 16-1)

A copy of form HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking and Alternate Documentation (see Exhibit 16-2)

A copy of the PHA's emergency transfer plan (Exhibit 16-3)

A copy of HUD's Emergency Transfer Request for Certain Victims of Domestic Violence, Dating Violence, Sexual Assault, or Stalking, Form HUD-5383 (Exhibit 16-4)

The National Domestic Violence Hot Line: 1-800-799-SAFE (7233) or 1-800- 787-3224 (TTY) (included in Exhibit 16-1)

Contact information for local victim advocacy groups or service providers

### **Notification to Applicants and Tenants [24 CFR 5.2005(a)(1)]**

PHAs are required to inform public housing applicants and tenants of their rights under VAWA, including their right to confidentiality and the limits thereof, when they are denied assistance, when they are admitted to the program, and when they are notified of an eviction or termination of housing benefits.

The PHA must distribute a notice of VAWA rights, along with the VAWA self-certification form (HUD-5382) at each of these three junctures.

#### PHA Policy

The VAWA information provided to applicants and participants will consist of the notices in Exhibit 16-1 and 16-2.

The PHA will provide all applicants with information about VAWA at the time they request an application for housing assistance. The PHA will also include such information in all notices of denial of assistance (see section 3-III.F).

The PHA will provide all tenants with information about VAWA at the time of admission (see section 8-I.B) and at annual reexamination. The PHA will also include such information in all lease termination notices (see section 13-IV.D).

The PHA is not limited to providing VAWA information at the times specified in the above policy. If the PHA decides to provide VAWA information to a tenant following an incident of domestic violence, Notice PIH 2006-42 cautions against sending the information by mail, since the abuser may be monitoring the mail. The notice recommends that in such cases the PHA make alternative delivery arrangements that will not put the victim at risk.

#### PHA Policy

Whenever the PHA has reason to suspect that providing information about VAWA to a public housing tenant might place a victim of domestic violence at risk, it will attempt to deliver the information by hand directly to the victim.

### **16-VII.D. DOCUMENTATION [24 CFR 5.2007]**

A PHA presented with a claim for initial or continued assistance based on status as a victim of domestic violence, dating violence, sexual assault, or stalking, or criminal activity related to any of these forms of abuse may—but is not required to—request that the individual making the claim document the abuse. Any request for documentation must be in writing, and the individual must be allowed at least 14 business days after receipt of the request to submit the documentation. The PHA may extend this time period at its discretion. [24 CFR 5.2007(a)]

The individual may satisfy the PHA's request by providing any one of the following three forms of documentation [24 CFR 5.2007(b)]:

- (1) A completed and signed HUD-approved certification form (HUD-5382, Certification of Domestic Violence, Dating Violence, Sexual Assault, or Stalking), which must include the name of the perpetrator only if the name of the perpetrator is safe to provide and is

known to the victim

- (2) A federal, state, tribal, territorial, or local police report or court record, or an administrative record
- (1) (3) Documentation signed by a person who has assisted the victim in addressing domestic violence, dating violence, sexual assault, or stalking, or the effects of such abuse. This person may be an employee, agent, or volunteer of a victim service provider; an attorney; a mental health professional; or a medical professional. The person signing the documentation must attest under penalty of perjury to the person's belief that the incidents in question are bona fide incidents of abuse. The victim must also sign the documentation.

The PHA may not require third-party documentation (forms 2 and 3) in addition to certification (form 1), except as specified below under "Conflicting Documentation," nor may it require certification in addition to third-party documentation [VAWA 2005 final rule].

#### PHA Policy

Any request for documentation of domestic violence, dating violence, sexual assault, or stalking will be in writing, will specify a deadline of 14 business days following receipt of the request, will describe the three forms of acceptable documentation, will provide explicit instructions on where and to whom the documentation must be submitted, and will state the consequences for failure to submit the documentation or request an extension in writing by the deadline.

The PHA may, in its discretion, extend the deadline for 10 business days. Any extension granted by the PHA will be in writing.

#### **Conflicting Documentation [24 CFR 5.2007(e)]**

In cases where the PHA receives conflicting certification documents 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 perpetrator, the PHA may determine which is the true victim by requiring each to provide acceptable third-party documentation, as described above (forms 2 and

3). The PHA must honor any court orders issued to protect the victim or to address the distribution of property.

#### PHA Policy

If presented with conflicting certification documents (two or more forms HUD-5382) from members of the same household, the PHA will attempt to determine which is the true victim by requiring each of them to provide third-party documentation in accordance with 24 CFR 5.2007 (c) and by following any HUD guidance on how such determinations should be made.

### **Discretion to Require No Formal Documentation [24 CFR 5.2007(d)]**

The PHA has the discretion to provide benefits to an individual based solely on the individual's statement or other corroborating evidence—i.e., without requiring formal documentation of abuse in accordance with 24 CFR 5.2007(b).

#### PHA Policy

If the PHA accepts an individual's statement or other corroborating evidence of domestic violence, dating violence, sexual assault, or stalking, the PHA will document acceptance of the statement or evidence in the individual's file.

### **Failure to Provide Documentation [24 CFR 5.2007(c)]**

In order to deny relief for protection under VAWA, a PHA must provide the individual requesting relief with a written request for documentation of abuse. If the individual fails to provide the documentation within 14 business days from the date of receipt, or such longer time as the PHA may allow, the PHA may deny relief for protection under VAWA.

### **16-VII.E. CONFIDENTIALITY [24 CFR 5.2007(b)(4)]**

All information provided to the PHA regarding domestic violence, dating violence, sexual assault, or stalking, including the fact that an individual is a victim of domestic violence, dating violence, sexual assault, or stalking, must be retained in confidence. This means that the PHA (1) may not enter the information into any shared database, (2) may not allow employees or others to access the information unless they are explicitly authorized to do so and have a need to know the information for purposes of their work, and (3) may not provide the information to any other entity or individual, except to the extent that the disclosure is (a) requested or consented to by the individual in writing, (b) required for use in an eviction proceeding, or (c) otherwise required by applicable law.

#### PHA Policy

If disclosure is required for use in an eviction proceeding or is otherwise required by applicable law, the PHA will inform the victim before disclosure occurs so that safety risks can be identified and addressed.

<p align="center"><b>EXHIBIT 16-1: SAMPLE NOTICE OF OCCUPANCY RIGHTS UNDER THE VIOLENCE AGAINST WOMEN ACT, FORM HUD-5380</b></p>
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### **Yuma County Housing Department<sup>1</sup>**

### **Notice of Occupancy Rights under the Violence Against Women Act<sup>2</sup>**

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<sup>1</sup> The notice uses HP for housing provider but the housing provider should insert its name where HP is used. HUD's program-specific regulations identify the individual or entity responsible for providing the notice of occupancy rights.

<sup>2</sup> Despite the name of this law, VAWA protection is available regardless of sex, gender identity, or sexual orientation.

## **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.<sup>3</sup> The U.S. Department of Housing and Urban Development (HUD) is the Federal agency that oversees that Low Rent Public Housing Admissions and Continued Occupancy Policy (**ACOP**) 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.”

## **Protections for Applicants**

If you otherwise qualify for assistance under Low Rent Public Housing Admissions and Continued Occupancy Policy (**ACOP**), 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.

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<sup>3</sup> 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.

## **Protections for Tenants**

If you are receiving assistance under Low Rent Public Housing Admissions and Continued Occupancy Policy (**ACOP**) 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 Low Rent Public Housing Admissions and Continued Occupancy Policy (**ACOP**) 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. 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 **[insert contact information for any intermediary, if applicable]** or **[insert HUD field office]**.

## **For Additional Information**

You may view a copy of HUD's final VAWA rule at: <https://www.gpo.gov/fdsys/pkg/FR-2016-11-16/pdf/2016-25888.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 **Yuma County Housing Department**.

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). You may also contact **Safe House (928) 782-0044**.

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 **Amberly's Place (928) 373-0849**.

Victims of stalking seeking help may contact **Amberly's Place (928) 373-0849**.

**Attachment:** Certification form HUD-5382.

**EXHIBIT 16-2: CERTIFICATION OF DOMESTIC VIOLENCE, DATING VIOLENCE,  
SEXUAL ASSAULT, OR STALKING AND ALTERNATE DOCUMENTATION,  
FORM HUD-5382**

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

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

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

**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): _____ _____ _____ _____
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information could jeopardize program eligibility and could be the basis for denial of admission, termination of assistance, or eviction.

Signature \_\_\_\_\_ Signed on (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.

**EXHIBIT 16-3: NMA EMERGENCY TRANSFER PLAN FOR VICTIMS OF  
DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING**

Attachment: Certification form HUD-5382

**Yuma County Housing Department**

**Emergency Transfer Plan for Victims of Domestic Violence, Dating Violence, Sexual  
Assault, or Stalking  
Public Housing Program**

**Emergency Transfers**

The PHA 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),<sup>4</sup> the PHA 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.<sup>5</sup> The ability of the PHA 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 PHA 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 the **public housing and housing choice voucher (HCV) programs** are in compliance with VAWA.

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<sup>4</sup>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.

<sup>5</sup>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.

### **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 PHA's management office and submit a written request for a transfer to **any PHA office**. The PHA 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 PHA'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 PHA 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 PHA 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 or persons that committed an act 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 PHA'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 PHA cannot guarantee that a transfer request will be approved or how long it will take to process a transfer request. The PHA 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 PHA 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 PHA has no safe and available units for which a tenant who needs an emergency transfer is eligible, the PHA 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 PHA 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.

### **Emergency Transfers: Public Housing (PH) Program**

If you are a public housing resident and request an emergency transfer as described in this plan, the PHA will attempt to assist you in moving to a safe unit quickly. The PHA will make exceptions as required to policies restricting moves.

Emergency transfers for which you are not required to apply for assistance include the following:

- Public housing unit in a different development
- Public housing unit in the same development, if you determine that the unit is safe

At your request, the PHA will refer you to organizations that may be able to further assist you.

You may also request an emergency transfer to the following programs for which you are required to apply for assistance:

- HCV tenant-based program
- HCV project-based assistance
- Other programs administered by the PHA (such as state housing programs)

Emergency transfers will not take priority over waiting list admissions for these types of assistance. At your request, the PHA will refer you to organizations that may be able to further assist you.

### **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, and Incest National Network's National Sexual Assault Hotline at 1-800-656-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>.

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

**EXHIBIT 16-4: EMERGENCY TRANSFER REQUEST FOR CERTAIN VICTIMS OF DOMESTIC VIOLENCE, DATING VIOLENCE, SEXUAL ASSAULT, OR STALKING, FORM HUD-5383**

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

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

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

**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) \_\_\_\_\_

Domestic Violence Hotline at 1-800-799-SAFE (7233) or 1-800-787-3224 (TTY).

### **Definitions**

For purposes of determining whether a tenant may be covered by VAWA, the following list of definitions applies:

VAWA defines ***domestic violence*** to include felony or misdemeanor crimes of violence committed by any of the following:

- A current or former spouse or intimate partner of the victim
- A person with whom the victim shares a child in common
- A person who is cohabitating with or has cohabitated with the victim as a spouse or intimate partner
- A person similarly situated to a spouse of the victim under the domestic or family violence laws of the jurisdiction receiving grant monies
- Any other person against an adult or youth victim who is protected from that person's acts under the domestic or family violence laws of the jurisdiction

VAWA defines ***dating violence*** as violence committed by a person (1) who is or has been in a social relationship of a romantic or intimate nature with the victim AND (2) where the existence of such a relationship shall be determined based on a consideration of the following factors:

- The length of the relationship
- The type of relationship
- The frequency of interaction between the persons involved in the relationship

VAWA defines ***sexual assault*** as "any nonconsensual sexual act proscribed by Federal, tribal, or State law, including when the victim lacks capacity to consent" (42 U.S.C. 13925(a)).

VAWA defines ***stalking*** as engaging in a course of conduct directed at a specific person that would cause a reasonable person to fear for his or her safety or the safety of others, or suffer substantial emotional distress.

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**ATTACHMENT “B”**  
**STATEMENT OF FINANCIAL RESOURCES**  
**OPERATING BUDGET**

## **2. Statement of Financial Resources**

[24 CFR Part 903.7 9 (b)]

List the financial resources that are anticipated to be available to the PHA for the support of Federal public housing and tenant-based Section 8 assistance programs administered by the PHA during the Plan year.

Note: the table assumes that Federal public housing or tenant based Section 8 assistance grant funds are expended on eligible purposes; therefore, uses of these funds need not be stated. For other funds, indicate the use for those funds as one of the following categories: public housing operations, public housing capital improvements, public housing safety/security, public housing supportive services, Section 8 tenant-based assistance, Section 8 supportive services or other.

<b>Financial Resources: Planned Sources and Uses</b>		
<b>Sources</b>	<b>Planned \$</b>	<b>Planned Uses</b>
<b>1. Federal Grants (FY 2018 grants)</b>		
a) Public Housing Operating Fund	630,205	Operations
b) Public Housing Capital Fund	261,713	PH Capital Improvements
c) HOPE VI Revitalization	0	
d) HOPE VI Demolition	0	
e) Annual Contributions for Section 8 Tenant-Based Assistance		
f) Public Housing Drug Elimination Program (including any Technical Assistance funds)	0	
g) Resident Opportunity and Self-Sufficiency Grants	182,679	Sec 8/PH FSS Program
h) Community Development Block Grant	0	
i) HOME		
Other Federal Grants (list below)		
<b>Housing Choice Voucher (HCV)</b>	2,473,368	HCV HAP
<b>HCV Administrative Fees</b>	263,961	Sec 8 Operations
<b>ROSS COORDINATOR</b>	79,506	PH Resident Supportive Services
<b>2. Prior Year Federal Grants (unobligated funds only) (list below)</b>	0	
<b>3. Public Housing Dwelling Rental Income</b>	291,476	Operations
<b>4. Other income (list below)</b>		
Fraud/Recovery Collection-Sec 8	10,456	Operations
Misc Tenant charges	15,000	Operations
Sec 8 Portable Admin Fees	18,768	Operations
<b>4. Non-federal sources (list below)</b>		
<b>Total resources</b>	4,227,132	

**PHA Board Resolution**  
Approving Operating Budget

**U.S. Department of Housing  
and Urban Development**  
Office of Public and Indian Housing -  
Real Estate Assessment Center (PIH-REAC)

OMB No. 2577-0026  
(exp. 12/31/2012)

Public reporting burden for this collection of information is estimated to average 10 minutes 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. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

This information is required by Section 6(c)(4) of the U.S. Housing Act of 1937. The information is the operating budget for the low-income public housing program and provides a summary of the proposed/budgeted receipts and expenditures, approval of budgeted receipts and expenditures, and justification of certain specified amounts. HUD reviews the information to determine if the operating plan adopted by the public housing agency (PHA) and the amounts are reasonable, and that the PHA is in compliance with procedures prescribed by HUD. Responses are required to obtain benefits. This information does not lend itself to confidentiality.

PHA Name: YUMA COUNTY HOUSING DEPARTMENT      PHA Code: AZ013

PHA Fiscal Year Beginning: JULY 1, 2017      Board Resolution Number: 2017-15

Acting on behalf of the Board of Commissioners of the above-named PHA as its Chairperson, I make the following certifications and agreement to the Department of Housing and Urban Development (HUD) regarding the Board's approval of (check one or more as applicable):

DATE

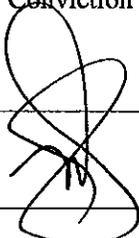
- Operating Budget approved by Board resolution on: 06/19/2017
- Operating Budget submitted to HUD, if applicable, on:
- Operating Budget revision approved by Board resolution on:
- Operating Budget revision submitted to HUD, if applicable, on:

I certify on behalf of the above-named PHA that:

1. All statutory and regulatory requirements have been met;
2. The PHA has sufficient operating reserves to meet the working capital needs of its developments;
3. Proposed budget expenditure are necessary in the efficient and economical operation of the housing for the purpose of serving low-income residents;
4. The budget indicates a source of funds adequate to cover all proposed expenditures;
5. The PHA will comply with the wage rate requirement under 24 CFR 968.110(c) and (f); and
6. The PHA will comply with the requirements for access to records and audits under 24 CFR 968.110(i).

I hereby certify that all the information stated within, as well as any information provided in the accompaniment herewith, if applicable, 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 and 3802)

Print Board Chairperson's Name: MARCO A. "TONY" REYES	Signature: 	Date: 06/20/2017
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**Operating Budget**

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

OMB Approval No.2577-0026 (exp. 10/31/97)

Public reporting burden for this collection of information is estimated to average 116 hours 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. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden, to the Reports Management Officer, Office of Information Policies and Systems, U.S. Department of Housing and Urban Development, Washington, D.C. 20410-3600 and to the Office of Management and Budget, Paperwork Reduction Project (2577-0026) Washington, D.C. 20503. Do not send this completed form to either of the above addresses.

a. Type of Submission <input checked="" type="checkbox"/> Original <input type="checkbox"/> Revision No: _____		b. Fiscal Year Ending JUNE 30, 2018	c. No. of months (check one) <input checked="" type="checkbox"/> 12 mo <input type="checkbox"/> Other (Specify) _____	d. Type of HUD assisted Project(s) 01 <input checked="" type="checkbox"/> PHA/IHA-Owned Rental Hsng 02 <input type="checkbox"/> IHA Owned Mutual Help Homeownership 03 <input type="checkbox"/> PHA/IHA Leased Rental Hsng 04 <input type="checkbox"/> PHA/IHA Owned Turnkey III Homeownership 05 <input type="checkbox"/> PHA/IHA Leased Homeownership	
e. Name of Public Housing Agency/Indian Housing Authority (IHA) YUMA COUNTY HOUSING DEPARTMENT					
f. Address (city, State, zip code) 8450 W. HIGHWAY 95, SUITE 88 SOMERTON, AZ 85350					
g. ACC Number SF-1784		h. PAS/LOCCS Proj No. AZ013006017D		i. HUD Field Office PHOENIX, AZ	
j. No. of Dwelling units 159		k. No. of Unit months 1908		m. No. of Projects 13-1,2,5,6,9,18	

Line No.	Acct No.	Description (1)	Actuals last Fiscal Yr. 2016 PUM (2)	Estimates or Actual Current Budget Yr. 2017 PUM (3)	2018 Requested Budget Estimates			
					PHA/IHA Estimates		PHA Revised	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount to nearest \$10
<b>Homebuyers Monthly Payments for:</b>								
010	7710	Operating Expense						
020	7712	Earned Home Payments						
030	7714	Nonroutine Maintenance Reserve						
<b>040</b>	<b>Total</b>	Break-Even Amount (sum of lines 010,020, and 030)						
<b>Operating Receipts</b>								
60	3110	Dwelling Rental	150.21	150.21	150.21	286,608.00	0.00	
070	3120	Excess Utilities	-	-		-		
080	3190	Nondwelling Rental	-	-		-		
<b>090</b>	<b>Total</b>	Rental Income (sum of lines 060, 070, 080)	150.21	150.21	150.21	286,608.00	0.00	0
100	3610	Int on Gen Fund Investment	0.05	0.05	0.05	100.00	0.00	
130	3690	Other Inc	16.79	7.86	7.86	15,000.00	0.00	
<b>140</b>	<b>Total</b>	Operating Income (090+100+130)	167.06	158.13	158.13	301,708.00	0.00	0
<b>Operating Expenditures-Administration</b>								
180	4110	Administrative Salaries	81.25	99.47	102.03	194,669.00	102.03	
190	4182	Empl Benefit Contrib - Admin	56.30	35.61	42.09	80,300.00	42.09	
200	4140	Staff Training	2.60	2.60	3.65	6,959.00	3.65	
210	4150	Travel	3.25	3.25	3.25	6,200.00	3.25	
221	4171	Auditing Fees	1.36	1.36	1.36	2,600.00	1.36	
230	4190	Other Administrative Expenses	15.51	19.32	23.95	45,699.00	23.95	
231	4195	Outside Management Fees (Indirect Cost)	34.66	24.06	24.06	45,902.00	24.06	
<b>240</b>	<b>Total</b>	Admin Expenses (sum of line 180 thru 231)	194.93	185.67	200.38	382,329.00	200.39	0
<b>Tenant Services:</b>								
250	4210	Salaries	29.48	47.12	90.72	173,100.00	90.72	0
260	4220	Recreation, Pubs, & Oth Servcs	-	-	0.00	-	0.00	
270		Resident Participation Activities	3,939.00	2.06	2.06	3,939.00	0.00	
<b>280</b>	<b>Total</b>	Tenant Services (lines 250+260+270)	3,968.48	49.18	92.79	177,039.00	0.00	0
<b>Utilities:</b>								
290	4310	Water	72.09	61.51	61.51	117,352.00	0.00	
300	4320	Elec	21.81	21.81	21.81	41,606.00	0.00	
310	4330	Gas	-	-	0.00	-	0.00	
320	4340	Fuel	-	-	0.00	-	0.00	0
330	4350	Labor	-	-	0.00	-	0.00	0
340	4390	Other Util Exp	56.69	56.69	56.69	108,162.00	0.00	
<b>350</b>	<b>Total</b>	Utilities Exp (sum of line 290 thru 340)	150.59	140.00	140.00	267,120.00	0.00	0
<b>Ordinary Maintenance and Operation:</b>								
360	4410	Labor	72.94	75.61	70.88	135,237.00	0.00	
370	4420	Materials	29.55	24.21	24.21	46,189.00	0.00	
380	4430	Contract Costs	12.90	20.19	19.62	37,436.00	0.00	
381	4431	Garbage and Trash Removal	12.42	13.83	13.83	26,383.00	0.00	
<b>390</b>	<b>Total</b>	Ordinary Maintenance & Operation Exp (Lines 360 to 381)	127.80	133.83	128.54	245,245.00	0.00	0

Name of PHA/IHA YUMA COUNTY HOUSING DEPARTMENT				Fiscal Year Ending JUNE 30, 2018				
Line No.	Acct No.	Description (1)	Actuals last Fiscal Yr. 2016 PUM (2)	x Estimates or Actual Current Budget Yr. 2017 PUM (3)	2018 Requested Budget Estimates			
					PHA/IHA Estimates		PHA Revised	
					PUM (4)	Amount (to nearest \$10) (5)	PUM (6)	Amount to nearest \$10
<b>Protective Services:</b>								
400	4460	Labor	-	-	0.00	-		
410	4470	Materials	2.02	-	0.00			
420	4480	Protective Services - Alarm/Security	1.07	1.07	1.07	2,034.00	0.00	
430	<b>Total</b>	Protective Services Exp(lines 400 to 420)	3.09	1.07	1.07	2,034.00	0.00	0
<b>General Expense:</b>								
440	4510	Insurance	13.31	16.70	20.81	39,700.00	0.00	
450	4520	Pymts in Lieu of TAxes	2.18	-	0.00	-	0.00	
460	4120	Compensated Absences	-	-	0.00	-	0.00	0
470	4433	Employee Benefit Contribution - Maint	58.38	31.49	28.61	54,590.00	0.00	
480	4570	Collection Losses	-	-	0.00	-	0.00	
500	4590	Other General Expense -	-	-	0.00	-	0.00	
510	<b>Total</b>	General Expense (sum 440 to 500)	73.87	48.19	49.42	94,290.00	0.00	0
520	<b>Total</b>	Routine Expense (lines 240, 280, 350, 390, 430 and 510 )	575.62	557.95	612.19	1,168,057.00	0.00	0
<b>Rent for Leased Dwellings:</b>								
560	4710	Rents to Owners of leased dwellings				-	0.00	0
570	<b>Total</b>	Operating Expense (lines 520 and 560)	575.62	557.95	612.19	1,168,057.00	0.00	0
<b>Nonroutine Expenditures:</b>								
530	4610	Extraordinary Maintenance					0.00	0
580	7520	Replace Nonexp Equipment	5.22	12.30	0.00	-	0.00	0
590	7540	Property Betterments & additions	-	-	12.75	24,332.00	0.00	0
610	<b>Total</b>	Nonroutine Expenditures (lines 530 to 590)	9.08	12.30	12.75	24,332.00	0.00	0
620	<b>Total</b>	Operating Expenditures (lines 570 and 610)	584.70	570.25	624.94	1,192,389.00	0.00	0
<b>Prior Year Adjustments:</b>								
630	6010	Prior Year Adjustments Affectifg Residual Recpts	-	-	0.00	-	0.00	0
<b>Other Expenditures:</b>								
640		Deposits in Rental Debt Service Account					0.00	0
670	<b>Total</b>	Operating Expenditures, Includ prior year adjustments and other expenditures (line 620 +/- line 630 plus line 640)	584.70	570.25	624.94	1,192,389.00	0.00	0
680		Residual Recpts (or Deficit) before HUD Contributions and provision for operating reserve (line 140 minus line 670)	(421.13)	(412.12)	(466.81)	(890,681.00)	0.00	0
<b>HUD Contributions:</b>								
690	8010	Basic Annual Contribution Earned-Leased Proj Cur Yr					0.00	
710	<b>Total</b>	Basic Annual Contribution (line 690+/- line 700)				-	0.00	
720	8020	ContribEarned (before year end adj)	292.19	285.23	285.23	544,228.00	0.00	
720	8020	ContribEarned-FSS	29.35	29.48	47.12	89,902.00	0.00	0
730		Tranfer from Capital Funds	32.55	31.00	39.31	75,000.00	0.00	0
740		Other (specify):ROSS SC		41.43	41.43	79,056.00	0.00	0
750		Total Year-End Adjustments/Other(+/- lines 730 to 740)			-		0.00	0
760	8020	Total Operating Subsidy-Cur Yr (line 720+/- line 750)	354.09	387.14	413.10	788,186.00	0.00	0
770	<b>Total</b>	HUD Contributions (710 and 760)	354.09	387.14	413.10	788,186.00	0.00	0
780		Residual Receipts(or Deficit) (sum of line 680 plus line 770)	(67.04)	(24.98)	(53.72)	(102,495.00)	0.00	0
		Enter here and on line 820	(127,916.00)					

Operating Reserve		PHA/IHA Estimates	HUD Modifications
740	2821	Part I - Maximum Operating Reserve - End of Current Budget Year PHA/IHA - Leased Housing - Section 23 or 10(c) 50% of Line 480, column 5, form HUD-52564	
<b>Part II - Provision for and Estimated or Actual Operating Reserve at Fiscal Year End</b>			
790		Operating Reserve at End of Previous Fiscal Year - Actual for FYE (date): 6/30/16	311,894.00
800		Provision for Operating Reserves - Current Budget Year (check one)	
	<input checked="" type="checkbox"/>	Estimated for FYE 6/30/17	
	<input type="checkbox"/>	Actual for FYE 6/30/15	(47,658.51)
810		Operating Reserve at End of Current Budget Year (check one)	
	<input checked="" type="checkbox"/>	Estimated for FYE 6/30/16	264,235.49
	<input type="checkbox"/>	Actual for FYE	
820		Provision for Operating Reserve - Requested Budget Year Estimated for FYE 2018 Enter Amount from Line 780	(102,495.00)
830		Operating Reserve at End of Requested Budget Year Estimated for FYE 2018 (Sum of Line 810 and 820)	161,740.49
840			

PHA/IHA Approval Name GLORIA D. MALLEK

Title DIRECTOR

Signature *Gloria D. Mallek*

Date 5/29/2017

Field Office Approval Name N/A

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

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# ATTACHMENT “C”

## **AGENCY PLAN-RESOLUTIONS AND CERTIFICATIONS**

**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 2018, 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).

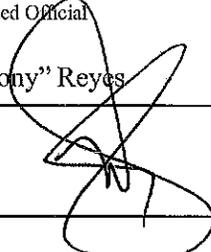
Yuma County Housing Department  
 PHA Name

AZ013  
 PHA Number/HA Code

Annual PHA Plan for Fiscal Year 2018

5-Year PHA Plan for Fiscal Years 20     - 20    

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 Marco A. "Tony" Reyes	Title Chairman, Housing Board/Yuma County
Signature 	Date 2/9/18

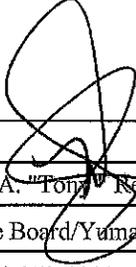
## DISCLOSURE OF LOBBYING ACTIVITIES

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

Approved by OMB

0348-0046

(See reverse for public burden disclosure.)

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For Material Change Only:</b> year _____ quarter _____ date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known:  Congressional District, if known: 4c	<b>5. If Reporting Entity in No. 4 is a Subawardee, Enter Name and Address of Prime:</b>  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$	
<b>10. a. Name and Address of Lobbying Registrant</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):  <div style="text-align: center;">  </div>	
<b>11.</b> Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.	Signature: _____ Print Name: <u>Marco A. Torres Reyes</u> Title: <u>Chairman of the Board/Yuma County</u> Telephone No.: <u>(928) 373-1010</u> Date: <u>2/9/08</u>	
<b>Federal Use Only:</b>		Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)

## INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503.

**Civil Rights Certification**  
**(Qualified PHAs)**

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

**Civil Rights Certification**

**Annual Certification and Board Resolution**

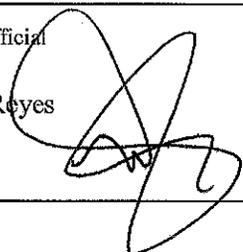
*Acting on behalf of the Board of Commissioners of the Public Housing Agency (PHA) listed below, as its Chairman or other authorized PHA official, I approve the submission of the 5-Year PHA Plan for the PHA of which this document is a part, and make the following certification and agreements with the Department of Housing and Urban Development (HUD) in connection with the submission of the public housing program of the agency and implementation thereof:*

The PHA certifies that it will carry out the public housing program of the agency 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, and will affirmatively further fair housing by examining their programs or proposed programs, identifying any impediments to fair housing choice within those program, addressing those impediments in a reasonable fashion in view of the resources available and working 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.

Yuma County Housing Department  
PHA Name

AZ013  
PHA Number/HA Code

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
Marco A. "Tony" Reyes	Chairman, Housing Board/Yuma County
Signature	Date
	2/9/18

# Certification of Payments to Influence Federal Transactions

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

OMB Approval No. 2577-0157 (Exp. 01/31/2017)

Applicant Name

Yuma County Housing Department

Program/Activity Receiving Federal Grant Funding

Low Rent Public; Housing Choice Voucher

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

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

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

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

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

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

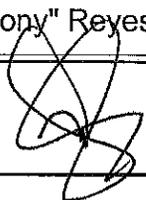
Name of Authorized Official

Marco A. "Tony" Reyes

Title

Chairman, Housing Board/Yuma County

Signature



Date (mm/dd/yyyy)

2/9/08

**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, Andrew Rael, the Assistant Deputy Director of Programs  
*Official's Name* *Official's Title*

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

Yuma County Housing Department  
*PHA Name*

is consistent with the Consolidated Plan or State Consolidated Plan and the Analysis of

Impediments (AI) to Fair Housing Choice of the

State of Arizona  
*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.

The primary focus of the HUD programs administered by Yuma County Housing Department (PHA), is assisting low income families with safe, decent and affordable housing opportunities as they strive to achieve self-sufficiency and improve the quality of their lives. It shall be accomplished by a fiscally responsible, creative organization committed to excellence in public service.

The activities to be undertaken by the PHA in the coming year are consistent with the initiatives and objectives of the Consolidated Plan. These objectives and corresponding PHA activities include but not limited to: 1) Improve the quality of the housing stock through PHA Quality Control inspection; 2) Construction and rehabilitation of rental units through Capital Fund Program (CFP); 3) Rental assistance and supportive services for low income households under the Housing Choice Program and Public Housing programs; 4) Further fair housing and address impediments ; 5) Improve the economic environment through Family Self-Sufficiency program; 6) Assist new homebuyers through the PHA's Home-ownership program.

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
<u>ANDREW RAE L</u>	Assistant Deputy Director of Programs
Signature	Date
<u>[Signature]</u>	<u>1-30-18</u>

FEB 1 2018

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# ATTACHMENT “D”

## **RESIDENT ADVISORY BOARD**

- 1) Meeting Minutes and Recommendations**
- 2) PHA Management Decisions/Recommendations**



**Yuma County**  
**Yuma, Arizona**

OFFICE OF THE  
**YUMA COUNTY HOUSING DEPARTMENT**  
8450 WEST HIGHWAY 95, SUITE 88  
SOMERTON, ARIZONA 85350-2534  
PHONE (928) 304-7333 X TDD 1-800-545-1833 Ext. 705 X FAX (928) 304-7334

**GLORIA D. MALLEK**  
DIRECTOR

**TO:** Daniela Vega, RAC President (Presidente)  
**PARA:** Sandra Solorio, RAC Vice President (Vice Presidente)  
Aracely Yanez, RAC Secretary (Secretaria)  
Yanet Rosales, RAC Treasurer (Tesorera)

**FROM:** Maria De Los Reyes, Housing Grants Administrator  
**DE PARTE DE:** Maria De Los Reyes, Administradora  
*Maria D. De Los Reyes*

**SUBJECT:** Resident Advisory Board Meeting to review the Low Rent Public Housing Admissions and Continued Occupancy Policy (ACOP), NEW Smoke-Free Policy for the YCHD and the Public Housing Agency Annual Plan for Fiscal Year 2018 & Revised PH Residential Lease Agreement

**TEMA:** *Junta del YCHD Concilio Asesor Central de Residentes para revisar las polizas de Admision en Vivienda Publica, Plan Administrativo del Programa y el Plan de Vivienda Publica de la Agencia año Fiscal 2017, nueva poliza de Ambiente Libre de Humo y Revision de Contrato de Arrendamiento de Vivienda Publica*

**DATE:** January 09 , 2018  
**FECHA:** 09 de Enero del 2018

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Please plan to attend the Resident Advisory Board Meeting scheduled for Friday, January 26 2018 at 10:30 a.m. at the Barry Norman Career Center at 8450 W. Highway 95, Somerton, Arizona 85350, to review the Low Rent Public Housing Admissions and Continued Occupancy Policy (ACOP), Section 8 Administrative Plan for the YCHD, the Public Housing Agency Annual Plan for Fiscal Year 2018, New Smoke-Free Policy, and residential lease agreement. Thank you.

\*\*\*\*\*

Favor de asistir a la cita el día Viernes 26 de Enero del 2018 a las 10:30 a.m. en la sala de conferencias de Barry Norman ubicado en 8450 W. Highway 95, Somerton, Arizona 85350, las polizas de Admision en Vivienda Publica, Plan Administrativo del Programa Section 8, el Plan de Vivienda Publica de la Agencia año Fiscal 2018, Nueva pliza de Ambiente Libre de Humo y Revision de Contrato de Arrendamiento de Vivienda Publica.

Gracias.



**MINUTES**  
**RESIDENT ADVISORY BOARD MEETING**  
**January 25, 2018**  
**12:00 P.M.**

MEMBERS PRESENT: Daniela Vega-President  
Sandra Acosta, Vice-President  
Yanet Rosales, Treasurer  
Aracely Yanez, Secretary  
Maria De Los Reyes, Housing Grants Administrator

1. Call to order by Daniela Vega, President at 12:15 p.m.

**A. TOPICS DISCUSSED:**

1. Review and Approve the YCHD amended Section 8 Administrative Plan for the Voucher Program is amended to comply with the most recent federal regulation.
2. Review and Approve the YCHD amended Low Rent Public Housing Program Admissions and Continued Occupancy Policy (ACOP) is amended to include the most recent federal regulations.
3. Review and Approve the SMOKE-FREE Policy and Lease Amendment/Contract Agreement.

**B. DISCUSSION:**

1. **Review and approved-YCHD amended Section 8 Administrative Plan:** Maria introduced the amended Section 8 Administrative Plan to the Resident Council Members. Resident Council Members approved the plan with no recommendations.
2. **Review and approved-YCHD amended Low Rent Public Housing Program Admissions and Continued Occupancy Policy (ACOP):** Maria introduced the ACOP Plan to the Resident Council Members. Resident Council Members approved the plan with a few recommendations. Attachment A
3. **Review and Approved- SMOKE-FREE Policy and Lease Amendment/Contract Agreement:** Maria presented the Smoke-Free Policy and Lease Amendment/Contract Agreement to the Resident Council Members. The members approved with no recommendations.

## **C. RECOMMENDATIONS**

### **1. Moctezuma Apartments:**

- a) The Resident Advisory Council recommends improving the current Security Camera System to a more effective and advanced system.
- a.) Tenants are requesting more lighting around the complex.

### **2. Valley Vista Apartments.**

- a.) The Resident Advisory Council recommends improving the current Security Camera System to a more effective and advanced system.
- b.) Tenants are requesting more lighting around the complex
- c.) General comments in regard maintenance
  - i. The residents are requesting the removal of the existing blinds and be replaced with a better quality.
  - ii. Please check the expiration of all the smoke detectors and replace them with new.
  - iii. The residents would like the maintenance to have a set up schedule to perform landscaping. The residents would like to be informed of such schedule to prevent any damage to any items around the yard or clothing.
  - iv. The residents are requesting the maintenance department to paint the interior and exterior of each apartment at least once every 5 years.
  - v. Please request the waste company to change the trash containers. The existing trash containers are polluted and attracting mosquitos and flies.
  - vi. The residents are concern about not having the authorization from Yuma County Housing to install the baby safety latches in lower cabinets to protect the child from reaching any dangerous chemicals. If possible to allow the parent to install these latches but not be penalized at the time of move-out.
  - vii. The Resident Council have demonstrated a concern about the window screens that have been installed. These window screens do not fit but were forced to fit the existing window.

### **3. Pecan Shadows.**

- a.) The Resident Advisory Council recommends improving the current Security Camera System to a more effective and advanced system.
- b.) Tenants are requesting more lighting around the complex.

Meeting Adjourned: 5:25 p.m.

**PHA Management Response/Decision to RAB Recommendations/Comments:**

1. Due to insufficient capital funding, Yuma County Housing Department (YCHD) is not able to meet or grant the above request (under C-1a, 1b, 2a, 2b, 3a, 3b) of installing any kind of security camera system and security lighting in these areas. The Department of Housing and Urban Development (HUD) has been providing limited funds for safety and emergency activities under the Emergency and Safety (E & S) Grant. Due to limited availability of funds, HUD utilizes the lottery process in awarding the E & S grant to eligible housing authorities. After applying for the last three consecutive years, YCHD has not been successful in receiving the Emergency and Safety (E & S) Grant award. Until we have get additional resources or funding, YCHD recommends that the residents initiate a neighborhood watch and use all precautionary safety measures to stay safe and free from danger. YCHD is re-applying for the FY2018 Emergency and Safety Grant.
  
2. Additional Responses:
  - 2ci – Only standard blinds will be installed; upgrade is not available due to limited capital funding.
  - 2cii – All smoke detectors will be checked on a regular basis or whenever maintenance is performing work order requests.
  - 2ciii - As requested, residents will be provided a lawn maintenance schedule and will be asked to clear the areas with any items that could be damaged during the mowing.
  - 2civ – A staff will reach out to the trash disposal company to request for new bins.
  - 2vi – No alterations or repairs to the dwelling unit are allowed as per Lease Agreement Section IX-(m) as follows:

*Tenant shall be obligated:*

- *To make no alterations or repairs or redecoration to the interior of the dwelling unit or to the equipment, nor to install additional equipment or major appliances without written consent of the HD.*
  - *To make no changes to locks or install new locks on exterior doors without the HD's written approval.*
  - *To use no nails, tacks, screws, brackets, or fasteners on any part of the dwelling unit (a reasonable number of picture hangers accepted) without authorization by the HD.*
- 2vii – The maintenance staff will install window screens properly.

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**ATTACHMENT “E”**  
**CAPITAL FUND PROGRAM**  
**ANNUAL STATEMENT PERFORMANCE**  
**AND EVALUATION REPORT / 5 YEAR ACTION PLAN**

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

U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226  
**Expires 08/31/2011**

<b>Part I: Summary</b>		
<b>PHA Name: Yuma County Housing Department</b>	<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ2OP01350118 Replacement Housing Factor Grant No: Date of CFFP:	<b>FFY of Grant: 2018</b> <b>FFY of Grant Approval: 2018</b>

**Type of Grant**

Original Annual Statement     
  Reserve for Disasters/Emergencies     
  Revised Annual Statement  
 Performance and Evaluation Report for Period Ending:     
  Final Performance and Evaluation Report

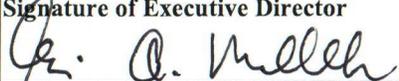
Line	Summary by Development Account	Total Estimated Cost		Total Actual Cost <sup>1</sup>	
		Original		Obligated	Expended
1	Total non-CFP Funds				
2	1406 Operations (may not exceed 20% of line 21) <sup>3</sup>	50,000		-	-
3	1408 Management Improvements				-
4	1410 Administration (may not exceed 10% of line 21)	25,000		-	-
5	1411 Audit				
6	1415 Liquidated Damages				
7	1430 Fees and Costs			-	-
8	1440 Site Acquisition				
9	1450 Site Improvement	19,500		-	
10	1460 Dwelling Structures	120,700		-	-
11	1465.1 Dwelling Equipment—Nonexpendable	46,513		-	-
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 <sup>4</sup>				

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

Last Update: 1/16/2018

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

U. S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 OMB No. 2577-0226

<b>Part I: Summary</b>					
<b>PHA Name: Yuma County Housing Department</b>		<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ2OP01350118 Replacement Housing Factor Grant No: Date of CFFP:		<b>Federal FFY of Grant: 2018</b> <b>FFY of Grant Approval: 2018</b>	
<b>Type of Grant</b>					
<input type="checkbox"/> Original Annual Statement		<input type="checkbox"/> Reserve for Disasters/Emergencies		<input checked="" type="checkbox"/> Revised Annual Statement	
<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 Cost	
		Original		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)	\$261,713		-	-
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				
<b>Signature of Executive Director</b>		<b>Date</b>	<b>Signature of Public Housing Director</b>		<b>Date</b>
		1/16/2018			

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.

Last Update: 1/16/2018

<b>Part II: Supporting Pages</b>								
PHA Name: Yuma County Housing Department			<b>Grant Type and Number</b> Capital Fund Program Grant No: AZ20P01350118 CFFP (Yes/ No): Replacement Housing Factor Grant No:			<b>Federal FFY of Grant: 2018</b>		
Development Number Name/PHA-Wide Activities	General Description of Major Work Categories	Development Account No.	Quantity	Total Estimated Cost		Total Actual Cost		Status of Work
				Original	Revised <sup>1</sup>	Funds Obligated <sup>2</sup>	Funds Expended	
	Operations	1406	1	50,000				
	Adminstration	1410	1	25,000				
<b>Valley Vista 13-1</b>	Apply seal coating	1450	1	3,875				
	Repair Ramada where children waits	1450	1	4,000				
	Rplc roof turbines & attic vents grills	1460	20	1,800				
	Replace stoves	1465	20	8,301				
<b>Valley Vista 13-2</b>	Apply seal coating	1450	1	3,875				
	Replace washer faucets	1460	20	5,000				
<b>Valley Vista 13-5</b>	Apply seal coating	1450	1	3,875				
	Rplc elect. Outlets & switches	1460	25	9,615				
<b>Valley Vista 13-6</b>	Apply seal coating	1450	1	3,875				
	Replace floor tile	1460	19	30,400				
	Rplc kit & bthrm cab. & counter tops	1460	19	47,500				
	Replace kitchen hoods	1460	19	3,135				
<b>Pecan Shadows 13-18</b>	Replace refrigerators	1465	35	23,906				
	Replace stoves	1465	35	14,306				
	Rplc kit. & bthrm cab. & counter tops	1460	6	23,250				

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

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

<b>Part III: Implementation Schedule for Capital Fund Financing Program</b>					
PHA Name: Yuma County Housing Department				Federal FFY of Grant: 2018	
Development Number Name/PHA-Wide Activities	All Fund Obligated (Quarter Ending Date)		All Funds Expended (Quarter Ending Date)		Reasons for Revised Target Dates <sup>1</sup>
	Original Obligation End	Actual Obligation End Date	Original Expenditure End Date	Actual Expenditure End Date	
<b>Valley Vista 13-1</b>	10/30/2019		06/30/2022		
Apply seal coating					
Repair Ramada where children wait for bus					
Replace roof turbines & attic vent grills					
Replace stoves					
<b>Valley Vista 13-2</b>	10/30/2019		6/30/2022		
Apply seal coating					
Replace washer faucet					
<b>Valley Vista 13-5</b>	10/30/2019		6/30/2022		
Apply seal coating					
Rplc elect. Outlet & switches					
<b>Valley Vista 13-6</b>	10/30/2019		6/30/2022		
<b>Apply seal coating</b>					
Replace floor tile					
Rplc kit & bthrm cab. & counter tops					
Replace kitchen hoods					
<b>Pecan Shadows 13-18</b>	10/30/2019		6/30/2022		
Replace refrigerato					
Replace stoves					
Rplc kit & bthrm cab. & counter					
tops & sink faucets					

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

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

U.S. Department of Housing and Urban Development  
 Office of Public and Indian Housing  
 Expires 4/30/2011

<b>Part I: Summary</b>						
PHA Name/Number Yuma County Housing Department		Locality (City/County & State) Somerton/Yuma, AZ			<input type="checkbox"/> Original 5-Year Plan <input checked="" type="checkbox"/> Revision No: 2	
A.	Development Number and Name	Work Statement for Year 1 FFY <u>2015</u> FY 2016	Work Statement for Year 2 FFY <u>2016</u>  FY 2017	Work Statement for Year 3 FFY <u>2017</u>  FY 2018	Work Statement for Year 4 FFY <u>2018</u>  FY 2019 See attached Annual Statement	Work Statement for Year 5 FFY <u>2019</u>  FY 2020
B.	Physical Improvements Subtotal	\$115,986.00	\$123,275.00	\$156,984.00	\$186,713.00	\$182,267.00
C.	Management Improvements	\$13,597.00	\$10,951.00			
D.	PHA-Wide Non-dwelling Structures and Equipment	\$23,813.00				
E.	Administration	\$25,000.00	\$25,000.00	\$20,698.00	\$25,000.00	\$25,000.00
F.	Other					
G.	Operations	\$25,539.00	\$47,708.00	\$29,302.00	\$50,000.00	\$50,000.00
H.	Demolition					
I.	Development					
J.	Capital Fund Financing – Debt Service					
K.	Total CFP Funds	\$203,935.00	\$206,934.00	\$262,596.00	\$261,713.00	\$257,267.00
L.	Total Non-CFP Funds					
M.	Grand Total	<b>\$203,935.00</b>	<b>\$206,934.00</b>	<b>\$206,984.00</b>	<b>\$261,713.00</b>	<b>\$257,267.00</b>

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

U.S. Department of Housing and Urban Development  
Office of Public and Indian Housing  
Expires 4/30/2011

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>					
Work Statement for Year <u>1</u> FFY <u>2015</u>			Work Statement for Year: <u>2</u> FFY <u>2016</u>		
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>Environmental Review</b>	<b>159</b>	<b>\$8,000</b>	<b>Valley Vista Apts. 13-1</b>		
<b>Valley Vista Apts. 13-1</b>			Shower walls & plumbing including sewer drain	20	\$35,640
Repair stucco & paint all ext. walls	20	\$3,599			
Termite Treatment Ctl 13-1, 2,5,6,9 & 18	77	\$36,000	<b>Valley Vista Apts. 13-5</b>		
<b>Valley Vista Apts. 13-2</b>			Replace all windows	25	\$11,903
Repair stucco & paint all ext. walls	20	\$7,300	Replace kit & bathroom light fixtures lamps (flat)	25	\$10,160
Repair unit 36	1	\$15,075	Replace roof shingles 64 & 65	2	\$7,800
<b>Valley Vista Apts. 13-5</b>					
Repair stucco & paint all ext. walls	25	\$5,298	<b>Valley Vista Apts. 13-6</b>		
<b>New Carpet – Main Office</b>	1	15,795	Replace all windows	19	\$12,571
<b>Paint Int. Walls – Main Office</b>	1	\$8,018	Replace bathroom tubs	19	\$45,201
<b>Replace gas range 13-1,2,5</b>	5	\$1,626			
<b>Valle Vista Apts. 13-6</b>					
Repair stucco & paint all ext. walls	19	\$8,548			
<b>Moctezuma Apts. 13-9</b>					
Cover all swamp cooler & duct	45	\$4,400			
Replace closet doors	35	\$9,030			
<b>Pecan Shadows Apts. 13-18</b>					
Replace gas range	3	\$3,252			
Replace closet doors	35	\$13,858			
Subtotal of Estimated Cost		<b>\$139,799.00</b>	Subtotal of Estimated Cost		<b>\$123,275.00</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>					
Work Statement for Year <u>3</u> FFY <u>2017</u>			Work Statement for Year: <u>4</u> FFY <u>2018</u>		
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>Valley Vista Apts. 13-1</b>			<b>Valley Vista Apts. 13-1</b>		
Main Breaker box – sub panel	20	\$9,000	Apply seal coating	1	\$3,875
Replace main water meter box & valve	20	\$8,200	Repair Ramada where children wait for bus	1	\$4,000
Replace roof turbine and attic vents	20	\$2,289	Replace roof turbine & attic vents grills	20	\$1,800
Replace stoves	20	\$8,221	Replace stoves	20	\$8,301
			<b>Valley Vista Apts. 13-2</b>		
<b>Valley Vista Apts. 13-5</b>			Apply seal coating	1	\$3,875
Replace complete tubs	25	\$47,500	Replace washer faucets	20	\$5,000
Main office building roof	1	\$16,857	<b>Valley Vista Apts. 13-5</b>		
			Apply seal coating	1	\$3,875
<b>Valley Vista Apts. 13-6</b>			Replace electrical outlets & switches	25	\$9,615
Replace roof shingles	7	\$27,810	<b>Valley Vista Apts. 13-6</b>		
Replace stoves	19	\$7,810	Apply seal coating	1	\$3,875
			Replace floor tile	19	\$30,400
<b>Moctezuma Apts. 13-9</b>			Replace kit & bathroom cabinets & counter tops	19	\$47,500
Replace main valves	17	\$3,348	Replace kitchen hoods	19	\$3,135
Replace sprinkler system	1	\$11,563			
			<b>Pecan Shadows Apts 13-18</b>		
<b>Pecan Shadows Apts. 13-18</b>			Replace refrigerator	35	\$23,906
Replace stoves	35	14,386	Replace stoves	35	\$14,306
			Replace kit & bathroom cabinets including counter tops & sink faucets	6	\$23,250
Subtotal of Estimated Cost		<b>\$156,984.00</b>	Subtotal of Estimated Cost		<b>\$186,713.00</b>

<b>Part II: Supporting Pages – Physical Needs Work Statement(s)</b>					
Work Statement for Year <u>5</u> FFY <u>2019</u>			Work Statement for Year: _____ FFY _____		
Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost	Development Number/Name General Description of Major Work Categories	Quantity	Estimated Cost
<b>Valley Vista Apts. 13-1</b>					
Overhang roof	20	\$8,000			
Replace dryer vents	20	\$1,500			
<b>Valley Vista Apts. 13-5</b>					
Replace entry doors	25	\$17,850			
Replace sprinkler system	1	\$11,583			
<b>Valley Vista Apts. 13-6</b>					
Replace washer faucets	19	\$4,750			
Replace dryer vents	19	\$1,425			
Replace main valves	19	\$7,790			
Replace sprinkler system	1	\$11,583			
<b>Moctezuma Apts. 13-9</b>					
Apply seal coating	1	\$4,300			
Replace floor tile	25	\$76,250			
<b>Pecan Shadows Apts. 13-18</b>					
Replace closet door & frames	140	\$9,486			
Repl kit & bthrm cabinets including counter tops & sink faucets	6	\$23,250			
Apply seal coating	1	\$4,500			
Subtotal of Estimated Cost		<b>\$182,267.00</b>	Subtotal of Estimated Cost		



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# ATTACHMENT “F”

## **SMOKE FREE POLICY**



# Yuma County Yuma, Arizona

OFFICE OF THE  
**YUMA COUNTY HOUSING DEPARTMENT**  
8450 WEST HIGHWAY 95, SUITE 88  
SOMERTON, ARIZONA 85350-2534  
PHONE (928) 304-7333 • TDD 1-800-545-1833 Ext. 705 • FAX (928) 304-7334

**GLORIA D. MALLEK**  
DIRECTOR

## YUMA COUNTY HOUSING DEPARTMENT

### Smoke Free Policy

In order to provide a safe living environment for all public housing (PH) residents and to comply with U.S. Department of Housing and Urban Development (HUD)'s Smoke-Free Rule, Yuma County Housing Department ("YCHD") has adopted a Smoke Free Policy barring the use of **prohibited tobacco products** in all public housing living units, **interior common areas and outdoor areas**, except in the **designated smoking areas**. Such policy is expected (1) to improve indoor air quality in public housing; (2) benefit the health of public housing residents, visitors, and Public Housing Authority (PHA) staff; (3) reduce the risk of catastrophic fires; (4) lower overall maintenance costs such as cleaning, painting, curtain and carpet replacement and grounds keeping; (4) safety concerns resulting from smokers disconnecting the smoke alarms in their units. Furthermore, the smoke free policy and its enforcement will be about the smoke and not the smoker.

YCHD has adopted the following Smoke Free Policy:

#### 1. Definitions:

- a) **"Prohibited tobacco products"** are defined as items that involve the ignition and burning of tobacco leaves, such as: cigarettes, cigars, pipes and water pipes (also known as hookahs). **Electronic smoking devices are also considered prohibited tobacco products.**
- b) **"Water Pipes or hookahs"** are smoking devices that use coal or charcoal to heat tobacco, and then draw the smoke through water and a hose to the user. Both the heating source and burning of tobacco are sources of contaminant emissions.
- c) The term **"smoking"** means inhaling, exhaling, breathing, or carrying any lighted or vapor producing cigar, cigarette, e-cigarette, or other tobacco product or similar ash or vapor producing or lighted product in any manner or in any form.
- d) **"Electronic cigarette"** means any electronic device that provides a vapor of liquid nicotine and/or other substances to the user as he or she simulates smoking. The term shall include such devices whether they are manufactured or referred to as e-cigarettes, e-cigars, e-pipes or under any product name.
- e) **Interior common areas** include but are not limited to: hallways, administrative offices, community centers, day care centers, laundry centers, and similar structures.
- f) **"Designated smoking areas"** means a clearly marked, unenclosed area on the property.

2. Effective on July 1, 2018, all public housing units owned by Yuma County Housing Department (YCHD) - Valley Vista Apartments, Pecan Shadows, and Moctezuma Apartments- will be smoke free properties.

3. The premises to be occupied by PH RESIDENT and members of RESIDENT's household have been designated as a smoke-free living environment. RESIDENT, members of RESIDENT's household, and guests shall not smoke anywhere in the unit leased by RESIDENT, or in the building where RESIDENT's unit is located, or in certain common areas utilized by RESIDENTs and staff. **Smoking is only allowed in the designated smoking areas.**
4. RESIDENTS are responsible for notifying their guests and invitees that YCHD has designated the property as a smoke-free property and that smoking is prohibited except in the designated smoking areas. RESIDENTS are responsible for ensuring that their guests and any and all visitors under their control fully comply with this policy.
5. RESIDENT should promptly provide YCHD with a written statement of any incident where tobacco smoke is migrating into RESIDENT's unit from sources outside RESIDENT's unit.
6. YCHD will take reasonable steps to enforce this Smoke Free Policy and to make the property smoke free. YCHD is not required to take steps in response to smoking unless YCHD knows of a violation of this Smoke Free Policy or has been provided with written notice of any violation of this Policy.
7. Failure of any resident or guest of a resident to follow the smoke-free policy will be considered a lease violation and treated as such under the original terms of the lease. Repeated lease violations may result in termination of the resident's lease.
8. A resident household will be determined to be in violation of the smoke-free policy if:
  - a) A YCHD staff member witnesses a tenant, tenant's guest, family member, service provider, or other person smoking inside an apartment unit.
  - b) A YCHD staff member witnesses a lighted smoking product in an ashtray or other receptacle inside an apartment unit.
  - c) Damages to the interior of YCHD owned property are the result of burns caused by smoking products, including burns to resident owned property.
  - d) There is evidence of smoking in a unit, such as cigarette or other smoking product smells, smoke clogged filters, and smoke film including smoke damage to walls. There are repeated reports to YCHD staff of violations of this smoke-free policy by third parties.
  - e) Plumbing is clogged caused by a smoking product or products.
  - f) There is evidence of ashes on any surface in an apartment unit.
  - g) YCHD staff will enforce the smoke-free policy according to the following procedures, except when a violation causes a fire. In this case, the resident will be evicted in conformance with Rules and Regulations of the Lease Agreement.
  - h) YCHD staff will follow a progressive course of lease enforcement actions in implementing the smoke free-policy.
    - i. 1st Offense: Staff will send the resident a written reminder of the smoke-free policy, including a copy of the smoke-free lease addendum.
    - ii. 2nd Offense: Staff will send the resident a written notice of a mandatory conference to discuss the smoke-free policy and repeat violation. If resident fails to attend the conference, he/she will receive a lease violation notice.
    - iii. 3rd Offense: The resident will be issued a written lease violation.
    - iv. 4th Offense: The resident will be issued an eviction notice to terminate the lease agreement.

9. YCHD's adoption of a smoke free living environment and its efforts to designate the YCHD properties as Smoke Free do not make YCHD a guarantor of RESIDENT'S health or of the smoke-free condition of RESIDENT unit or the common areas.
10. YCHD's adoption of a smoke-free living environment and its efforts to designate the property as smoke-free do not in any way change the standard of care that YCHD has to RESIDENT'S household to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any other rental premises. YCHD specifically disclaims any implied or express warranties that the building, common areas or RESIDENT'S premises will have any higher or improved air quality standards than any other rental property. YCHD cannot and does not warranty or promise that the rental premises or common areas will be free from second hand smoke.
11. YCHD's ability to police, monitor, or enforce the agreements of this Policy is dependent in significant part on voluntary compliance by RESIDENT and RESIDENT's guests and invitees. RESIDENTS with respiratory ailments, allergies, or any other physical or mental condition relating to smoke are put on notice that YCHD does not assume any higher duty of care to enforce this Policy than any other obligation imposed on them under the Lease or Rules and Regulations.



# Yuma County Yuma, Arizona

OFFICE OF THE  
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**GLORIA D. MALLEK**  
DIRECTOR

## YUMA COUNTY HOUSING DEPARTMENT

### SMOKE FREE HOUSING LEASE ADDENDUM

**In consideration of the execution of the Dwelling Lease between Yuma County Housing Department, herein referred to as the YCHD, and \_\_\_\_\_ hereinafter referred to as RESIDENT, for the rental of unit number \_\_\_\_\_ at \_\_\_\_\_ (Valley Vista, Pecan Shadows, Moctezuma).**

YCHD and the RESIDENT agree as follows:

In order to provide a safe living environment for all public housing (PH) residents and to comply with U.S. Department of Housing and Urban Development (HUD)'s Smoke-Free Rule, Yuma County Housing Department ("YCHD") has adopted a Smoke Free Policy barring the use of **prohibited tobacco products** in all public housing living units, **interior common areas and outdoor areas**, except in the **designated smoking areas**. Such policy is expected (1) to improve indoor air quality in public housing; (2) benefit the health of public housing residents, visitors, and Public Housing Authority (PHA) staff; (3) reduce the risk of catastrophic fires; (4) lower overall maintenance costs such as cleaning, painting, curtain and carpet replacement and grounds keeping; (4) safety concerns resulting from smokers disconnecting the smoke alarms in their units. Furthermore, the smoke free policy and its enforcement will be about the smoke and not the smoker.

#### 1. Definitions:

- a) **"Prohibited tobacco products"** are defined as items that involve the ignition and burning of tobacco leaves, such as: cigarettes, cigars, pipes and water pipes (also known as hookahs). **Electronic smoking devices are also considered prohibited tobacco products.**
- b) **"Water Pipes or hookahs"** are smoking devices that use coal or charcoal to heat tobacco, and then draw the smoke through water and a hose to the user. Both the heating source and burning of tobacco are sources of contaminant emissions.
- c) The term **"smoking"** means inhaling, exhaling, breathing, or carrying any lighted or vapor producing cigar, cigarette, e-cigarette, or other tobacco product or similar ash or vapor producing or lighted product in any manner or in any form.
- d) **"Electronic cigarette"** means any electronic device that provides a vapor of liquid nicotine and/or other substances to the user as he or she simulates smoking. The term shall include such devices whether they are manufactured or referred to as e-cigarettes, e-cigars, e-pipes or under any product name.
- e) **Interior common areas** include but are not limited to: hallways, administrative offices, community centers, day care centers, laundry centers, and similar structures.
- f) **"Designated smoking areas"** means a clearly marked, unenclosed area on the property.

2. Effective on July 1, 2018, all public housing units owned by Yuma County Housing Department (YCHD) - Valley Vista Apartments, Pecan Shadows, and Moctezuma Apartments- will be smoke free properties.
3. RESIDENT agrees and acknowledges that the premises to be occupied by RESIDENT and members of RESIDENT's household have been designated as a smoke-free living environment. RESIDENT, members of RESIDENT's household, and guests shall not smoke anywhere in the unit leased by RESIDENT, or in the building where RESIDENT's unit is located, or in certain common areas utilized by RESIDENTs and staff. **Smoking is only allowed in the designated smoking areas.**
4. RESIDENTS are responsible for notifying their guests and invitees that YCHD has designated the property as a **smoke-free property and that smoking is prohibited except in the designated smoking areas.** RESIDENTS are responsible for ensuring that their guests and any and all visitors under their control fully comply with this policy.
5. RESIDENT should promptly provide YCHD with a written statement of any incident where tobacco smoke is migrating into RESIDENT's unit from sources outside RESIDENT's unit.
6. YCHD will take reasonable steps to enforce this Smoke Free Policy and to make the property smoke free. YCHD is not required to take steps in response to smoking unless YCHD knows of a violation of this Smoke Free Policy or has been provided with written notice of any violation of this Policy.
7. Failure of any resident or guest of a resident to follow the smoke-free policy will be considered a lease violation and treated as such under the original terms of the lease. Repeated lease violations may result in termination of the resident's lease.
8. A resident household will be determined to be in violation of the smoke-free policy if:
  - a) A YCHD staff member witnesses a tenant, tenant's guest, family member, service provider, or other person smoking inside an apartment unit.
  - b) A YCHD staff member witnesses a lighted smoking product in an ashtray or other receptacle inside an apartment unit.
  - c) Damages to the interior of YCHD owned property are the result of burns caused by smoking products, including burns to resident owned property.
  - d) There is evidence of smoking in a unit, such as cigarette or other smoking product smells, smoke clogged filters, and smoke film including smoke damage to walls. There are repeated reports to YCHD staff of violations of this smoke-free policy by third parties.
  - e) Plumbing is clogged caused by a smoking product or products.
  - f) There is evidence of ashes on any surface in an apartment unit.
  - g) YCHD staff will enforce the smoke-free policy according to the following procedures, except when a violation causes a fire. In this case, the resident will be evicted in conformance with Rules and Regulations of the Lease Agreement.
  - h) YCHD staff will follow a progressive course of lease enforcement actions in implementing the smoke free-policy.
    - i. 1st Offense: Staff will send the resident a written reminder of the smoke-free policy, including a copy of the smoke-free addendum.
    - ii. 2nd Offense: Staff will send the resident a written notice of a mandatory conference to discuss the smoke-free policy and repeat violation. If resident fails to attend the conference, he/she will receive a lease violation notice.
    - iii. 3rd Offense: The resident will be issued a written lease violation.
    - iv. 4th Offense: The resident will be issued an eviction notice to terminate the lease agreement.

9. RESIDENT acknowledges that YCHD's adoption of a smoke free living environment and its efforts to designate the YCHD properties as Smoke Free do not make YCHD a guarantor of RESIDENT'S health or of the smoke-free condition of RESIDENT unit or the common areas.
  
10. RESIDENT acknowledges that YCHD's adoption of a smoke-free living environment and its efforts to designate the property as smoke-free do not in any way change the standard of care that YCHD has to RESIDENT'S household to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any other rental premises. YCHD specifically disclaims any implied or express warranties that the building, common areas or RESIDENT'S premises will have any higher or improved air quality standards than any other rental property. YCHD cannot and does not warranty or promise that the rental premises or common areas will be free from second hand smoke.
  
11. RESIDENT acknowledges that YCHD's ability to police, monitor, or enforce the agreements of this Policy is dependent in significant part on voluntary compliance by RESIDENT and RESIDENT's guests and invitees. RESIDENTS with respiratory ailments, allergies, or any other physical or mental condition relating to smoke are put on notice that YCHD does not assume any higher duty of care to enforce this Policy than any other obligation imposed on them under the Lease or Rules and Regulations.

By signing below, all parties acknowledge receipt of the smoke free policy and agree to be bound by this Lease Addendum.

_____	_____	_____
Resident Name	Resident Signature	Date
_____	_____	_____
Resident Name	Resident Signature	Date
_____	_____	_____
Resident Name	Resident Signature	Date
_____	_____	_____
Resident Name	Resident Signature	Date
_____	_____	_____
Resident Name	Resident Signature	Date

APPROVED:

_____	_____	_____
YCHD Name	Title	Date